MEDICAL WOMEN'S
INTERNATIONAL ASSOCIATION

REPORT ON THE XXVIIIth CONGRESS
MUNSTER, GERMANY

July 28 – 31 2010

Number 40
MWIA Secretariat
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Atsuko Heshiki, Japan
MWIA President 2007-2010

FAREWELL MESSAGE FROM THE OUTGOING PRESIDENT

The 2007-2010 triennium began with MWIA’s 27th Congress in Accra, Ghana, in July, 2007, and finishes with the 28th MWIA Congress in Munster, Germany. The theme for the triennium has been Participation, Communication, and Visibility.

The world is now one big neighbourhood, where our individual economic, social and cultural lives are interconnected. We need to do our part to promote health for all in the communities in which we live and work.

Back in 1919, MWIA’s founding members had a vision for an organization that would be composed of women in medicine, who united could do so much more than individually. This remains true today, as we pursue our double mandate as advocates for both women’s health and women in medicine.

I would like to take this opportunity to thank the executive committee, who has worked hard this past triennium to live the theme of participation, communication and visibility.

MWIA has been working on many fronts. MWIA continues to have gender and health as its major mandate with other areas of interest being adolescent sexuality, leadership to non-communicable disease management, particularly diabetes, cervical cancer with early detection, treatment and promotion of prevention in the form of the HPV vaccine, gender based violence, female genital mutilation and primary care renewal.

It has been my pleasure and privilege to serve as your president for this triennium. I have enjoyed the opportunity to meet members around the world and I thank everyone for their warm hospitality and commitment to MWIA.

Afua Hesse, Ghana
MWIA President 2010-2013

INAUGURAL ADDRESS BY MWIA PRESIDENT FOR THE 2010-2013 TERM
Prof Afua A.J.Hesse, MBChB, FRCS(Ed), FWACS, FGCS, FGMA, Cert HMPP (Leeds)

MWIA President, Prof. Atsuko Heshiki, Distinguished invitees, MWIA Executives, dear colleagues, all other protocols observed, I am humbled by this responsibility which is now mine of steering the affairs of the Medical Women of the world, through this Association, following this election.

I thank God for how far he has brought me. I would like to thank my long-suffering and patient husband, Rev. Prof. Adukwei Hesse whom I now recognise for his support through our 32 years of marriage. I thank my 4 children and many adopted children for their love and support.
I thank my National Association of colleagues, the Society of Ghana Women Medical and Dental Practitioners (SGWMDP) who have stood behind me as has the full weight of the National Associations in the Near East and African Region and the many expressions of support that individuals and national Associations have given me at this meeting and I count on their continued support in the journey ahead!!!

Our Association has such a distinguished history that one cannot but feel the weight of this responsibility. I salute all the Presidents who have held office before me, the latest being my very able predecessor, Prof Atsuko Heshiki (Japan) and salute her achievements especially in the field of leadership and invite her to continue on!!!! I also salute Dr Dorothy Ward (UK), a Past President present at this meeting.

I am further humbled in that in the long history of MWIA spanning 91 years, this is only the second time that a doctor from the African continent, that vast place of rich resources both material and human, which in the main remains untapped, has assumed this high office of President of MWIA.

I doff my hat to the first African doctor, Dr Florence Manguyu (Kenya) and the brilliant trail she blazed!!

The challenges facing women doctors over the years have not become any easier!! Indeed for female professional, it has never been more challenging combining all the many roles we are called on to perform.

For many of us, socialisation, culture and tradition have assumed many traditional roles for women in a mould that is difficult and very challenging to break free from.

Women have continued to be marginalised in many areas, which marginalisation in many parts extends to their health and the health sector.

I will go on to highlight a few issues that are very key for me. The first one is that of **Maternal Mortality**.

High Maternal mortality rates remain the scandal of the millennium in many countries of the globe. However such is the inequity that I dare say quite a large number of you cannot imagine the horrors of having between 700-over 1,000 women dying for every 100,000 live babies that are born into this world. These may sometimes seem to be mere figures but I assure you colleagues, each one is 100% for their families and loved ones and one too many needless deaths.

No women (or man for that matter) should die in the process of giving life to another human being.

The governments of the world including those of most of our countries, indeed signed on to beautiful declarations affirming the right to life of each of these women who are now mere statistics, often forgotten in some often unreliable database. The latest declarations are the famous Millennium Development Goals (MDG’s), but how many governments have indeed followed through their commitments with actions especially for providing the funding that would make a difference. Are the MDG’s, come 2015, going to also be relegated to the archives of International commitments that were not followed through? I know we are all praying not!!

Simple cost effective measures such as drugs to prevent post partum haemorrhage such as Misoprostol, ensuring access and availability to a full range of contraceptives, innovations such as training midwives to handle small portable ultrasound machines for early prenatal diagnosis could contribute to some significant reductions.

Another issue of great concern to me is that of **Child Mortality**.

Children of the world generally have not fared better. They never asked to be born but in many places in the world are considered ‘dispensable’ or their deaths are attributed to ‘fate’.
After all if they do not survive, one can always have another, would be the chorus. Would it not be easier to ensure that all pregnancies are wanted? Perinatal and Infant mortality rates continue to be a challenge, though admittedly, the efforts in this direction to reduce them have been more successful than for their mothers. Kangaroo Maternal care (KMC) methodologies can result in up to 51% reduction in newborn mortality. There are still over 3.6 million newborn deaths per year globally—a veritable Public Health epidemic indeed!!! The two issues above will remain high on my agenda during the next three years.

The next issue I will be tackling is one that has been initiated by one of my predecessors and which various facets have been worked on is that of Medical Women in Leadership.

We have heard a lot this week about the increasing numbers of women in medicine and the ‘feminisation’ of medicine or as others would term it, medicine becoming a ‘pink profession’.

The question being raised is whether this is leading to a ‘devaluation’ of medicine? Such that medicine will now be equated and devalued for women, much as nursing was, not too long ago and even continues to be in many of our countries. It is still common for women to be told “no, you cannot be the doctor, you must be the nurse”.

Will it be said that “medicine is for girls, if you are a boy, go into finance” for example? It is of concern that the higher up the academic or managerial ladder in medicine one moves, the fewer the women who are to be found there. Perhaps this is why quality improvement (QI) in health still waits to happen!!! We must learn to be political. The voices of medical women must be heard. Globally women lawyers and activists are heard louder on women’s health issues than women doctors.

MY VISION FOR THE NEXT TRIENNIAL

I see MWIA on the global map such that we cannot be ignored or left out on any global decisions concerning women’s health.

We must endeavour to change our image of being a ‘club’ to being a Forum that must be consulted on all issues to do with women. This will require collaboration and partnering at the international level with other International groups such as FIDA, FIGO, Theta Sigma Kappa, YWCA, Economists, Save the Children etc in order to push forward the global health agenda so that we Medical Women are not left behind!

The people we wish most to collaborate with are centralised mostly in Geneva. All over the world International organisations have some permanence eg. W.H.O. in Geneva, the European Union in Brussels, IPPF in London, the African Union in Ethiopia.

I would wish us all to consider whether the next phase of growth of MWIA should not include us centralising and having a permanent Secretariat for example in Switzerland where our Association’s objects and main Banks are and employing a full-time staff person(s) whose functions would then complement those of our hard working but busy Honorary Executive Committee members who would then be able to concentrate on their core functions of managing MWIA. Their positions would of course not be threatened at all but MWIA’s visibility would be increased.

My theme for the Triennium is: “Moving beyond the rhetoric- Improving the Health of women and children and Investing in Medical Women Leaders”.

Under this theme I believe all of us will be able to situate ourselves and identify priority areas that we can work on at the regional and national levels to feed into the International outlook.

The important thing to remember is that the time for action is now!!!

I invite you all to join me and together we will raise MWIA higher and higher!!!!!

Long live MWIA!!!
Thank you.

Gabrielle Casper, Australia  
MWIA Past-President 2007-2010

It has been a great honour and privilege to serve as Immediate Past President of the Medical Women’s International Association during the 2007 to 2010 triennium. It has also been a great honour and privilege to serve an association formed in 1919, currently with members from 90 countries, an international NGO accredited with the United Nations, in official relations with the World Health Organization (WHO) since 1954 and with Category II status with the UN Economic and Social Council (ECOSOC).

I would like to recognise the wonderful work undertaken by our President Dr Atsuko Heshiki, Secretary General Dr Shelley Ross, Treasurer, Dr Gail Beck, President Elect Dr Afua Hesse, and the Members of the Executive, our International Representatives, and Members of the National Organisations during this term.

It certainly was a difficult term as we moved the secretariat from Germany to Canada, faced a very tight budget with the Global Financial Crisis and needed to find ways of fulfilling our strategic plan without face to face executive meetings. Yet we still managed to continue undertaking our commitment to improve the health status of our patients and the status of women doctors across the globe.

I am absolutely delighted our President encouraged our national organisations to continue our work on gender-culture competence, women’s health and human rights including violence against women and also promoting leadership issues for women doctors. These themes have been represented in our regional and national meetings and reported on well in the circulated updates. MWIA members have also played instrumental roles in advocating for the availability of the Gardasil vaccination across the globe.

After I completed my medical degree an elderly lady doctor told me the fable about the spider that lived in the rafters of a dark, old barn. One day he slid down some filaments of web and established himself on a new and lower level where he spread his web, caught many new insects and prospered. Later when wandering about his premises he saw the threads stretching up into the dark above him. “What are they for?” he thought, and snapped them - his web collapsed.  

Way up in the dim rafters of the barn, and now out of sight, are the initial founders of the Medical Women’s International Association. We should not forget nor snap the filaments connecting us. Their aims have remained unchanged. We should remember the ultimate goal of our Association is to benefit the community and together we can make a difference.

It was a pleasure to meet with our members at the 28th International congress of MWIA, Munster, Germany 2010. In particular I enjoyed catching up with our Past Presidents of MWIA who are ready, willing and able to assist the future leaders of our profession.
I would like to once again thank the members of MWIA for their work at the National and International level and I look forward to seeing the direction we head under the guidance of our new President, Dr Afua Hesse and her new executive.

Shelley Ross, Canada
MWIA Secretary-General 2007-2010

SECRETARY-GENERAL’S MESSAGE

August, 2007, saw the move of the Secretariat from Dortmund, Germany, to Vancouver, Canada, and a change in Secretary-General from Dr. Waltraud Diekhaus to Dr. Shelley Ross.

It has been a busy year for the Secretariat, as would be expected with a change in both staff and location.

The Secretariat has appreciated all the work done by the President, Dr. Atsuko Heshiki, and the members of the executive committee, on behalf of the membership of MWIA.

The Secretariat has kept the membership up to date with the quarterly newsletter, entitled *MWIA Update*. All members and national associations are welcome to contribute information to the Update.

The website remains a work in progress. Please send in your meeting information so that it can be posted. The MWIA Update can also be found on the website.

The Special Interest Group for Young Women Doctors and Medical Students has started a Facebook to improve communication.

This is an exciting time for MWIA with many projects underway. Any members interested in participating should contact the Secretariat at secretariat@mwia.net

Thank you for your confidence in electing me to this position. I endeavour to meet your expectations.

Gail Beck, Canada
MWIA Treasurer 2004 - 2010

TREASURER’S MESSAGE

If one were to review Treasurer’s reports from years past, one would see that the themes that I raise: the devotion of the Secretary-General and Executive Committee, the need to provide value for members, the need to continue with our good work, the need to be good stewards of
the funds entrusted to us, these are all the themes raised by previous Treasurers. I am happy to be in their illustrious company.

MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION

Founded 1919


GOVERNMENT

Executive Officers:
President
Immediate Past President
President-Elect
Secretary-General (Executive Secretary)
Treasurer
Vice-Presidents (regional)

Affiliation:
National Associations:
National President
National Coordinator

and Individual Members

Regions:
Northern Europe
Central Europe
Southern Europe
North America
Latin America
Near East and Africa
Central Asia
Western Pacific

Committees:
Finance
Scientific and Research
Ethics and Resolutions

Finance:
General Fund
Lovejoy/Jubilee Fellowship Fund
Dr. Leone Hellstedt Fund
Harumi Ono Fund
Dr. Märtha Holmström Fund
Scholarship Fund
Alma Dea Morani Fund

Meetings:
Executive : annual
General Assembly : once in three years
Congress : as determined by the Assembly

Voting Right:
General Assembly
Executive
Delegates of National Associations
Delegates of Individual Members
Delegates: Each affiliated association with less than 200 members has 5 delegates. Associations with 200 and more members have additional delegates according to the number of members. No association can have more than 25 delegates. The Individual Members are represented on the same basis as the National Associations.

Eligibility for Membership: Qualified Medical Women according to the rules applicable to the medical profession in their countries.

Relations with other International Organizations:
UN ECOSOC (United Nations) consultative status
WHO (World Health Organization) official relations
CIOMS (Council for International Organizations of Medical Sciences) member of the board
EWL (European Women’s Lobby) member of the board
WMA (World Medical Association) observer
UNICEF (United Nations) observer
CSW (Commission on the Status of Women) observer
CONGO (Conference of Non-Governmental Organizations in Consultative Status with the United Nations Economic and Social Council) member
THE MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

Aims and Purposes

Throughout the 88 years of its existence, the Medical Women's International Association has provided an international forum for the interchange of information about a variety of vital medical problems with worldwide implications. The discussions at the Association's Congresses and Assemblies have been of inestimable value to the participants, women in medicine who perceive that they bring to the healing arts a special quality.

The Association has held steadfast to its aims as developed through the years in which the group has grown to its present proportions, over 20,000 members from 81 countries. The aims are:

1. To offer medical women the opportunity to meet so as to confer upon questions concerning the health and well-being of humanity.

2. To promote the general interest of medical women by developing cooperation, friendship and understanding without regard to race, religion or political views.

3. To overcome gender-related differences in health and healthcare between women and men, girls and boys throughout the world.

4. To overcome gender related inequalities in the medical profession.

5. To promote HEALTH FOR ALL throughout the world with particular interest in WOMEN; HEALTH AND DEVELOPMENT

With due regard for the recent progress made by women physicians, the Medical Women's International Association has added the purposes to its historical list of aims;

A. To aid medical women, particularly in the developing countries, to obtain fellowships or scholarships for study abroad, and grants for travel to attend scientific assemblies;

B. To provide hospitality to medical women visitors from other countries, and to provide them with information and advice concerning current programmes of medical institutions;

C. To afford medical women the opportunity to work on common problems together and to gain the cooperation of medical women in matters of inter-national health;

D. To encourage medical women to form National Associations where none exist, and where the numbers warrant this.
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<th>Year</th>
<th>Congress</th>
<th>Location</th>
<th>Topic</th>
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<tr>
<td>1929</td>
<td>2nd</td>
<td>Paris, France:</td>
<td>Sex Instruction for Children and Adolescents - Analgesia in Midwifery</td>
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<tr>
<td>1934</td>
<td>3rd</td>
<td>Stockholm, Sweden:</td>
<td>Physical Education - Birth Control</td>
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<tr>
<td>1947</td>
<td>5th</td>
<td>Amsterdam, Netherlands:</td>
<td>The Responsibilities of Medical Women in the reconstruction of the post-war world</td>
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<tr>
<td>1954</td>
<td>7th</td>
<td>Gardone, Italy:</td>
<td>The Menopause</td>
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<td>1963</td>
<td>9th</td>
<td>Manila, Philippines:</td>
<td>Parent Education and the Medical Practitioner</td>
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<td>1968</td>
<td>11th</td>
<td>Vienna, Austria:</td>
<td>The Hungry Millions</td>
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<td>1970</td>
<td>12th</td>
<td>Melbourne, Australia:</td>
<td>The Health of Women in Industry</td>
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<tr>
<td>1972</td>
<td>13th</td>
<td>Paris, France:</td>
<td>Toxoplasmosis</td>
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<tr>
<td>1974</td>
<td>14th</td>
<td>Rio de Janeiro, Brazil:</td>
<td>Genetic and Environmental Factors affecting Human Health</td>
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<td>1976</td>
<td>15th</td>
<td>Tokyo, Japan:</td>
<td>Viral Infections and their Sequelae</td>
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<tr>
<td>1978</td>
<td>16th</td>
<td>Berlin, F.R. Germany:</td>
<td>Mass Medica and Medicine</td>
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<td>1980</td>
<td>17th</td>
<td>Birmingham, U.K.:</td>
<td>Medical Priorities in Developing, Progressing and Established Countries</td>
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<td>1982</td>
<td>18th</td>
<td>Manila, Philippines:</td>
<td>Humane Management in Medicine</td>
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<td>1984</td>
<td>19th</td>
<td>Vancouver, Canada:</td>
<td>Men and Women: Biological and Behavioural Differences</td>
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<td>1987</td>
<td>20th</td>
<td>Sorrento, Italy:</td>
<td>Adolescence: Medical and Psycho-Social Aspects</td>
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<td>1989</td>
<td>21st</td>
<td>Seoul, Korea:</td>
<td>Incidence of Cancer in Women in Different Countries</td>
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<tr>
<td>Year</td>
<td>Congress</td>
<td>Location</td>
<td>Theme</td>
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<tr>
<td>1992</td>
<td>22nd</td>
<td>Guatemala City, Guatemala</td>
<td>Health for All Children</td>
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<tr>
<td>1998</td>
<td>24th</td>
<td>Sao Paulo, Brazil</td>
<td>The Health of Women in the XXI\textsuperscript{st} Century</td>
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<tr>
<td>2001</td>
<td>25th</td>
<td>Sydney, Australia</td>
<td>Women’s Health in a Multicultural World</td>
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<td>2004</td>
<td>26th</td>
<td>Tokyo, Japan</td>
<td>Medicine in a New Life Style</td>
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<tr>
<td>2007</td>
<td>27th</td>
<td>Accra, Ghana</td>
<td>Women in the World of Medicine</td>
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<tr>
<td>2010</td>
<td>28\textsuperscript{th}</td>
<td>Munster, Germany</td>
<td>Globalisation in Medicine: Challenges and Opportunities</td>
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MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION
OFFICERS 2007 - 2010

EXECUTIVE COMMITTEE

President
Atsuko Heshiki
Maebashi, Gunma
Japan

Immediate Past President
Gabrielle Casper
Sydney, NSW
Australia

President-Elect
Afua Hesse
Accra, Ghana

Secretary-General
Shelley Ross
Burnaby, BC
Canada

Treasurer
Gail Beck
Ottawa, Ontario
Canada

Regional Vice-Presidents

Northern Europe
Olof Sigurdardottir
Reykjavik, Iceland

Central Europe
Waltraud Diekhaus
Dortmund, Germany

Southern Europe
Gwenaelle Vidal Trecan
Paris, France

North America
Shirley Hovan
Red Deer, Alberta
Canada

Latin America
Ruth Guillen de Maldonado
Bolivia

Near East and Africa
Frida Kazembe
Lusaka, Zambia

Central Asia
Manju Mataliya
Mumbai, India
Western Pacific  
Winnie Yang  
Taipei, Taiwan, Province of China

CHAIRWOMEN OF THE FIVE MWIA COMMITTEES

Finance:  
Kyung Ah Park  
Seoul, Korea

Ethics and Resolutions:  
Shirley Hovan  
Red Deer, Alberta  
Canada

Scientific and Research:  
Olof Sigurdardottir  
Reykjavik, Iceland

INTERNATIONAL REPRESENTATIVES

United Nations in New York:  
Satty Gill Keswani and Padmini Murthy

Department of Public Information in New York:  
Satty Gill Keswani and Padmini Murthy

World Health Organization In Geneva:  
Elizabeta Dulic  
Elisabeth Blocklinger  
Claudia Landerer  
Andrea Gilomen

United Nations in Vienna:  
Iris Habitzel

National Officers 2007-2010

17
NATIONAL CONTACTS—PRESIDENTS AND NATIONAL COORDINATORS

NORTHERN EUROPE
Denmark, Finland, Iceland, Norway, The Netherlands, Sweden, United Kingdom

Denmark
Dr. Agnete Basboll, President
Dr. Margit Niebuhr, NC

Finland
Dr. Sanna Mustonen, President
Johanna Wolfram, NC

Iceland
Dr. Lilia Jonsdottir, President
Dr. Helga Hannesdottir, NC

Ireland
Dr. Monica McWeeney, Individual member

Netherlands (vnvamail@vnva.nl)
Dr. Carla Weenink, President
Dr. Patricia Assmann, President
Maayke Sluman, NC

Sweden
Dr. Ingela Heimann, President
Dr. Karen Nielsen,

United Kingdom
Dr. Clarissa Fabre, President
Dr. Dorothy Ward, NC

CENTRAL EUROPE
Austria, Bulgaria, Czech Republic, Georgia, Germany, Hungary, Poland, Romania, Slovak Republic, Switzerland

Austria (http://www.aerztinnenbund.at/)
Dr. Edith Schratzberger, President
Dr. Eva Egger, NC

Czech Republic
Dr. Nada Kocnarova, Individual member
Georgia
Dr. Nino Zhvania, President
Dr Tamar Rukhadze, NC

Germany (gsdaeb@aerztinnenbund.de)
Dr. Regine Rapp-Engels, President
Dr. Inke Doench, National Coordinator

Hungary
Dr. Agnes Fenji, Individual Member

Poland
Dr. Med. Adriana Pietraszkiewicz, President

Romania
Dr. Liliana Pagu, President

Slovak Republic
Dr. Irina Sebova, Individual member

Switzerland
Dr. Marianne Laifer, Co-President
Dr. Barbara Bass, Co-President
Dr. Marianna Bodenmann-Zanetti, NC

SOUTHERN EUROPE
Belgium, France, Greece, Israel, Italy

Belgium
Dr. Agnes Vermeulen, President
Dr. Christine Pouliart, NC

France (ldayan@affinitesante.com)
Dr. Cecile Renson, President
Dr. Maria-Dominique Ghnassia, NC

Greece
Dr. Alexandra Kalogeraki, President
Dr. Myrto Sotiropoulou, NC

Israel
Hava Tabenkin

Italy
Dr. Ornella Cappelli, President and NC
NORTH AMERICA
Canada, United States of America

Canada (fmwcmain@fmwc.ca)
Dr. Andrea Canty, President
Dr. Maureen Law, NC

United States (info@fernley.com)
Dr. Eliza Chin, President
Jean Fourcroy, NC

LATIN AMERICA
Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Panama, Peru, Puerto Rico

Argentina
Dra. Kumiko Eiguchi, President

Bolivia
Ruth Guillen de Maldonado, President
Dra. Elsa Sandoval de Bravo, NC

Brazil
Dra. Marilene Rezende Melo, President

Colombia
Dra. Rina Tapia, President
Dra. Josefina Ortiz, NC

Ecuador
Dr. Gina Del Rosario, President
Dra. Sandra Lozada, NC

Mexico
Dra. Rosa Maria Alavez Martinez, President
Dra. Alma Lorena Gamboa Mendoza, NC

Nicaragua
Dr. Cecilia Bamboa, President

Panama
Dra. Cecilia Lamela

Peru
Dra. Maria Jesus Rojas Quntana, President
Dra. Rebeca Kuniyoshi, NC
Puerto Rico
Dra. Rosa Fiol, Individual Member

NEAR EAST AND AFRICA
Cameroon, Egypt, Ghana, Kenya, Mali, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda, Zambia

Cameroon
Dr Florence Tumasang, NC

Egypt
Dr. Mervat Elrafie, President
Dr. Shafika Nasser, NC

Ghana
Dr Mabel Aboah, President
Dr Charlotte Gardiner, NC

Kenya
Dr Jacqueline W. Kitulu, President Chairperson
Dr G. Mwango NC

Mali
Aichata Qualtara-Diakite, Individual Member

Nigeria
Dr. Claribel Abam, President
Dr. Oribi Isokariari-Higgwe, NC

Sierra Leone
Dr. Oluyanka Koso Thomas, President

South Africa
Dr. Linda Gail Bekker, Individual member

Sudan
Dr. Saud Babiker, Individual member

Tanzania
Dr. Ellen Mkondya-Senkoro, President

Uganda
Dr. Christine Biryabarema

CENTRAL ASIA
India, Thailand
India
Dr. Urmila Khanna, President
Mandakini Megh, NC

Thailand
Dr. Porapan Punyaratabandhu, President
Dr. Patariya Jarutat, NC

WESTERN PACIFIC
Australia, Hong Kong, Japan, Korea, Mongolia, New Zealand, Philippines, Taiwan, Province of China

Australia
Dr. Desiree Yap, President
Dr. Deborah Colville, NC

Hong Kong Special Administrative Region of China (Hong Kong SAR of China)
Dr. Cissy Yu, President
Dr. Callie Ko Ka Li, NC

Japan
Dr. Yasuko Oda, President
Dr. Yasuko Uchigata, NC

Korea (http://www.kmwa.or.kr)
Dr. Yong Jin Kim, President
Dr. Su Young Chung, NC

Mongolia
Dr. Byambaa Batsereedene, President
Dr. Vanchinkhuu Surenchimeg, NC

New Zealand
Dr. Margaret Maxwell, Individual member
Dr. Denise Watt, Individual member
Dr. Robyn Hewland, individual member

Philippines
Dr. Angela Cruz, President
Dr. Rosa Maria Hipolito-Nancho, NC

Taiwan Province of China
Dr. Winnie Yang, President
Dr. Chia-Wei, NC
HONORARY MEMBERS OF MWIA

Madame Marie CURIE*, France (1929)
Berta VAN HOOSEN*, U.S.A (1947)
Edna GUEST*, Canada (1950)
Martha M. ELIOT*, U.S.A (1950)
Catharina MAC FARLANE*, U.S.A (1950)
Esther POHL LOVEJOY*, U.S.A (1950)
Louisa MARTINDALE*, U.K. (1950)
Honoria ACOSTA-SISON*, Philippines (1954)
M. Pas MENDOZA GUASON*, Philippines (1954)
Ethlyn TRAPP*, Canada (1954)
Paulette GAUTHIER-VILLAR*, France (1956)
Luisa GIANFERRARI*, Italy (1956)
A. Charotte RUYS*, Netherlands (1958)
Leone BAUMGARTNER, U.S.A (1962)
Fe del MUNDO*, Philippines (1968)
Jolanda TOSONI DALAI*, Italy (1970)
Lore ANTOINE*, Austria (1970)
Lorna LLOYD-GREEN*, Australia (1972)
Cicely D. WILLIAMS*, U.K. (1972)
Lena OHNESORGE*, F.R.Germany (1972)
Mother Anna DENGEL*, Austria/Italy (1972)
Lola VILAR, Spain (1974)
Rosa Lee NEMIR*, U.S.A. (1976)
Hildegard STOLTZ, Brazil (1976)
Gabrielle HENRY*, France (1978)
Isobel ROBERTSON, South Africa (1978)
Harumi ONO*, Japan (1980)
Helga THIEME*, Germany (1980)
Märtha HOLMSTRÖM*, Sweden (1982)
Martha KYRLE*, Austria (1982)
Joan REDSHAW*, Australia (1984)
Trinidad A. GOMEZ*, Philippines (1987)
Barbara McCINTOCK (1987)
Beverley TAMBOLINE, Canada (1989)
Fernanda DE BENEDETTI-VENTURINI*, Italy (1992)
Il Ok CHOO, Korea (1995)
Vibeke JÖRGENSEN, Denmark (1995)
Rinko YAMAZAKI, Japan (1995)
Florence W. Manguyu, Kenya (2001)
Shelley Ross, Canada (2007)
May Cohen, Canada (2007)
Waltraud Diekhaus, Germany (2007)

MEMBERS OF HONOUR OF MWIA

Hertha M. DAX*; Austria (1982)
Ruth BONNER*, Switzerland (1989)
Rita LEVI-MONTALCINI, Italy (1989)
Dr. Wariara MBUGU, USA (2007)

PAST PRESIDENTS

Esther POHL LOVEJOY*, U.S.A. (1919-1924)
Lady Florence BARRETT*, U.K. (1924-1929)
L. TUILLIER-LANDRY*, France (1929-1934)
Alma SUNDQUIST*, Sweden (1934-1937)
A. Charlotte RUYS*, Netherlands (1947-1950)
Jolanda TOSONI-DALAI*, Italy (1954-1958)
Fe del MUNDO*, Philippines (1962-1966)
Lore ANTOINE*, Austria (1966-1968)
Lorna LLOYD-GREEN*, Australia (1968-1970)
Leone McGREGOR HELSTEDT*, Sweden (1970-1972)
Harumi ONO*, Japan (1974-1976)
Helga THIEME*, Germany (1976-1978)
Beverley TAMBOLINE, Canada (1984-1987)
Fernanda DE BENEDETTI-VENTURINI*, Italy (1987-1989)
Il Ok CHOO, Korea (1989-1992)
Lila STEIN KROSER,* USA (1998-2001)
Shelley Ross, Canada (2001-2004)
Gabrielle Casper, Australia (2004-2007)
Atsuko Heshiki, Japan (2007-2010)
*deceased

**MWIA ORGANIZATION CHART**

**President**  
Atsuko Heshiki

**Immediate Past President**  
Dr. Gabrielle Casper

**President-Elect**  
Dr. Afua Hesse

**Treasurer**  
Dr. Gail Beck

**Secretary-General**  
Dr. Shelley Ross

**Regional Vice Presidents**

**Northern Europe**  
Dr. Olof Sigurdardottir  
*National Associations*  
Denmark  
Finland  
Iceland  
Norway  
Sweden  
The Netherlands  
United Kingdom  
**Individual Members**  
Estonia  
Ireland  
Latvia  
Lithuania

**Central Europe**  
Dr. Waltraud Diekhaus  
*National Associations*  
Austria  
Georgia  
Germany  
Hungary  
Poland  
Romania  
Switzerland

**Southern Europe**  
Dr. Gweaelle Vidal Trecan  
*National Associations*  
Belgium  
France  
Greece  
Israel  
Italy

**North America**  
Dr. Shirley Hovan  
*National Associations*  
Canada  
United States of America

**Latin America**  
Dr. Ruth Guillen de Maldonado  
*National Associations*  
Argentina  
Bolivia  
Brazil  
Columbia  
Ecuador  
Mexico  
Nicaragua  
Panama  
Peru  
**Individual Members**  
Costa Rica  
Venezuela

**Near East and Africa**  
Dr. Frida Kazembe  
*National Associations*  
Cameroon  
Egypt  
Ghana  
Kenya  
Nigeria  
Sierra Leone  
Tanzania  
Uganda  
Zambia

**Central Asia**  
Dr. Manju Mataliya  
*National Associations*  
India  
Thailand  
**Individual Members**  
Pakistan  
Sri Lanka  
Uzbekistan

**Western Pacific**  
Dr. Winnie Yang  
*National Associations*  
Australia  
Hong Kong, SAR of China  
Japan  
Korea  
Mongolia  
Philippines  
Taiwan Province of China  
**Individual Members**  
Indonesia  
Malaysia  
New Zealand
XXVIIIth CONGRESS OF THE MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

The XXVIIIth MWIA Congress was held in the Furstenberghaus in Munster, Germany from July 28 to July 31, 2010. Sincere thanks goes to the organizing committee of Dr. Regine Rapp-Engles, Professor Dr. Dr. Bettina Pfleiderer and Dr. Hedwig Wening for organizing such an excellent congress for the Medical Women’s International Association.

The Theme of the Congress was:

GLOBALISATION IN MEDICINE—CHALLENGES AND OPPORTUNITIES

BRIEFING OF MWIA NATIONAL COORDINATORS

Tuesday, July 27, 2010

All National Coordinators (NCs) and National Presidents were invited for a briefing by the Secretary-General, Dr. Shelley Ross. Each NC received a folder containing the relevant reports for the General Assembly, the proposals for the election of officers, Voting Procedure, Information about the current and incoming executive, the up-dated list of National Presidents and NCs, Statutes and By-Laws, meeting report forms, job description for NC’s, information about dues, the annual report, information about the website, on-line journal, twitter, resolutions and a foldable leaflet to use with information about MWIA.

The executive and committee chairs were introduced and the NCs and National Presidents then had the opportunity to ask questions, and the rights and responsibilities of all officers were discussed in detail.

OPENING CEREMONY

Furstenberghaus

Wednesday, 28 July 2004

The opening ceremony allowed greetings to be brought to MWIA. Professor Afua Hesse chaired the opening ceremony and brought words of greeting, followed by MWIA President Professor Atsuko Heshiki. Dr. Waltraud Diekhaus, Vice President for Central Europe brought greetings and read words from Ursula van der Leyen, German Minister of Labour and Social Affairs and Patroness of the congress. The mayor of Munster, Mr. Wigger, Dean of the Medical Faculty, Professor Schmidt, President of the University of Munster, Professor Nelles and President of the German Medical Women’s Association, Dr. Rapp-Engels followed with words of welcome.

The keynote lecture was by Professor Dr. Ilona Kickbusch from the Graduate Institute, Geneva. She spoke on the topic of “How Global is Health?” She concluded that the expansion of health into different areas of policy and politics means it is gaining a strategic place on the international agenda, in foreign policy and in development policies. They are
concerned with pandemics, bioterrorism, development, human rights, equity, trade and humanitarian activities.

KEYNOTE SPEAKERS

Dr. Monica Hauser from the NGO, Medica Mondiale in Cologne, Germany, gave a rousing talk on Gender Based War Violence. Although a gynecologist by training, she has devoted her professional life to the welfare of victims of sexual violence in time of conflict. Visit www.medicamondiale.org.

Dr. Waltraud Diekhaus gave an excellent talk on Gender Mainstreaming in Medicine and How It Can Improve Women’s Health.

Under the topic of addiction were Dr. Jana Wrase and Dr. Andreas Heinz speaking on the addictive brain and Dr. Gert-Jan Meerkerk on Internet Addiction.

Elisabeth Nagy spoke on Epidemic Plagues, Globalisation and Resistance.

Margret Jochl spoke on how gender influences the time of diagnosis in HIV.

Regarding the topic of nutrition, Dr. Jeong Won Seo spoke on the prevention of childhood obesity and Dr. Achim Peters on the Selfish Brain and Origin of Obesity.

Dr. Bettina Pfeiferer gave the Dr. Jhirad Oration on the topic of “There is a Male Brain and There is a Female Brain and Is that of Any Importance in Medicine?”

GENERAL ASSEMBLIES

Wednesday, July 28, Thursday, July 29 and Saturday July 31, 2010

AGENDA

1. Welcome by the President
2. Roll Call
3. Greetings and Apologies
4. In Memoriam
5. Procedure Advisor
   voting procedure
6. Elections
7. Membership
   a. New Affiliations National and Individual Members
   b. Honorary Members and Members of Honour
   c. Golden Jubilee Members
8. President's Report
9. President-Elect's Report
10. Immediate Past President's Report (incl. Past President's Advisory Council)
11. Secretary-General's Report
12. Treasurer's Report
13. Vice Presidents' Reports
14. Committees' Reports
   - Finance
   - Scientific and Research
   - Ethics and Resolutions
15. Resolutions
   a. Statutes
   b. By laws
   c. Policy Resolutions
16. MWIA International Representatives 'Reports
   a. Geneva
   b. New York
17. Report on 26th Congress, Accra, Ghana
18. Other Business

The agenda was approved by the General Assembly.

• **WELCOME BY THE PRESIDENT**

On Wednesday, July 28, the President, Dr. Atsuko Heshiki, opened the 1st General Assembly of the XXVIIIth International Congress of MWIA and welcomed the delegations of the affiliated countries and members present.

• **ROLL CALL**

The Secretary-General, Dr. Shelley Ross, took the roll call and established that a quorum was present.

• **GREETINGS AND APOLOGIES**

Greetings had been received from Dr. Fe del Mundo (Past President, Philippines), Dr. Shirley Hovan (VP North America), Dr. Margaret Maxwell (Individual Member from New Zealand), Dr. Marcella Borgstrom (past VP of Southern Europe from Italy), Dr. Rebeca Kuniyoshi (Past VP Latin America from Peru).

• **IN MEMORIAM**

The President expressed her deep regret over the death of the colleagues who had passed away since the XXVIIth Congress in Ghana in 2007.

**Canada**
2007
Dr. Lois Mackenzie-Sawers, Vancouver, BC
Dr. Lois Hazen, Lower West Pubnico, Nova Scotia
2008
Dr. Shirley Hazell, Vancouver, BC
Dr. Beryl Oblasi (Bici) Taylor-Lewis, Saint John, NB
Ms. Lindsay Leigh Kimmett, medical student, Calgary, AB
Dr. Julia Van Norden, Vancouver, BC.
2009
Dr. Hanna Binder, Maple Ridge, BC

Japan

Chieko Iida
Chieko Toriumi
Chiyoko Sato
Fumi Yui
Fumie Masuda
Fumiko Nakamura
Hisae Sekimoto
Kiku Sekiguchi
Kyoko Onuki
Mitsuko Saito
Miyuki Asai
Mutsuko Yasuhara
Nobuko Konno
Sachiko Nakanishi
Sadako Yamada
Shigeko Yamada
Shizu Kamiyama
Sumie Naito
Taeko Ishiguro
Tamiko Ohira
Tazuko Mizutani
Tetsuko Matsumura
Tomiko Tsuchiya
Toshiko Mizushima
Utako Saito
Yoshimi Nozawa
Yuriko Asahi
Chieko Mori
Chikage Kato
Chizuko Horiuchi
Fumi Saito
Fumiko Ishikawa
Hide Kakinoki
Hisako Nonaka
Kuniko Fujioka
Midori Fukiyama
Mitsuko Yasaki
Murako Aihara
Naoe Yamada
Sachie Hamada
Sachiko Oba
Setsuko Inaba
Shino Abe
Shizuko Masuda
Taeko Asahi
Taka Hisada
Tamiko Sakurai
Terue Yokota
Tomi Oka
Toshiko Machida
Tsuneko Sato
Yachiyo Sakakibara
Yukie Deguchi

New Zealand

2009
Dr. Margaret Gatman
Dr. Elsie Gibbons
Dr. Dorothy Potter
In this was recorded that she revived the defunct Wellington Branch of New Zealand Medical Women's Association in 1971 and was made an Honorary Member of NZMA in 1991.

Philippines

Dr. Elena Ines-Cuyegkeng in 2007
Dr. Estrella P. de Leon in 2008
Dr. Carmelita Belmonte Cuyugan in 2009
Switzerland
2007
Dr. Hilette von Wyttenbach Via dei Fiori
Dr. Silvana Weidmann Luerlibadstr.
2008
Dr. Fanny Bärtchi-Rochaix Aux-Vergnes
Dr. Corinne Bretscher-Dutoit Bachmattweg
Dr. Olivia Zeyer Seebahnstr.
2009
Dr. Brigitte Brun-Toggenburger Im Ring
Dr. Annemarie Hänsele Feldhofstr.

United Kingdom
2007
Dr. Mildred John
Dr. Christine Brooks
Dr. Margaret Norton
2008
Dr. Frances McAll
Dr. Jane Knowles
Dr. Jean Hugh-Jones
Dr. Florence Currin
Dr. Margaret Bowles
Dr. Joyce Beattie
Dr. Mary Evans
Dr. Mary Louise Grove-White
Dr. Gabriela Tobias
Dr. Eleanor Guthrie
2009
Dr. Margaret Whitty
Dr. Beatrice Harriman
Dr. Magdalene Linton
Dr. Phyllis Denman
Dr. Jean Lawrie
Dr. A. Anne Boutwood
Dr. Wendy Johnson
Dr. Beryl Callaghan
Dr. Pamela Horne
Dr. Yvonne Carter
Dr. Anne M. Bolton
Dr. Donna Butterworth
2010
Dr. Heather Benson
Dr. Margaret Kerr
Dr. Pamela Wray
Dr. Isabel Headen
ELECTIONS

Following the procedure outlined in the National Coordinators’ Information Package, the General Assembly elected the following officers for the term 2010-2013.

President: Afua Hesse, Ghana
Immediate Past President: Atsuko Heshiki, Japan
President-Elect: Kyung Ah Park, Korea
Secretary-General: Shelley Ross, Canada
Treasurer: Gail Beck, Canada

Vice-Presidents
Northern Europe: Cisca Griffioen, The Netherlands
Central Europe: Waltraud Diekhaus, Germany
Southern Europe: Dr. Alexandra Kalogeraki, Greece
North America: Claudia Morrissey, USA
Latin America: Mercedes Viteri, Ecuador
Near East and Africa: Petronilla Ngiloi, Tanzania
Central Asia: Pattariya Jarutat, Thailand
Western Pacific: Rosa Maria Nancho, The Philippines

The following committee chairpersons were appointed by the Executive.

Chair Finance Committee: Eleanor Nwadinobi, Nigeria
Scientific and Research Committee: Bettina Pfleiderer, Germany
Ethics and Resolutions Committee: Gabrielle Casper, Australia

HONORARY MEMBERSHIP
Honorary membership was bestowed on:

Dr. Gabrielle Casper, Australia
Dr. Joan Ford, Canada
GOLDEN JUBILEE MEMBERS
MWIA wishes to congratulate Golden Jubilee Members for 50 years of faithful affiliation to MWIA:

**India**
Dr. Usha Saraiya

**Japan**
Emiko Sato
Hisako Fujimori
Kauko Matsuoka
Keiko Sasaki
Miyo Kuroki
Satoko Matsuo
Shigeko Yoshida
Shizuko Ohashi
Sute Narumi
Tomiko Noda
Yaeko Noma
Yukie Noro
Fumiko Kondo
Ihoko Shimizu
Kazuko Yamamoto
Kikuko Hiramatsu
Mutsu Honma
Setsuko Hayashi
Shizuka takeuchi
Sumako Masuda
Tokiko Nishiyama
Toshiko Tsuzuki
Yoshiko Nishii
Yukiko Katayama

**Philippines**
Dr. Fe del Mundo
Dr. Remedios Arellano

**United Kingdom**
Dr. Catherine Adam
Dr. Elizabeth Beattie
Dr. Alison Bush
Dr. Patricia Hickling
Dr. Winifred Lloyd
Dr. Frances Mather
Dr. Margaret McGregor
Dr. Alberta Patel
Dr. Constance Yule
PRESIDENT'S REPORT

Atsuko Heshiki, Japan

True to my triennial theme, I followed and functioned under the three key words “Participation, Communication and Visibility” as I declared I would do in Ghana in 2007. All my activities were in an effort to show leadership in achieving and accomplishing these goals.

I have attended 5 MWIA regional meetings, 2 regional meeting, 1CSW, 4 other major international meetings and local many lectures and seminars, which are not listed here.

1. November, 2007; Southern European Congress of MWIA (Rome, Italy)
2. February, 2008; Conferences of the Status of Women of UN (New York)
3. April, 2008; American College of Physician, Japan Chapter (Tokyo, Japan)
4. July, 2008; PanAmerican Medical Women’s Alliance Congress (San Juan, Puerto Rico)
5. 2008; Western Pacific Regional Meeting (Melbourne, Australia)
6. November, 2008; Exchange program among Arab and Middle East countries and Japan (Jordan, Syria and Egypt) sponsored by Ministry of Foreign Affair, Japan
7. February, 2009; Exchange program among Arab and Middle East countries and Japan (Tokyo, Japan) sponsored by Ministry of Foreign Affair, Japan
8. May, 2009; Central European Meeting (Vienna, Austria)
9. July, 2009; Near East and Africa Regional Meeting (Dar Es Salaam, Tanzania)
10. September, 2009; Biennial Conference of Medical Women’s of Nigeria (Abuja, Nigeria)
11. January, 2010; Central Asian Regional Meeting (Mumbai, India)
12. April, 2010; 1st China Medical Women’s Association Meeting (Beijing, China)
13; May, 2010; 113rd German Medical Association meeting (Dresden, Germany)

I have accepted all the invitations which were addressed to me directly. By attending Regional meetings of MWIA, I was able to see all regional VPs and appreciated their works. I am deeply impressed all organizer’s effort to make the meeting successful and very thankful to the organizer’s sincere hospitality. I express my strong appreciation for the support of the government, academic institution, regional offices and the firms. I recall very well all the participants I have met during the meetings.

Goal of my theme
I followed the theme of “leadership” initiated by the immediate past president, Dr. Gabrielle Casper. A questionnaire was distributed in the August 2009 and collected in February, 2010. It will be presented at Munster meeting. The data base of the women physician is on its way.

This term was hit by world economic crisis. We have decided to cancel our face-to-face Executive meeting and changed completely to Skype Conference. It worked well and cut our expense tremendously.

It will be 100th anniversary of MWIA in 2019. I would like propose the sub committee to promote for the meeting and construct the financial background.
Finally, I would like to thank you Secretary-General Dr. Shelley Ross for her hard working, all Exco members who have worked likewise hard, and members of MWIA for your support.

PRESIDENT-ELECT'S REPORT

Afua Hesse, Ghana

The past triennium has been very interesting for the world of Medical Women. In many international and national arenas, there has been intensification and operationalization of gender mainstreaming in many spheres especially in health.

In many countries also, women are assuming more leadership roles. There still remains much more to be done.

Maternal mortality in many developing countries continues as the scandal of the millennium with unacceptably high levels in spite of many interventions to decrease it with the timeline set for the achievement of the Millennium Development Goals (MDG’s) looming ever closer.

The regional activities of the MWIA have continued to focus on the main intervention areas of our association and will continue to do so.

Maternal mortality has continued to remain a scandal in many developing countries in spite of numerous interventions on the global and international levels and many countries will not be able to meet the Millennium Development Goals that the world has set for itself. As medical women even though we may not be in the obstetrical or gynecological specialities, we must continue to spearhead all such efforts. With the half of the world that bears them, the other half is in danger of extinction!!!

Adolescent reproductive health issues still remain on the front burner. A number of the pre conceptions which may be false may certainly be the precursors of eventual maternal mortality and certainly morbidity and we must continue to champion these.

I have continued to lobby for more participation by women physicians in Ghana, Nigeria, and Senegal. Senegal has the largest association of female doctors in Africa who are also very active and I have been advocating for their membership of our large body of women doctors. The language barrier continues to divide us but we must find a way to overcome it and build ourselves strong as a vibrant international body of focused women professionals.

The next triennium will continue to raise the challenge of stimulating membership of our body by busy professionals who also continue to build their careers through membership of specialty bodies. We can and must continue to strengthen our national associations which will then feed into the international body. Some sub-themes will continue throughout successive presidencies but strategic planning will encourage newer ideas or remodelling older ones to fit into advancing science, knowledge or practice.

Over 80 years of the existence of MWIA just serves to encourage us that the Association is still young, has continuing enormous potential and is served by goodwill from a host os
medical women from all corners of the globe holding hands to strengthen and uphold each other in a strong bond of sisterhood.

Long live MWIA! Long live Medical Women!

SECRETARY-GENERAL'S REPORT

Shelley Ross, Canada

Thank you for the honour and privilege of serving as your Secretary-General for the triennium 2007-2010, since the 27th International Congress in Ghana, held July-August, 2007.

Thank you to MWIA’s president, Dr. Atsuko Heshiki, for her excellent representation for MWIA. I would also like to thank the executive committee for all of the work you have done this triennium.

This has been a busy time for MWIA and I wish to report on the activities handled by the Secretariat.

I would like to divide the duties of the Secretariat into a number of categories, as follows:

1. general administration
2. financial
3. membership
4. newsletter
5. website
6. public relations and media
7. meeting organization
8. project coordination
9. liaison with WHO and UN
10. meetings attended for MWIA (at own expense)

1. General administration includes the day to day routine of the Secretariat from answering emails to registering members to various organizations, meetings and committees.

2. Financial includes coordinating the banking in Canada, Switzerland and Germany, looking after dues, both incoming and outgoing and arranging the audit.

3. Membership includes keeping the national officers updated and encouraging new membership.

4. The MWIA Newsletter, entitled the MWIA Update, goes out every three months by email to interested members and it is also posted on the website.
5. The website has three functions at present which are keeping a list of conferences and events up to date, general access to the MWIA Updates and answering enquiries that come through the website.

6. Public Relations and Media encompasses contact with other organizations, radio and TV and keeps the MWIA name visible.

7. Meeting organization is multifaceted and includes organizing the executive meetings, minute keeping, and gathering reports. It also includes registering delegates to various UN and WHO meetings. The Secretariat has been in close contact with the organizing committee for the 28th International Congress in Munster, providing information when necessary and reviewing abstracts and program structure. The Secretariat sent out the Second Special Update, with detailed information requested of national associations.

8. Project coordination has included oversight of many projects this triennium.
   - HPV and cervical cancer
   - Osteoporosis
   - Diabetes and Pregnancy
   - Female Genital Mutilation
   - Gender Based Violence
   - Gender and Health
   - Leadership
   - UNIFEM
   - Primary Health Care

9. Liaison with UN and WHO
   - Economic and Social Council of the UN (ECOSOC) in New York
   - Department of Public Information, NGO division (DPINGO) in New York
   - WHO in Geneva
   - UN in Vienna

10. At any meeting I attend, I always network for MWIA.

I look forward to seeing many of you in Munster. It is always a pleasure to meet old friends and make new acquaintances. Beyond the scientific portion of the congress, which looks to be excellent, is the camaraderie that can only be experienced by attending an international congress of medical women. No matter how different the country and culture from which we come, as medical women we have a common bond. Many of the friendships made through MWIA will last a lifetime.

Once again, thank you for the honour of serving as your Secretary General.
TREASURER’S REPORT
Gail Beck, Canada

1. Summary

This is the first triennium in which MWIA’s working Secretariat was based in North America and specifically in Vancouver, British Columbia, Canada. In general, because of decreased staffing requirements for the Vancouver Office, expenses have been reduced, although the Association continues to be in a precarious financial position because the bulk of our revenue still comes from dues and revenues from our investments. As investment income has been low in the past three years, we continue to manage as a bare-bones operation only.

I extend my thanks to the Executive Committee for their understanding of our difficult financial circumstances. Dr. Heshiki, in particular, has only used part of the usual travel allowance, as that is what our finances permitted. Having said this, she follows the example of Dr. Caspar, the Past President who had funded most of her own travel as President. For the past four years, Executive Committee Travel was limited by costs. I have not been able to travel to meet with our banker and Dr. Ross has funded all of her own travel. The Executive Committee has not been able to meet face-to-face because of our financial situation.

With our precarious finances in mind, the goal of our meetings this year must be to plan some projects which can be realized with one resource: our own hard work, since we are not generating sufficient funds to do otherwise at this time. I had made this statement at the end of the last triennium and our circumstances have not changed.

This concludes my report for this triennium. If one were to review Treasurer’s reports from years past, one would see that the themes that I raise: the devotion of the Secretary-General and Executive Committee, the need to provide value for members, the need to continue with our good work, the need to be good stewards of the funds entrusted to us, these are all the themes raised by previous Treasurers. I am happy to be in their illustrious company.

2. Financial Report

a. Review of Audit for the years 2007-8 and 2008-9

MWIA’s financial audit for the fiscal years 2007-8 and 2008-9 is attached as Appendix A for your review.

Because of our precarious financial position, Dr. Ross and I decided to forgo an audit until the end of our last fiscal year that is June 30, 2009. Our auditors reviewed our books for a period of two years and, as can be seen from the report, the statements produced for the auditors represent fairly the financial position of Medical Women’s International Association at June 30, 2008 and 2009.

The auditors do comment that there is no way of verifying whether the dues we receive are actually a fair representation of the dues we should be receiving from each National Association. By this is meant that we cannot ourselves verify the number of members in each National Association to ensure that we are receiving the dues for each member of an organization. We rely upon the goodwill and reporting of our National Associations as to the accuracy of their own records.

Obviously, in those cases where dues are obtained from individual members, the receipts are verifiable.

b. Assets

As of June 30, 2008, Medical Women’s International Association had assets totaling 847,385 CHF. As of June 30, 2009, our assets were 823,572 CHF.
Reviewing the statement of MWIA’s financial position, one notices immediately the deficiency of receipts over expenditures of 109,905 CHF in 2008 and 2009. The reason for this deficiency was the extra costs incurred in closing down the office in Dortmund. These were one-time costs and unavoidable. One can see that these costs have decreased significantly in 2009 as the Dortmund costs were fully paid off and, given the current Secretariat costs, fiscal year 2010 should see us breaking even, although this will depend on the cost of the International Congress.

We continue to benefit from the fact that Dr. Ross is able to keep Secretariat costs to a bare minimum. As well, Dr. Ross has not been reimbursed for the travel to which she is entitled as Secretary-General and I have financed all of my visits to our banker in Switzerland and in Vancouver, although by rights these could have been claimed.

As well, our virtual meetings during the past triennium have saved the organization UD$ 40,000 per year, which would also have had to come from our assets and not from revenues.

c. Budget

The budget is attached as Appendix B to this report. This document in the year-to-date column of the 2010 fiscal year the extent to which expenses have decreased in the past year.

Included in these financial statements are two items which are new but which had to be introduced to our financial statements in order that they might conform to Canadian Accounting standards and new international accounting standards.

The first concept is that of “Fair Value Adjustment”. This is used as the market value of an asset (or liability) for which a market price cannot be determined, usually because there is no established market for the asset. This is simply, in our case, a reflection of the risk associated with some of our investments, specifically those in Schroder’s Bank which are locked into accounts for a number of years. Because of the maintenance costs of these funds as well as the fact that they are not guaranteed investments, MWIA does carry a risk in these funds.

The second concept is that of “Foreign Exchange Difference”. This reflects the risk to MWIA because of differences in foreign exchange. This is an item we had not previously included but the Auditors agreed with Dr. Ross and I that we needed to include this because so many of our financial dealings involve foreign exchange and, in the current economic climate, currency has not been particularly stable.

3. Required Motions

a. Audit motion

Be it resolved that the firm of HLB Cinnamon Jang Willoughby and Company, a registered accounting firm in the province of British Columbia in Canada, will complete the financial audit of Medical Women’s International Association.

Background:

This accounting firm was selected by a tendered process and will complete the following on behalf of Medical Women’s International Association:

2. Advise Medical Women’s International Association on the rules and regulations that must be observed in order that the organization is in compliance of all financial statutes pertaining to its status as a not-for-profit, nongovernmental organization, whose administrative head office is located in Canada but whose charter is in Switzerland.
3. Assist Medical Women’s International Association in preparing any necessary reports required by the Canada Customs and Revenue Agency, including financial reports.

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We would like to be able to continue to use this accounting firm for our Audit for the next triennium, as they are now familiar with our organization and this will likely save us the expense of another auditor getting to know us.

b. Currency fluctuation motion

In accordance with reasonable international practice, the Executive Committee passed the following motion at its 2009 Skype meeting:

Be it resolved that when fluctuations in currency over the course of a year could result in significant losses for Medical Women’s International Association, then the Treasurer will have the authority to change the amount of dues or tariffs to offset such losses on the part of the organization.

This motion allows the Association to preserve its budget should money markets begin to adversely affect income from dues.

Background

In the past several years, the value of the American dollar has been affected by the money markets. In this circumstance, it is difficult for MWIA to maintain its buying power. It would be advisable for the Treasurer to be able to adjust dues and tariffs so that MWIA can maintain its budget. Reviewing Exhibit “B” of the Audited Financial Statements, one can see in the line “Foreign exchange difference” the impact of foreign exchange on our finances.

c. Assets motion

In July 2009, the Executive Committee also passed the following motion, once again a measure to preserve MWIA’s working capital:

Be it resolved that Medical Women’s International Association will only draw from the current year’s revenues in order to meet its expenses, unless otherwise determined by the Executive Committee.

Background

The background for this motion comes from a concern of the Executive Committee that, should MWIA continue to have expenses beyond its revenues, then the reserves will be depleted when they are likely more appropriately used to fund innovations and improvements for the organization.

4. Recommendations for Increasing Revenues: a basis for discussion

a. Membership dues

These are the same points with respect to MWIA’s membership dues that must be considered, keeping in mind that, year over year; this is our most consistent revenue stream:

1. Many national associations do not pay dues for every member who pays dues to them.
2. Membership dues are not regularly adjusted to reflect increases the cost of living, i.e., membership dues have not changed in over 10 years, despite the previous Treasurer’s and my recommendation that a modest increase would be merited.

The Treasurer is interested in obtaining the members’ views with respect to increasing membership dues.

b. Revenue from International and Regional Congresses

MWIA does receive 36 CHF per participant in an International Congress, a vital part of our fundraising – this provides us with some of the income to offset the cost of the 2 Executive Committee meetings held in relation to the International Congress.
In September 2009, The North American Regional Meeting was held on a cruise from Boston to Montreal. There was a robust educational program for those members who joined us and it was a unique opportunity for the members of the American Medical Association and the Federation of Medical Women of Canada to spend time together and to learn about each other’s challenges. In addition, MWIA earned approximately $23,000 from the event. This seems to be an activity to continue. One of the advantages of a meeting on a cruise is that it is an opportunity for rest and relaxation and creates an atmosphere in which creative juices can truly flow. The income earned is also absolutely necessary if we are to continue to progress as an organization.

The treasurer would like to know from members whether there is any possibility of extending these opportunities. For example, asking for a tariff from the Regional Meetings, likely of a lesser amount.

c. Other Revenue Streams

There continues to be a need for other revenue streams for the organization. Dr. Ross and I apply for an average of three grants per year but, to date, none of these has netted any projects for the organizations. Projects, as has been mentioned on numerous occasions, do not bring in revenues but they assist us with the cost of project work which we are otherwise conducting at our own expense. Since we have not had the funds for even face-to-face executive committee meetings in the past triennium, the only project has been the President’s questionnaire.

Can the members think of other projects that would benefit women physicians specifically at the same time as they raise money for MWIA?

d. Revenues from pharmaceutical companies

Medical Women’s International Association must be very careful in the terms and conditions by which it accepts funds from pharmaceutical companies, ensuring that members’ prescribing habits are not influenced because of funds provided.

Having said this, most pharmaceutical companies have philanthropic departments which might fund some of the projects that are of interest to our members. We need Executive Committee members to work together throughout the year in order to determine whether any of the projects on our workplan might be eligible for funding by the philanthropic branch of any pharmaceutical company.

5. Recommendations for decreasing expenses: a basis for discussion

a. Executive Committee Meetings – travel costs

At this time, the cost of Executive Committee travel is US$ 40,000. This allows for the following on an annual basis:

1. One face-to-face Executive Committee Meeting
2. Travel for the Secretary General to CSW and to the World Health Assembly.
3. Part of the President’s travel. During her term, the President’s travel for 1 CSW or 1 World Health Assembly meeting, and travel to the Regional Congresses. The President’s travel expenses occur over the full triennium.
4. Once a triennium, the Treasurer is reimbursed for travel to meet with MWIA’s banker in Zurich.

All travel must be at the lowest economy airfare, confirmed with the Treasurer beforehand, and a maximum of 2 nights in hotel expenses will be covered, with no one night costing more than US$250. These amounts are inclusive of taxes. If a lower hotel rate has been negotiated for a conference, then the member is expected to use that rate only. For each meeting of the past triennium, for budgetary reasons, the Treasurer has adjusted these rules, in consultation with the Secretary General, so that MWIA stays within budget.

Dr. Beck and Dr. Ross in the last triennium were not able to operate within the rule that our reserves must not be used. The additional costs of closing the Secretariat in Dortmund needed to be paid and the only funds available
were in the reserves. The Executive Committee forwent all face-to face meetings Also, Dr. Beck has never used her travel allowance, despite having been twice to Switzerland to deal with finances. Dr. Ross has also financed some of the travel that could have been billed to MWIA. Dr. Heshiki has also funded some of her own travel on behalf of MWIA.

The Treasurer would like to recommend a cap on Executive members’ travel with the proviso that these funds would be paid to the Executive Committee members.

6. Website Renewal

It is time to make an investment in the website of Medical Women’s International Association. As Dr. Caspar indicates, if one googles “medical women”, one is not immediately brought to our website and, in this electronic age, this means that we are not accessible. We also need links to our dues paying National Associations to increase their profile as well.

I recommend an investment of $5,000 to initiate this process and I recommend that this be drawn from the Morani Fund on an as needed basis. The Morani Fund is to be used to modernize and update the Secretariat.

The deliberations of the Executive Committee will be presented to the International Congress by the Treasurer in her report. The Treasurer will ask the outgoing Executive Committee to make recommendations with respect to renewal of the Medical Women’s International Association Website.

7. Conclusion

This concludes my report for this triennium. If one were to review Treasurer’s reports from years past, one would see that the themes that I raise: the devotion of the Secretary-General and Executive Committee, the need to provide value for members, the need to continue with our good work, the need to be good stewards of the funds entrusted to us, these are all the themes raised by previous Treasurers. I am happy to be in their illustrious company.
## MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION  
Burnaby, BC  
FINANCIAL STATEMENTS  
For the Years Ended June 30, 2012 and 2011

### MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION  
Statements of Financial Position  
As at June 30, 2012 and 2011

<table>
<thead>
<tr>
<th>Assets</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current:</strong></td>
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<td></td>
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<tr>
<td>Cash and Bank Accounts</td>
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<td>Apothekerund Arztebank</td>
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<tr>
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<td>Equity investments</td>
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<tr>
<td>Bonds</td>
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<td>-</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>885,106</td>
<td>827,161</td>
</tr>
</tbody>
</table>

| Liabilities | | |
| Current: | | |
| Accrued liabilities | 3,444 | 6,282 |
| **Total Liabilities** | 3,444 | 6,282 |

| Net Assets | | |
| Beginning fund balance | 820,880 | 911,579 |
| Excess (deficiency) of receipts over expenditures | 60,782 (90,700) |
| **Net Assets** | 881,662 | 820,879 |
### MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION

**Statements of Income and Expenditures**

*For the Years Ended June 30, 2012 and 2011*

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CHF</td>
<td>CHF</td>
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<td>273</td>
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<td><strong>Total Expenditures</strong></td>
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<td><strong>18,594</strong></td>
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<td><strong>Administration Costs:</strong></td>
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<td>Bank charges</td>
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<td>Audit</td>
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<td><strong>Total Administration Costs</strong></td>
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<td><strong>Other items:</strong></td>
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<tr>
<td>Fair value adjustment</td>
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<td>Foreign exchange loss</td>
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<td><strong>Total Other items</strong></td>
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<td><strong>(113,600)</strong></td>
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<tr>
<td><strong>Excess (deficiency) of receipts over expenditures</strong></td>
<td><strong>60,782</strong></td>
<td><strong>(90,700)</strong></td>
</tr>
</tbody>
</table>
Olof Siguarddottir – VP Northern Europe  
(Denmark, Finland, Iceland, Norway, Sweden, United Kingdom)

REPORT OF THE MEDICAL WOMEN’S FEDERATION (MWF) 2007-2010

2007- The 90th Anniversary of MWF- was a very successful year for medical women in UK. It saw the launch of the summary report of the MWF’s important project Making Part-Time Work at the Apothecaries Hall, London. This project was supported financially with a grant from the UK Government Equalities office. It was followed by a meeting in London to discuss part-time working in the National Health Service. MWF also contributed to a series of meetings at the invitation of the Chief Medical officer of England to discuss his recent publication “Women in Medicine: opportunity blocks”

The 90th Anniversary was celebrated in style with a symposium in The Royal College of Obstetricians – “The Medical Women’s Federation, 90 Years and Beyond” which focused on Women Doctors Careers, Flexible Training, Women in Academic Medicine, Women and Pensions and pregnancy and maternity issues. MWF hosted Radio 4s “Any Questions” in the evening. There was a splendid Gala dinner at the Apothecaries Hall.

National Symposiums are held in the autumn in London and in the spring by invitation from local groups of MWF members. Northern Ireland group organised a meeting in 2008 “What Makes Women Sick? with associated dinners and an evening cruise. The meeting in Spring 2009 was held in Brighton – “Women in Medicine” including a debate: “Are there too many Women in Medicine?” The Spring Meeting, 2010, “Mad, Bad and Dangerous to Know!”– This will cover mental illness, learning disability and psychiatry...

We have 2 young job sharing Honorary Secretaries who work very hard on behalf of MWF. They publish a monthly newsletter by email and keep members “updated” with news, views, meetings and medical issues. “Medical Women” our 4 monthly publication has contributions on many important matters and improves with each issue under our Editor who is an ardent supporter of MWIA. We have a wise Treasurer who keeps our finances secure and young, active Presidents under whose leadership we are flourishing.

MWF has a strong student membership. They are full members and contribute actively to the Federation. MWF supports them financially in their electives in developing countries, awards student essay competition and medical school prizes and gives financial support to mature students. We are concerned that MWIA does not encourage students to be full MWIA members but are pleased they are now part of the young doctors group within MWIA and that eventually medical students will be welcomed as full members

MWF’s opinion is sought on important issues which affect the health and well being of the UK population and regarding the services that are provided by the government. We have good relations with the British Medical Association, the Royal Colleges and other Medical Societies in UK. We continue to support MWIA and many of our doctors spend their
vacations working and teaching in developing countries. MWF also supports women doctors who have come to the UK from many countries as refugees.

Waltraud Diekhaus – VP Central Europe
(Austria, Bulgaria, Georgia, Germany, Hungary, Poland, Romania, Switzerland)

Herewith I have the pleasure to present my first report as VP since 2007.

After having been Secretary-General (SG) of MWIA from 1998-2007 and before Assistant SG from 1995 – 1998 I decided that it was time for a change. The last President in my term as SG was Shelley Ross. I have got to know her extraordinary commitment and her tremendous communication skills. She improved the visibility of MWIA and cultivated the collaboration especially with the WHO in Geneva and the Commission on the Status of Women of the United Nations in New York. It cost some persuasiveness to win Shelley for the idea of running for VP after having finished her presidency. In the end she was elected SG unanimously and I knew that the secretariat, which as a matter of fact is the turntable of the organization, had gone in best hands. So first of all a thank you to Shelley for her first three years of excellent service to MWIA as SG.

Of course my commitment for the organization was not finished so that in 2007 I ran for VP thus staying in the board and being able to let my knowledge on the past and on history of MWIA pour in the organization also in the future.

As VP I tried to provide best possible information to the countries of my region, tried to foster communication and friendship, did my best to carry out our policy and communicate reports, comments and questions from the medical women of the Central European Region.

I have asked the NCs, the Presidents and several members of MWIA whom I have got to know at congresses or meetings for a report or a personal statement about their association, about medical women in their country, about any personal experiences. I have written to many medical women in Central Europe informing them on MWIA and offering information or contacts. Keeping in mind that our meetings at MWIA regional congresses and at MWIA “world congresses”, as well as at our national congresses, are exactly corresponding to our aims (women doctors from around the globe take the opportunity to exchange ideas, to develop cooperation, friendship and understanding) I am glad that I could participate in several meetings. Insights applying to all of us are that the number of medical women is increasing and the medical profession is on its way to become a “pink job”. Noticeable differences exist between Western and Eastern countries in Europe and we realize a movement from east to west.

I enjoyed the honour of representing MWIA at several meetings, national and regional congresses. Let me emphasize the Central European Congress in Vienna in May, 2009.

Other meetings were: May 08, German Medical Association in Ulm/ Germany; September 08, Northern European Regional Congress in Malmö/ Sweden; October 08, General Assembly of the European Women’s Lobby in Lyon/ France; December 08, Council of International Organizations of Medical Sciences in Geneva/ Switzerland; January 09, Board Meeting EWL in Brussels/ Belgium; May 09, Central European Regional Congress in Vienna/ Austria; May 09, General Assembly German Medical Association in Mainz/ Germany; May 09, Board-Meeting EWL in Brussels; September 09, triennial congress with GA of the German Medical Women’s Association in Leipzig/ Germany; October09, General Assembly Hartmannbund, Berlin; December 09, Commission of International Organizations of Medical Sciences (CIOMS) in Geneva/ Switzerland; January 2010, Board Meeting of the European Women’s Lobby, Dublin/ Ireland; May 2010, General Assembly of the German
Medical Chamber, Berlin; June 2010, General Assembly of the European women’s Lobby, Madrid/ Spain.
At the upcoming MWIA- congress in Muenster/ Germany from 28- 31 July 2010 I will run for VP Central Europe for a second (and according to the Statutes last) time.

Narrative Report 2010 Medical Women Switzerland MWS (Dr. Marianna Bodenmann-Zanetti)
Switzerland is situated in the heart of Europe and has a population of 7.78 million inhabitants. Of its roughly 30000 physicians, 35% are women (residents 52%, heads of clinics 10%), most of them active in primary care, gynaecology and psychiatry, while in the more lucrative surgical fields female doctors continue to be underrepresented, many residents come from abroad, especially Germany. Academic medicine remains heavily male-dominated.
MWS has 1183 members, in the last three years we lost about 150 members, increasing the commitment of younger colleagues is our main concern. Our current Presidents are still Barbara Bass, a gynaecologist, who gave birth to a son in 2007, and Marianne Laifer, an anaesthiologist. For more details visit www.medicalwomen.ch, we publish also a quarterly newsletter.
MWS is regularly consulted by the Swiss Medical Association FMH, on whose executive board there are three women: Marie-Christine Peter, Christine Romann and Monique Gauthey. Judit Pok is a member of the Federal Ethics Commission for Medicine, an extra-parliamentary Commission.
In May 2008 we lost Corinne Bretscher-Dutoit, former vice-President of Central Europe after a long lasting disease.
I myself am the representative of MWS in the Assembly of Delegates (Delegiertenversammlung), which is the small chamber of FMH-parliament; we have six meetings a year in Berne and two in Biel (Ärztekammer), which is the great chamber of FMH-parliament, my interest in health care politics is still increasing.
Health care is suffering in every country, even in Switzerland from increasing costs, new health care insurance plans based on gate-keeping models in primary care should slow down the steady increase in spending, but primary care physicians are becoming rare, the work load being higher than for specialists and the remuneration lower. Moreover, family-compatible jobs are difficult to create in hospitals.
Our Annual Congress and General Assembly 2007 was held in Solothurn, the subject being “Technologie contra Menschlichkeit,” which may be translated as “Technology contra Humanity” and which was illustrated with a Janus face, showing on one hand the advantages of medical progress and on the other hand the danger of losing the human approach to patients.
The 2008 meeting took place in Zürich, the topic being “Resilience” and in 2009 we went to Basel to discuss “Frau in Bewegung” meaning “Women on the Move.” We had a marvellous venue in an old mansion with a beautiful garden, where we had a lot of fun with physical exercises, which we can now integrate in our daily practice for the benefit of our patients. For 2010 we plan our Annual Congress in Zürich in the Art Museum “Kunsthaus” on the topic of “Violence.”
In the coming years we will try to attract more students and residents through mentoring-projects. 60% of medical students are now women, who may not realize gender-related inequalities in the medical profession until they need help for their career and advice on, how to combine postgraduate education and a family life.

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Gwenaelle M. Vidal-Trecan – VP Southern Europe (Belgium, France, Greece, Israel, Italy)

CONTACT:
A letter was sent on the 29th of September 2007 by Gwenaelle Vidal-Trecan, new VP Southern Europe, to the Presidents, the National Coordinators and Individual Members of Southern European Region, written in English, Greek, Hebrew, Italian and French. HYGIE 35,36,37,38 with a page devoted to the MWIA news, have been sent to the same persons.
Dr Shelley Ross staying in Paris for a few days invited Gwenaelle Vidal-Trecan and MD Ghnassia to share a breakfast on October 17th 2007: this allowed talking about the respective concerns regarding women and children health and women doctors and about the main projects of MWIA and AFFM.

PROJECTS:
We had not enough time to design a survey using an emailed questionnaire to explore practices of care to elderly in each country of Southern Europe with extension in Central and in Northern Europe. But we really want to do it.
We wish to ameliorate the translations of the MWIA news in the journal HYGIE and have a page with English, Greek, Hebrew and Italian.

To promote further the MWIA we will ask each of the members of Southern Europe to send information on their activities, problems and projects that may be published in MWIA UPDATE: it can be emailed with title “MWIA news” to gwenaelle.vidal-trecan@univ-paris5.fr or ldayan@affinitesante.com or

BELGIUM
Contacts have been established with Professor Myriam Van Moffaert, past President of MWABe (2000/2001), past Vice President of MWIA Southern Europe, with Dr Christiane Pouliart, founder of the MWABe in 1989, past President of this association (1989-1991) and past Vice President of MWIA Southern Europe and with Dr Agnès Vermeulen, President of MWIABe since 2007.
The Medical Women’s Association of Belgium has organized the 15th November 2007 in Brussels her 15th Symposium. The topic was:” Stem cell and women’s health”. Different kinds of stem cells, egg donation, practical, ethical, psychological issues, legal aspects and research on stem cell therapy have been presented and discussed.
Drs Agnès Vermeulen and Fabienne Liebens, organizers, obtained a great success with this high level meeting. Dr Marie-Josèphe Chopin, Honorary president of AFFM was present.

GREECE
Anastasie Lymperopoulou, Secretary General of AFFM has relations with Dr Myrtia Sotiropoulou from Athens, MWIA National Coordinator and with Professor Alexandra Kalogeraki from Heraklion, President of the Medical Women Association of Greece. Alexandra Kalogeraki is a proposed candidate as VP Southern Europe for MWIA 2010-2013.
Dr Anathasie Lymperopoulou called on phone, when she was staying in Athens. Drs Alexandra Kalogeraki, President of the Greek Association of Women Doctors, University professor of cytology in Heraklion and Myrtia Sotiroupolou, National Coordinator of MWIA, gynecologist-obstetrician and surgeon in Athena. They all were very pleased to get in touch with each other.

**ISRAEL**

Dr Hava Tabenkin is in contact via e-mail with AFFM

**ITALY**

The second Congress of MWIA South Europe was organized in conjunction with the XXVII° Congress of the Italian Medical Women Association (AIDM) in Roma from November 16 to 18, 2007. The meeting was very well attended: in particular were present the MWIA President Dr Atsuko Heshiki, the VP Central Europe Dr Waltraud Diekhaus, the VP Southern Europe Dr Gwenaelle Vidal-Trecan. The scientific program concerned “Women’s Health: the present and the future”: problems related to immigrant women, vaccine against the Human Papilloma Virus, chronic Pain, pathologies of older age… Three workshops were organized: - Changing in women’s health work in Europe throughout the XX° Century -Women’s psychiatric problems - Gender Medicine The conference was greatly honored by the visit of the Italian Health Minister Livia Turco.

Dr Ornella Capelli has been reelected as President of the Italian Association of Medical Women (AIDM) in November 2009. Dr Antonella Vezzani is the National Secretary. Dr Anna Falanga is the MWIA National Coordinator. They have sent to Dr Gwenaelle Vidal-Trecan VP Southern Europe a synthesis of 2009 AIDM activities (Cf UPDATE June 2010).

In February 2010 Dr Ornella Capelli met in Bari (CardioPneumo AIMF meeting) Dr Gwenaelle Vidal-Trecan who gave a conference on invitation about “Gender inequalities and health in the European Community : which strategies ?”

**FRANCE**

*Great cause 2005/2007: Hereditary Hemochromatosis*

End in October 2007 after a last meeting in Bayonne organized by Doctor Claire Noblia, President of Aquitaine section.

*Great Cause 2007-2009: Homecare for the Elderly*

First meeting in Novotel Vaugirard Paris: 5th October 2007: “How to answer to the many health problems of an increasing population of elderly in the Parisian region?” Hospital, Day care, Retreat home, Association’s work, City investissement, Homecare, Proximology … were shown and discussed.

Four ADIAM Workshops in Paris have been directed to health care workers for Homecare with AFFM as partner.

Topics were: 20th November 2007: How health care workers (medical, psycho, social…) can take care together of the elderly dependants living at home?

5th February 2008: Homecare: medical and patient’s point of view with management of practical cases.
8th April 2008: Organization and logistic for Homecare  
4th June 2008: Homecare tomorrow: new technologies and ethical aspects.  
Mr Pierre Saragoussi, President, and Ms Betty Elkaïm director of ADIAM, Dr Jacques Elkeslassy from REGIMEDIA have been working very hard for the success of these workshops.  
Professor Joël Ankri (Chief of gerontology service in Ste Perrine Hospital. Paris) and Ms Florence Leduc (Directrice adjointe of the National Union of Services and Care at home-UNA) were the main managers for the four sessions.  
After each workshop a “Verbatim” written by Mr Raphael Elmaleh has been published in the journal of AFFM “HYGIE.”

"Women and Rheumatology"  
Ms Gisèle Gautier, Senator of Loire Atlantique, and Dr Marie-Dominique Ghnassia introduced the meeting. Professor Liana Euller Ziegler (CHU l’Archet. Nice), President of the French Society of Rheumatology, opening the session, indicated that she was a member of the mondial committee for “The Bone and Joint Decade” and spoke about the goals of the BJD.  
Arthritis, Lupus, Fibromyalgia, Polyarthritis, Osteoporosis, Patients teaching health workers have been presented. The high level of the orators has given a very successful afternoon.

Regional Meeting 2th April 2008. Paris  
Organized by Doctor Anasthasie Lymperopoulou, Secretary General and President of Normandie-Ile de France Section of AFFM.  
Doctor Christine Bergeron presented:” Cervical cancer and vaccine Anti HPV (Gardasil)”. The discussion has been quiet intensive.  
From August 2007 to June 2008 AFFM has been present in many meetings particularly on topics such as: Violence against women (domestic, sexual, genital mutilations…); Road Security; Health Care for women and children; Addictions; Leadership and Gender mainstreaming…  
Drs MD Ghnassia and Renson were interviewed in December 2007 by the delegates of Senate in charge of women rights and of equality of chances between men and women. Ms Gisele Gautier Senator presided the meeting about” Career management and occupation inclusion: toward a rebalancing between men and women in every vocation”. During this session Dr Ghnassia advocated the “Queen Bee Syndrome”. Dr MD Ghnassia has been nominated Secretary General adjointe of the National Council of French Women (CNFF) regrouping 46 French Women Associations with delegates in LEF, CECIF, CIF.

The same day the annual congress was held on” Presentation and Treatment of Environmental Diseases “chaired by Professor Dominique Belpomme, a cancer specialist.  
In 2010 as in 2007, 2008 and 2009, a computer formation for members of AFFM working in liberal practice is organized by Laurent Ephrati of Delphes Electronic and Dr Marie-Dominique Ghnassia (AFFM) with the financial support of FAFPM (Fonds d’Assurance Formation de la Profession Médicale).
National Great Cause for 2010: “Fight against Violence towards women”: AFFM since 2009 is one of the 25 French Associations working as a group.
On March 8, 2010 for the 100th Anniversary of International Women’s Day French President Nicolas Sarkosy met with the representatives of the Collective including Dr Cecile Renson AFFM President at the Elysée Palace.
Cecile Renson for March 8’s celebration on PRATIS TV spoke about the difficult lives of Medical Women and the fight for their rights.
In April and May a spot made under the supervision of the Collective, focusing on indifference towards the violence against women, was aired several times on France Television and RFO stations.
On April 16th during the General Assembly of the French Women National Council (CNFF) Marie-Dominique Ghnassia has been reelected as a member of the executive Committee with the post of General Secretary.
On May 14th at the instigation of Shelley Ross a meeting was held in REGIMEDIA office in Saint Cloud near Paris where is located the administrative secretariat of AFFM. (Cf UPDATE June 2010)
On June 3rd Dr Marie-Noëlle Mayer, President of the section PACA, organized a regional meeting in Avignon with the presence of Cecile Renson.
Doctor Eve Salomon-Saint Jean a neurologist of the Sleep Center of la Timone hospital in Marseille treated the subject:” All problematic on Sleep”.

MWIA CONGRESS-SOUTHERN EUROPE:
2010 Friday November 19, Saturday November 20.
Saint James and Albany Hotel. 202 Rue de Rivoli. 75001 Paris
www.mwia-affm-2010.com

Shirley Hovan – VP North America
(Canada, United States of America)

It seems like such a short time since the 27th congress of MWIA in Accra, Ghana, when I had the experience of meeting so many wonderful women from so many parts of the globe. The scientific sessions and social programs were so well done and organized thanks to all the hard work of Afua Hesse and her committee. Even though cultures are so different in the world, many of the problems regarding the status of women are the same. We all deal with violence in the family, HIV, gender issues, HPV, poverty and safety in maternity, to name some of the common issues.

Since this last congress I have attended an AMWA meeting in Los Angeles where I met up with Shelley and Atsuko. From there I went on to an SOGC meeting in Guatemala where Canadian doctors have been teaching mid-wives who work in rural areas and may walk for kilometers to check women during pregnancy and labour.

It was great to be able to travel to New York for the Consensus on the Status of Women where I met several MWIA members.

Also I was able to attend the FMWC’s ABM’s and AGM’s in Moncton, Calgary and Montreal. The scientific sessions are always on current topics, appropriate for our practices and presented by excellent speakers.
This fall the North American Regional Meeting held onboard the cruise ship, Macadam had representatives from 9 different countries. The theme was “Caring for the Caregiver” with many excellent speakers including Doctors Shelley Ross, Carole Williams, Gail Beck, Claudia Morrissey, and Mumta Gautam. The comments regarding the meeting were positive.

The next V.P. for North America will be Dr. Claudia Morrissey who will be a superb representative.

Ruth Guillèn De Maldonado – VP Latin America
(Argentina, Bolivia, Brazil, Colombia, Mexico, Nicaragua, Panama, Peru)

The monthly meetings of the Alliance of Doctors were completed in Bolivia, in each one of those which conferences were lectured on topics related with the professional woman. They were carried out the Directive Elections of the Alliance of Doctors in Bolivia, being chosen the Dra. Betsy Morales President and the Dra. Diez de Medina future President, also all the wallets of the Directory.

In April they invited me to give a Conference, about History of the First Doctors in the World, History of the MWIA, History of the PAMWA and of the Alliance of Doctors in Bolivia to which many young doctors attended. The meetings are once a month.

Every 15 days they were carried out the meetings of the Committee of Adolescence of the Society of Pediatrics, with conferences about different topics of adolescence. We are preparing a work with participation of the whole Committee about Abilities for the life like a Strategy of Prevention of the Violence and the Abuse of Children and Adolescents that it will present it in the Congress of Guayaquil (Ecuador).

In April it was carried out a Course on Maternal Nursing with the last dispositions and laws to incentivate the maternal nursing as a strategy to lower the infantile morbimortality. Every 15 days they are carried out the meetings of the Society of Pediatrics, with pediatric topics of present time and of the National Pediatrics.

Frida Kazembe – VP Near East and Africa
(Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, Tanzania, Uganda, Zambia)

The National Association members of the Near East and Africa region of MWIA are Cameroon, Egypt, Ghana, Kenya, Nigeria, Rwanda, Sierra Leone, Tanzania, Uganda and Zambia. The Region has individual members from Burundi, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Iran, Jordan, Republic of Mali, Rwanda, Saudi Arabia, South Africa, Sudan, Swaziland, Tunisia, United Arab Emirates and Zimbabwe.

It has been an honour for me to have saved the Region as the Vice President since the 27th International Congress of MWIA that was held in Ghana in August 2007, when I took over from Dr CHRISTINE BIRYABAREMA of the Uganda Medical Women’s Association.

The period under review has really been a big challenge for me. Even though I was very enthusiastic at the beginning of my term, communication has been a major stumbling block.
At the end of the 4th Regional Conference held in Lusaka in 2006, participants agreed on a communique which was to save as a basis of a Regional Plan of Action for the years 2006 to 2009. This was not implemented hence many of the activities that should have embarked upon did not take root.
REGIONAL REPRESENTATION

18th to 20th October 2007

I participated at the Women Deliver Conference held at the Excel Conference Centre in London (United Kingdom). The Conference reaffirmed the need for pushing for safe motherhood and a substantial amount of money was raised to address maternal mortality.

2nd March 2008 to 07th March 2008

I attended the First Global Forum on Human Resources for Health held in Kampala, Uganda under the theme “Action on the Health Work Force, the time is now.” The Forum was organized by the Global Health Work Force Alliance, whose vision was to ensure that every person in every village everywhere was to have access to skilled, motivated and supported health worker.

The Forum was convened to build, consensus on accelerating Human Resource for Health and to build, networks and Alliances as a Global Movement on Human Resources for Health moving from recognition to concrete action.

The Forum was attended by many Medical women from the Region and we were able to organize a Regional meeting over lunch within the Forum. The meeting was attended by representatives from Uganda, Kenya, Zimbabwe, Zambia and South Africa and we agreed on a number of issues. We committed ourselves to contribute positively to the Human Resource problem by intensifying the Campaign to mobilize and encourage as many young people as is possible to join the Medical Profession.

The strategy was to begin with targeting pupils in primary schools to ensure that they take science subjects at an early age so that when they get to secondary schools they would find themselves in science streams in preparation to join the Medical School when they get to the University.

Medical women in the various countries were encouraged to spearhead the recruiting of female students into the medical profession.

Medical women were encouraged to act as role models for the Girl child as well as mentors for young women, so as to encourage them to join and remain in the profession.

Many of the National associations were already providing health care to communities who would otherwise not receive any care. However the meeting observed that these initiatives are not well documented and hence not appreciated; otherwise they would have been presented during the conference, as coping strategies.

The members were very enthusiastic and it is my hope that the seed had been sown and would bear fruit.

Since Uganda I have been to a number of schools mentoring and encouraging both boys and girls to join the profession.

THE 5TH REGIONAL CONGRESS OF THE MEDICAL WOMEN’S INTERNATIONAL ASSOCIATION (MWIA) NEAR EAST AND AFRICAN REGION

July 15th to Friday 17th 2010.
I attended and participated at the fifth Region Congress of the Near East and Africa Region in Darussalam. The Congress was hosted by the Medical Women Association of Tanzania under the Theme: “Developing Wound Towards achieving Health Related MDGS in 2015” and was held at the Kunduchi Beach Hotel in Dares Salaam Tanzania. The conference was officially opened by His Excellency Jakaya Mwisho Kikwete the President of the Republic of Tanzania. The Region was also honoured with the presence of Dr Atsuko Heshiki President of MWIA, Dr Afua A J Hesse President elect, and Dr. Florence Manguyu Past President of MWIA. The conference was well attended and the delegates enjoyed the warm welcome given by the Tanzanians. The scientific sessions were very trick and well presented and covered the following broad topics:- Sexual Reproductive and Child Health, Health Systems, Communicable diseases, Non Communicable diseases, Cross Cutting Issues. The Regional General Assembly was held on Friday the 17th of July and Dr Petronilla Ngiloi was endorsed as the Vice President elected for the Near East and Africa Region.

PARTICIPATION AT THE 54th SESSION OF THE COMMISSION ON THE STATUS OF WOMEN FROM 1st MARCH 2010 TO 12th MARCH 2010

The fifty fourth session of the commission on the status of women was held from 1st to 12th March 2010 at the Untied Nations Head quarters. The main objective of the session was to review the implementation of the Beijing Platform for Action 15 years after its adoption, and review the outcomes of the 23rd special session of the General Assembly 2000, with emphasis on the sharing of experiences and good practices with a view to overcome remaining obstacles and address new challenges related to the attainment of the Millennium Development Goal. The Commission also convened expert panel discussions on among other issues, the following: the linkages between the Beijing Platform for Action and the Millennium Development Goals; Women’s Economic Empowerment in the context of Global Financial and Economic crisis; and the Evolving status and role of national mechanisms for gender equality. The Commission also held two High level Round table discussions on the implementation of the BPPA and the Outcome of the twenty third special session and its contribution to shaping a gender perspective in the realization of the MDGS. Several parallel events were also convened on the margins of the Session which included the MWIA session.

The official session was preceded by an NGO forum which was held from 27th to 28th February. Throughout the session emphasis was placed on the fact that while progress had been made in attaining the objectives of BPFA, Inequalities between women and men continued to exist in all parts of the world. Delegates were therefore encouraged to focus on identifying successful strategies of tackling them. Most speakers agreed that women’s empowerment was an essential component of poverty eradication and that achievement of the Beijing Platform for Action was integrally linked with achievement of the Millennium Development Goals.

Round table discussion on Maternal Mortality: overcoming barriers and accelerating progress to achieve MDG5 organized by the Ireland Permanent Mission to the UN demonstrated that the Maternal Mortality rate in Ireland had come down as a result of empowerment of women. The panellist observed that very little had changed regarding the
attainment of MDG5 and that there should be a sense of urgency among all stakeholders to find a solution to the high levels of Maternal Mortality ratios especially in Africa. The panellist identified the major causes of maternal deaths as being: - delays in seeking medical services, and delays in provision of appropriate care to the women due to non availability of skilled healthcare providers, namely doctors and nurses. Governments were urged to promote education and training of many more Doctors and nurses; increasing Emergency Obstetric care services; Expanding access to healthcare; and to address nutritional issues during pregnancy. I strongly believe that MWIA CAN FIND AN APPROPRIATE POSITION IN CONTRIBUTING TO THE REDUCTION IN MATERNAL MORTALITY ESPECIALLY IN AFRICA. It is my hope that MWIA CAN PICK THIS UP AS ONE OF THE PROJECTS FOR THE NEXT THREE YEARS.

**OTHER SIGNIFICANT ACTIVITIES**

During the celebrations of the International Women’s Day 8\textsuperscript{th} March 2009, I gave a presentation on Gender and Diabetes. This was well received and I have been requested to repeat the presentation. 28\textsuperscript{th} March 2009 I gave a talk on cervical cancer to members of the Mothers Union in the Anglican Diocese of Lusaka after which the health outreach team conducted Visual Inspection of cervixes with acetic acid. A total of five hundred women were screened. Thirty women were found with lesions and they were referred to the hospital for further management. 11\textsuperscript{th} July 2009 I addressed a further large group of church women on Cervical Cancer and they have also requested to be examined.

I also contributed to the development of the bill to have stiffer penalties for perpetrators of sexual violence of minors. Gender violence against women is still a major problem in the sub-region and as Medical Women we have contributed to Laws to deal with those that are found guilty.

**CONSTRAINTS**

The Executive meetings that have been held have been done via skype and I do not have facilities to participate. Therefore, I have missed out on the meetings. Email communication has been difficult and only the Nigerian Medical Women have been constant in communicating their activities.

Even though as Medical Women we have so much potential to contribute to the attainment of the Health MDGS in our Region, communication and coordination are major challenges, especially considering the vastness of Near East and Africa Region.
2007
AMWI was formed in 1907, I 2007 we completed 100 years. A big achievement, Centenary celebrations were planned by all branches, namely Mumbai, Kolkata & Nagpur.

Mumbai
Inauguration of the celebration was organized at Raj Bhavan, Inauguration was done by governor of Maharashtra – Shri S.M. Krishna. A brief history of AMWI was read. Senior members of AMWI were felicitated; this was followed by scientific program from 11.00 am to 5.00 pm at Y B Chavan Auditorium.
Various topics on women’s health were discussed and oration on cancer in women was delivered.
Centenary congress was organized at May Fair Rooms – Worli. Scientific program included symposia on STDS, HPV, and Cancer in Women & Osteoporosis. Two conference orations were also organized. Public forum was organized wherein several members from various fields participated and presented their opinion. Conference souvenir was published.
Colposcopy cytology program was organized in 2007 at Cama & Albless Hospital. We lost two of our members – Dr. Tulsi Basu & Dr. Dinoo Dalal. Dr. Dinoo Dalal - President AMWI; she had organized regional conferences and was president of Centenary congress, she had worked for several years at the Nariaalwadi slum clinic, she was one of the most dedicated and committed members. Dr Tulsi Basu - Past President AMWI, Past NCS from West Bengal Branch, Past Vice President Central Asia, she worked very hard to run the AMWI Mission Hospital at Kolkata, she also organized national & regional congress
AMWI puts on record their valuable services and contributions, and prays to god almighty to bless their souls.
Kolkata branch conference was organized for two days. Council meeting was held at Kolkata in 2007. New office bearers were elected for 2008 – 2011. Dr. Urmila Khanna will be the next president from Kolkata. Nagpur branch also organized several scientific programs and workshops for centenary celebrations.

2008
Published AMWI Journal in 2008 by Editor Dr. Minaxi Ghosh from Kolkata.
Mumbai branch runs cytology & colposcopy clinic at Cama & Albless Hospital for early detection of cervical cancer, test are done free of charge

Cytology Colposcopy training course was organized by cytology clinic in August 2008, technicians & gynaecologists were trained for 2 weeks.
Executive meeting of central office was held at Cama & Albless hospital I August 2008.
Golden Jubilee Scholarships are given to junior doctors for carrying out research work.
Central office holds council meetings annually; our new President is Dr. Urmila Khanna from Kolkata
2009

MUMBAI BRANCH

Annual General Body meeting was held on 29 03 o9 at Cama and Al bless Hospital. Detailed reports activities throughout the year were read by Chairman, Secretary, and Treasurer. Future activities were planned for 09.

Cytology-Colposcopy training program will be held in Aug-Sept 09

Dr. Shirin MEHTAJI competition for junior members will be held in Nov-Dec 09

Central-Asia regional Congress will be organized in Jan 2010 at Mumbai.

Cytology screening camps will be organized.

The Kolkata Branch

Runs AMWI MISSION Hospital; which has all the departments and is fully equipped. Members of the branch continue to give free services. They also organize Workshops and seminars. They also organize cancer detection camps.

Nagpur Branch

They organize various seminars and workshops. They also carry out cancer detection camps and School Health programs including the Immunization program.

AMWI publishes AMWI journal from Calcutta. A special issue on Centenary Congress was published in 2008. AMWI central office offers Golden Jubilee scholarship to junior members.

Report by Manju Mataliya-Central-Asia Vice-president.

Report from August 09 - October 09.

CME program was organized on 2nd July 09 on Health beyond 40. Various Lectures were delivered as under,
1. HRT – The current status
2. Screening and prevention of cancer cervix
3. Menopause and ovarian disease
4. Management of genital prolapse
5. Dysfunctional uterine bleeding
6. Contraception in premenopausal women
7. Factors affecting bone health

1. Dr. Dina Patel expired on 07/16/09.

A condolence meeting was held on 08/22/09 at Cytology Clinic - Cama & Albless Hospital, Mumbai. Rich tributes were paid to her by many senior members for her long and dedicated and selfless services to AMWI. She was founder's trustee of Mumbai branch and had served on board of trustees in various capacities as member, secretary, treasurer, vice chairman and chairman for three years each. She had saved on Central office for all India as secretary, vice president and finally as president. She was NCS from India for three years and vice president - Central Asia for three years. She was also founder chairman for health clinic. Members of AMWI would like to put her services on record.

All the members sincerely prayed that may god rest her soul in peace.

2. 36th Annual course on cytology and colposcopy training program.

It was held for a week in the first week of 09/09. Many cytologists, gynecologists, technicians, & pathologists participated in it. Hands on training was also given. Valedictory function was held on 09/09/09 from 12.00 to 5.00 pm. Dr. Winifred Fernandes Guest lecture on liquid based cytology in HPV infection was delivered by Dr. Vinod Shidham from WI, USA.

Dr. Advani - Braganza Oration was delivered by Dr. Antony Basta, Poland on HPV infections and vaccines. Guest lecture on Adenocarcinoma by Dr. Pawell Basta from Poland.

Central Asia Regional congress will be held in Mumbai on January 30th and 31st. Details are available on the website. All are invited to attend it.


The most important event was Central Asia Regional Congress.

Brief report is as follows;

Central Asia Regional Conference 2010 was held in Mumbai, India on 30th & 31st January 2010. The venue was Mayfair Rooms at Worli. The Conference was attended by over 100 delegates out of which 4 were International delegates & over 10 were from other parts of India.

The inaugural ceremonies were beautifully conducted & were an elegant affair at which Golden Jubilee Awardees were honoured. The President of MWIA, Dr. Atsuko Heshiki was the Chief Guest & she also delivered the prestigious Dr. Jhirad Oration. Dr. Shajia Khan from Canada was the Guest of Honour & she delivered the Dr. Jhirad Guest Lecture.

The theme of the Conference was “Health of Future Generations”. A total of 7 Symposia was conducted with eminent speakers in each field. The topics covered were Preventive Oncology, Lifestyle Diseases, Obesity, Adolescent Health, Sexual & Reproductive Health & Rights, Rural Health Care, Sessions on Interesting Cases, Interesting Videos and Modern
Technologies were very much appreciated. Many senior members of AMWI were honoured with orations & guest lectures. The highlight of the Conference was presentation of papers by the young Doctors. A total of 21 prizes were awarded for best paper presentation to encourage them. Social Programme included a Conference Dinner & a dinner hosted for visiting International Faculty at the famous Cricket Club of India.

2. Council meeting was held on January 30th 2010. Reports from various branches were read, and future activities were discussed. Elections for the new office bearers of central office of AMWI will be held in 2011.

**Winnie Yang – VP Western Pacific**  
*(Australia, Japan, Republic of Korea, Mongolia, Philippines, Taiwan, Province of China)*

It is my great pleasure and honour to be the Vice President Western Pacific Region in the 2007-2010 Triennium. It began after MWIA’s 27th Congress in Accra, Ghana, in July, 2007, and finished at the 28th MWIA Congress in Munster, Germany. It will give me unforgettable memories for life. I have been in good contact with most Presidents and National Coordinators from every country in my region through email and phone calls.

The Western Pacific region of MWIA includes Australia, Hong Kong, SAR of China, Japan, Korea, Mongolia, New Zealand, Philippines and Taiwan, Province of China. During these three years, each country has elected their new President and National Coordinator. They have all had their national annual meeting each year. It looks like the issues encountered by medical women around the world are quite similar.

The Mongolia Medical Women’s Association stopped functioning for awhile, but fortunately they refreshed their activities soon after and there are even 8 more members.

The President of the Chinese Medical Women’s Association (Taiwan), Dr. Happy Kuy-Lok Tan, and I represented Chinese Medical Association to meet Dr. Gordana Kalan-Zivec, President of the Medical Chamber of Slovenia, during her visit to Taiwan in June, 2009. She is very interested in MWIA and will consider joining. Typhoon Morakot touched south Taiwan, causing the greatest catastrophe in this half century. Many of our members participated in the rescue work. I publically sent condolences from MWIA, which were warmly received.

The Hong Kong Women Doctors Association held a very successful 3rd Annual General Meeting in August, 2009. They have regular meetings and are very active in their whole country.

The Japan Medical Women’s Association is preparing the MWIA Congress meeting Western Pacific Region 2011, to be held in Tokyo. We can now go to the website http://mwia-wpr2011jp.org/. Both JMWA and Korean Medical Women’s Association have leading roles.
and are mature in their own countries. Many of their members receive academic awards and do much good work in their associations.

I would like to take this opportunity to thank the organizing committee and members of the Australian Medical Women’s Association for their hospitality. The Western Pacific Regional meeting was held in Melbourne, Australia, in 2009, with the theme of Building Bridges: Health, Human Rights, Gender, and Leadership. We all enjoyed this meeting and established good friendships during the congress.

We have three individual members in New Zealand—Dr. Margaret Maxwell, Dr. Denise Watt, and Dr. Robyn Hewland. They are all precious to us and they are full of passion for MWIA. We are looking forward to having NZMWA rebuild again very soon.

There were several members from the Western Pacific region who attended the World Health Assembly (WHA) in Geneva each year. It facilitated their view of this changing world.

We encouraged our members to respond to both the Grand Questionnaire developed by Dr. Heshiki and to the project on diabetes from a gender perspective from Dr. Shajia Khan of Canada. We enjoyed the happiness of working together overseas.

Several executive meetings were held successfully via skype. I was pleased with this method of meeting and much business was transacted with considerable cost savings.

I served as an information platform in the Western Pacific region, and passed the updated news from MWIA; tried to make a linkage among the members in my duty countries. I learned a lot and received more from my service. I am very happy to have Dr. Rosa Maria Nancho from the Philippines as the incoming vice president for the next triennium. I shall continue to do my best to help as once a Vice President always a Vice President!

**COMMITTEE REPORTS**

**Kyung Ah Park – Chair Finance Committee**

It is a great pleasure for me to submit this triennial report of financial committee.

During the last 3 years, financial committee of MWIA has not performed special activities for funding except the generous donation of about 9,000 US$ from Dr. Choo, Il Ok, a past president of MWIA, and it was a great support for us all.

Concerning the annual dues, it is recommended to raise our dues in some ways as the flat rate of 6 Swiss Franc per year for each member is not enough for the operation of MWIA. However, just raising is not a solution for us all. I would suggest MWIA take into consideration of the financial status of each country as stated by the World Bank each year in decision making process of the annual dues for the next triennium.
Donation by the members and outside agencies is the most important tool for increasing our fund. At the same time it is strongly recommended to develop projects by the committees for the application of appropriate funds from the outside agencies for MWIA to accomplish more visible outcomes.

I hope that our financial status become better situation in next triennium.

_Olof Sigurdurddottir -- Chair Scientific and Research Committee_
_Report written by Bettina Pfleiderer -- Chair Local Organizing Committee_

The XXVIII. MWIA International Congress in Münster presented a wide range of topics revolving around the motto “Globalisation in Medicine – challenges and opportunities”. Medical women from all over the world discussed global health issues with special focus on the role women play in health matters – both as doctors and as patients.

The Keynote lecture “How global is health?” presented by Prof. Ilona Kickbusch set the tone of the following lectures and presentations. Global health is achieved only when an interdisciplinary networking has been created on the basis of which international cooperations and common health goals may be established. Governments play a vital role by providing appropriate platforms and political infrastructures which enable countries to tackle global health matters and at the same time deal with other global issues such as poverty and gender inequality. According to Ilona Kickbusch, “health is part of a joint responsibility to manage globalization”. The challenge today is to contribute to the health interests of the global community by promoting our own country’s health.

The talks on health care projects highlighted again that vulnerable groups such as pregnant adolescents or teenage mothers need our particular attention. To improve maternal and child development outcomes, special teenage pregnancy programmes are helpful to support and prepare young families for their future. Furthermore, teenagers must be given the opportunity to discuss pregnancy as well as contraception and abortion, ideally in specialized facilities. Immigrant women, another vulnerable group, often have difficulties accessing health care due to cultural barriers and different approaches to medical assistance. These difficulties can be overcome by establishing appropriate health programmes for immigrants who are sensitive to their different cultural backgrounds and linguistic barriers.

Another major health issue involving women is gender violence. This was addressed in a special session. Gender violence is on the rise, subjecting women not only to physical but also to severe emotional health risks. Health care professionals around the world are making an effort to sensitize doctors by showing them special intervention and documentation strategies. Specific guidelines and seminars may improve our awareness when being confronted with domestic violence.

Another major topic of the meeting discussed gender strategies, gender challenges and gender diversity. Despite the increasing numbers of women in medicine, their role in medical politics and medical administration remains insignificant. With regard to the working conditions of medical women special attention has to be paid to their specific needs and
preoccupations such as family planning, childbirth and specialization training. This entails altering working conditions and hospital infrastructures, for example by providing child care facilities and more flexible working hours. Consequently, women will be in the position to achieve a better balance between their professional career and private life. In this context new gender strategies were discussed. One of the proactive approaches is gender mainstreaming.

Gender mainstreaming does not only apply to the working conditions of medical women but also to health issues in general since gender has an enormous influence on our health. Men and women show different disease-related characteristics; sex and gender affect medical diagnosis and subsequent treatment which are why these aspects have to be taken into account by health care professionals, especially when considering future research. Gender differences also play a role when dealing with addiction and abuse of various substances such as tobacco or psychoactive drugs. It was stated that there are gender differences in brain activation towards drug-associated cues. Again, this has to be taken into account by doctors who are combating addictive behaviour. Furthermore, an appeal to promote tobacco free health care services was lodged. Suggestions and solutions included implementing research projects, optimizing the tobacco control legislation as well as rethinking the role of the media, which could help reach target groups such as young girls and pregnant women and positively influence their tobacco abuse behaviour.

Further emphasis was placed on various screening programmes, including those for breast and cervical cancer. It was demonstrated that such screening programmes, along with awareness campaigns, can improve the disease outcome. Particularly those women living in rural areas or low-resource settings need access to special screening procedures which is one of the major efforts of medical women worldwide. A greater social awareness along with especially trained doctors and nurses may help tackle widespread diseases in the female population.

Finally, various global health issues with regard to epidemic plagues were addressed. Special attention was drawn to multi-resistant TBC forms which remain a problem in the EU. Other epidemic plagues mentioned included HPV and HIV infections as well as malaria. As mentioned before, women living in low resource settings are particularly susceptible and therefore require intensified gynaecological check-ups. In addition, rural cytology camps could be organized to increase the awareness and to collect data for epidemiological statistics. The focus here is on early detection of the aforementioned diseases.

To summarize, the overall goals of the MWIA are to encourage a world wide gender awareness and to take gender differences in health care and research into consideration. Moreover, medical women should be encouraged to work towards gender equality and gender equity.
Gabrielle Casper – Chair Ethics and Resolutions Committee

The following MWIA Resolutions were presented to and accepted by the General Assembly at the 28th MWIA International Congress in Munster, Germany in 2010.

1. **Retired Doctors as an International Resource**
   WHEREAS Doctors in their own country are credentialed to practice, this accreditation often involves rigorous continuing educational requirements. 
   And WHEREAS there is a shortage of qualified doctors. 
   IT IS RESOLVED That MWIA supports the ability for suitably qualified doctors, to be able to practice in developing countries, where those nations request or accept such assistance.

2. **Climate Change**
   WHEREAS MWIA acknowledges that climate change and environmental degradation is occurring as a result of human activity, particularly in the use of fossil fuels, and MWIA recognizes the reports of the United Nations’ Intergovernmental Panel on Climate Change, including the resulting widespread negative health and social impacts on many people. 
   IT IS RESOLVED That MWIA urges a radical reduction in greenhouse gas emission in accordance with the Kyoto Protocol, and that industrialized countries have the responsibility to assist other nations, both financially and technically, in their response to climate change and environmental degradation. 
   WHEREAS MWIA recognizes that as a result of climate change, sea levels will rise, and this will internally displace certain populations. 
   IT IS RESOLVED That MWIA advocates for people who are displaced as a result of climate change be granted refugee status.

3. **MWIA membership fees**
   NOTICE OF MOTION for MWIA membership fee increase. 
   PROCEDURAL RESOLUTION: to be discussed in 2010, to be voted on by the General Assembly in 2013. 
   MWIA RESOLVES that the per capita fee be increased from eight Swiss francs to ten Swiss Francs starting from the financial period of 2013-2014.

4. **Exchange rate**
   PROCEDURAL RESOLUTION 
   WHEREAS there is a disadvantage to MWIA of a fluctuating exchange rate in the collection of annual per capita fees, 
   The international exchange rates using data from The International Monetary Fund that are set, and published, on the first day of the financial year will remain the rate used by MWIA for that year.

5. **Long term effects of Violence**
   WHEREAS Sexual violence to adults and children has far-reaching medical, psychological and community consequences for survivors and their communities, IT IS RESOLVED That MWIA
- Supports the elimination of all forms of sexual violence,
- Supports the education of communities to raise awareness and change attitudes towards sexual violence,
- Supports the education of health professionals to recognize, respond and effectively support survivors of sexual violence,
- and MWIA calls for the provision of long term integrated counselling, health and legal services to better support the survivors of sexual violence across a lifetime.

6. Breastfeeding
WHEREAS MWIA values choice and responsibility, breastfeeding in the community must allow women to breastfeed in any place or time of their choice, be it the street, place of worship, or the parliament, with confidence and without fear.
IT IS RESOLVED That MWIA advocates protection of breastfeeding, which ensures that mothers and their children are able to breastfeed anywhere with confidence and without fear of harassment.

7. Media
WHEREAS civil crimes occur particularly against women and children, and Whereas the media, in print, radio, television and the internet, is a powerful communication tool, there is bias of content that prevents reporting of these crimes.
MWIA resolves that Each of us take action in our own communities to encourage truthful, fearless reporting by the media so injustices against women and children are highlighted, not ignored.

8. Human Rights and Gender Identity
WHEREAS some governments have legislation that proscribes freedom for individuals on the basis of perceived or actual sexual orientation, and gender identity, those people who identify as Homosexual, Gays, Lesbians, Bisexuals, Transgender, and Intersex. (GLBTI).
IT IS RESOLVED That MWIA acknowledges it is a basic human right to live and work free from persecution and discrimination based on sexual orientation and gender identity, MWIA urges governments to remove legislation that discriminates against people who identify as homosexual, gays, lesbians, bisexual, transgender and intersex (GLBTI).
WHEREAS MWIA recognizes that in many countries GLBTI people face discrimination in the form of violence and persecution within their community
MWIA RESOLVES That where there is substantial threat or actual persecution and discrimination on the basis of sexual orientation or gender identity, that this be grounds for refugee status being granted when applied for.

9. Dignity in Dying
WHEREAS terminal care is now more likely to be in an institution, risk management strategies can lead to interventions that are inappropriate.
MWIA RESOLVES That end of life care is given with the highest regard for the dignity and wishes of the dying person.

10. Maternal Death
WHEREAS there is an unacceptably high maternal mortality in Sub-Saharan Africa, MWIA RESOLVES That adequate data on numbers and causes for every maternal death be collected to form a maternal mortality report.
The findings should be communicated to all stakeholders.
Data collection should begin at the appropriate health delivery level, including the community level, and should inform health policy at all levels.

11. Regional Funding
In order to accelerate the attainment of health-related Millennium Development Goals in Sub-Saharan Africa, MWIA RESOLVES THAT community level interventions should be the priority for allocation of donor funds in that region. Donors should ensure that at least 60% of funds go to community based projects.
In addition, these interventions should be evidence-based.

Special Interest Group for Young Women Doctors and Medical Students
Welcome to yMWIA! We are a subcommittee of the MWIA consisting of young physicians and medical students. This subcommittee was formed at the 27th International Congress in Ghana that took place in 2007. It was created to address the unique concerns and needs of young physicians and physicians-in-training worldwide. We renewed the subcommittee at this year’s 28th International Congress in Germany because even in the year 2010, we are still facing common issues of gender discrimination in training, unequal salaries compared to male colleagues, and fewer promotions to leadership and administrative positions among numerous other subjects reminding us that women have not yet achieved parity in medicine.
An article published in Nature revealed that women must be 2.6 times more productive than men to receive equivalent peer-review analysis. As Dr. Gabriele Kaczmarczyk, distinguished physician, author, and leader, shared with us in her workshop on Leadership Training for Female Physicians, “It is time to get out of the hamster wheel [and establish ourselves in the leadership realm through networking and self-presentation].” Now is the time in our careers to set ourselves on an ascending track and counter traditional trends. Your involvement in MWIA is the first step in making important connections and utilizing one of the most valuable resources available – each other!
As your new leadership representatives, our task for yMWIA is to enhance dialog between young physicians and medical students internationally regarding common struggles and unique solutions.
We are beginning the process through our biannual newsletters. Please distribute these among your medical women’s organizations. We also hope that you will share with us interesting articles, research projects, or stories that we can publish in our future newsletters.
Additionally, we have a Facebook page (MWIA Young Doctors and Medical Students) that we hope you will join, and it can serve as a fantastic forum for discussion and networking between meetings of the MWIA International Congress. You can also stay up to date on meetings in your region by checking out the MWIA website (www.mwia.net). Finally, you can start planning your trip to the 29th International Congress of MWIA in Seoul, Korea in 2013! We know it is an experience you will never forget.

REPORT OF REPRESENTATIVES TO THE UNITED NATIONS

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Activities in 2007

- The 60th Annual DPI/NGO Conference entitled Climate Change: How It Impacts Us All, organized by the United Nations Department of Public Information (DPI) in collaboration with the NGO/DPI Executive Committee was held from 5 to 7 September 2007 at United Nations Headquarters. Drs Keswani and Murthy attended the two plenary sessions and workshops. This was an opportunity for networking and promoting the visibility of MWIA among national and international NGO attended the conference. In 2008 September the annual DPI NGO conference will be held under the auspices of UNESCO in Paris. 1. Dr Simone Zerah, Pathologist/embryologist and 2. Dr Dominique Ghnassia- Anaesthiologist and President of the Paris Medical Women represented MWIA at the upcoming conference.

- Drs. Keswani and Murthy have been attending the Thursday briefings which are organized by the DPI at the UN. They attended the NGO Briefing (Conference Room 2) “Investing in Women and Girls” In observance of International Women’s Day on March 6th 2008.

- Drs. Keswani and Murthy organized a panel discussion sponsored by MWIA, AMWA NCW and National Council on Women’s Health commemorating the 52nd CSW at the United Nations on Feb 29, 2008 at the church centre “Ready, Willing and Able to Work for Gender Equality and the Empowerment of Women but where is the Funding?” Dr Shelley Ross Secretary general of the MWIA and Dr Atsuko Heshiki was in attendance and was speakers. The panel discussion was well attended by members of the NGO community, UN staff members and students. The other speakers were Drs. Keswani, Murthy and Dairo, (UNFPA staff member), Devi, Nwadinobi, Templeton and Ms. Linda Marston Reid (Rockefeller Foundation). This was followed by a luncheon at the delegates dining room which was well attended by women physicians, health commissioners and staff members of UNFPA. (Krause and Dairo)
During their New York visit, Drs Atsuko and Ross along with Drs Keswani and Murthy were able to meet Dr Purnima Mane the Deputy Executive director of the UNFPA and Mr. Steve Krause to discuss possible ways of collaboration between MWIA and UNFPA.

Dr Keswani is a member of the UN NGO committee on ageing and has been representing MWIA on Thursday once a month at the meetings. She has also been attending the annual meeting held on the first Thursday in October every year.

**Activities in 2008**

- **March 2008** Drs. Keswani and Murthy organized a panel discussion sponsored by MWIA, AMWA and NCW to commemorate the 50th CSW on February 29th entitled ready and willing and able to Work for Gender equity but where is the Funding? At the Church center at the United Nations campus. The speakers included Drs Shelley Ross, Atsuko Heshiki, Eleanor Nwadinobi, Gayatri Devi, Kim Templeton, Keswani and Murthy. Dr Akiyele Dairo from the UNFPA was the key note speaker. Linda Marsten Reid from the Rockefeller foundation was also on the panel. This was well received by CSW attendees.

- **March 2008** Dr Keswani attended the AMWA annual meeting held at Anaheim California and reported on the activities of MWIA and AMWA at the United Nations.

- **June 2008** Dr Murthy represented MWIA at the FIRST HIV-TUBERCULOSIS GLOBAL LEADERS’ FORUM which was attended by world leaders, the secretary general and other dignitaries which was held at the UN Secretariat in New York.

- **June 2008** Dr. Keswani represented MWIA at the AAPI (association of American Physicians of Indian Origin) conference at Las Vegas and chaired a session for the Lady Harding Alumni of North America.

- **June 2008** Dr Murthy was invited to give a talk at New York Medical College as a part of the Pfizer’s grand rounds on Women’s Health.

- **July 2008** Dr Atsuko and Dr Murthy represented the MWIA at the Pan American Medical Women’s Alliance in Puerto Rico. Dr Atsuko delivered a talk entitled “leadership in highly advanced and specialized area”. Dr Murthy also spoke at the congress and her talk was titled Social Problems and its impact in the family: Women’s Health is Society’s Wealth.

Dr Keswani has been in touch with Linda Marston Reid of Rockefeller Foundation and Drs Keswani and Murthy met Ms. Reid in August 2008 to explore opportunities of working together on issues of common interest between MWIA and the foundation.
• **September 2008** Dr Keswani attended the interim working group meeting of the AMWA at Philadelphia.

**Activities in 2009**

• **In March 2009**- Drs Keswani and Murthy organized a side event at the 51st CSW on March 5th 2009 and the topic was Gender equity and Male responsibility- Come and Learn from the Women Doctors of the World. The speakers included Drs Ross, Hovan, Keswani, Murthy, Nwadinobi and Dr Donnica Moore. The panel was co-sponsored by AMWA and NCW.

• **March 2009** Dr Murthy was a speaker and represented the MWIA at panel discussion Speaker at the Panel discussion sponsored by NCW and ICW at United Nations during the CSW on Role and Challenges faced by Female Health care providers in Asia.

• **March 2009** Dr Murthy was a speaker and represented MWIA at a panel discussion at organized by Impact of Health on Care giving NGO Committee on Health during the 51st CSW.

• **April 2009**- Dr Keswani and Dr Murthy attended the DPI Briefing on 23 April 2009 “Towards the End of the Decade to Roll Back Malaria in Developing Countries.”

• **May 2009** – Dr Keswani and Dr Murthy attended the DPI briefing on 21 May 2009 “May I Ask a Question, Special Representative of the Secretary General for Children and Armed Conflict?”

• **May 2009** Dr Murthy had a book signing for her book Women’s Global health and Human rights at the FDR Presidential Library in New York.

• **May 2009**- Dr Murthy a speaker to be on a panel discussion Panel discussion on Healthy Women: Gateway to a Healthy World: Health Care and Health Policy for Women and Girls, Organized by Committee on the Status of Women and co-sponsored by ECOSOC which was held on May 20th in the United Nations.

• **May 2009** – Dr Murthy was invited to be a participant in Video Tele conference on Education and Human Rights at United Nations

• **June 2009**: Dr Murthy was invited to be a keynote Speaker at Millennium Development Goals Strategic Conference organized by MIDEGO at Washington DC and represented MWIA

• **June 2009** - Dr Keswani and Dr Murthy attended the DPI briefing on 11 June 2009 “Development for All: Integrating Disability into the Millennium Development Goals”

• **June 2009**- Dr Murthy attended the Secretary General’s forum on Advancing Global Public Health on June 15th at the United Nations.
• **July 2009.** The Celebration of CEDAW 30 Year Anniversary was held at the Bahai Center at the United Nations complex on July 20th and had the participation of the MWIA representatives.

• **October 2009:** Dr Murthy represented MWIA at the annual Women Ambassador luncheon organized by the NGO CSW Committee.

• **October 2009:** Dr Murthy had a book signing at the New York academy of Medicine.

• **October 2009:** Dr Murthy represented MWIA and was a speaker at the CONGO AMR update on Global Health in NYC.

• **October 2009:** Dr Keswani represented MWIA at the NGO CSW Committee meeting on Ageing.

• **November 2009:** Dr Murthy presented 7 papers and represented MWIA the American Public health association annual meeting and was the recipient of the Mid Career Achievement awarded presented by the International health section of the APHA. Dr Murthy has been appointed Chair of the committee of women’s Rights of the APHA.

**December 2009**

Dr Murthy was a presenter and represented MWIA at Global Forum at NYU School of dentistry organized by AMSNY, Cornell and NYU.

Dr Keswani and Dr Murthy have attended the various meetings and briefings and have been networking with other NGO colleagues whenever possible. Dr Keswani and Dr Murthy have worked with Dr Cathey Falvo who is the president of the Physicians for Social responsibility represented MWIA at the upcoming NGO DPI Conference in September in Mexico City. Dr Murthy was a member of the midday meeting planning committee for the NGO DPI workshops and was a member of the team which reviewed the proposals submitted for the workshops at the conference.

**2010 Activities**

• **January 2010:** Dr Murthy elected fellow of the New York academy of Medicine.

• **March 2010 : To commemorate the 53rd CSW Drs Keswani** and Murthy organized a side event on March 4th at the church center titled Beijing +15: What does the next 15 years hold for Women”? The event was co sponsored by AMWA and NCW. The speakers included Steve Krause from UNFPA, Dr Claudia Morrissey from Save The Children, Pastor Leslie Martin, Mayor Arlene Johnson of Livingston NJ Drs Ross, Keswani and Murthy. The panel was well received and attended.

• **March 2010:** Drs Ross, Keswani and Murthy were active participants in the various side events organized at the CSW.
• **March 2010**: Drs Keswani and Murthy were speakers at the panel discussion on Obstetric Fistula sponsored by the National Council of women at the CSW.

• **April 2010**: Dr Murthy has been appointed co chair of the committee of experts for the upcoming 63rd UN DPI NGO Annual conference on global health in Australia.

• **May 2010**: Dr Murthy represented MWIA and was panellist at the 1st UN Academic Impact forum organized by the DPI.

• **June 2010**: Drs Keswani and Murthy represented MWIA at the MDG civil society briefings at the United Nations.

• **June 2010**: Dr Murthy represented MWIA and was a moderator at the 2\(^{nd}\) Youth preconference to commemorate the 63\(^{rd}\) annual UN DPI NGO Conference

• **June 2010**: The workshop submitted by MWIA for the upcoming UN DPI NGO annual Conference in Melbourne Australia has been accepted and Drs Casper, Yep Murthy and Medical students will be participating.

• **June 2010**: Dr Murthy has been appointed co- chair of the women’s health task force to the NGO CSW Committee and Dr Keswani will be serving as one of the committee members.

Report submitted by:

Dr Satty Gill Keswani- Main NGO Representative of MWIA to the UN
And
Dr. Padmini (Mini) Murthy - Alternate NGO Representative of MWIA to the UN.

We will continue to represent our organization with pride and with all our sincere efforts at the United Nations.

**MWIA REPRESENTATION AT INTERNATIONAL MEETINGS**

**2007-2010**

**United Nations (UN)**
Dr. Satty Gill Keswani
Dr. Mini Murthy

**Department of Public Information**
Dr. Satty Gill Keswani
Dr. Mini Murthy
Dr. Eleanor Nwadinobi

**World Health Organisation (WHO)**
WHO General Assemblies
Dr. Shelley Ross
Dr. Shafika Nasser
Dr. Mervat ElRafie
Dr. Selma Galal
Dr. Mercedes Viteri
Dr. Gail Beck
Dr. Gabrielle Casper
Professor Afua Hesse
Professor Kyung Ah Park

Dr. Shelley Ross participated at an event at the World Health Assembly on preventing the medicalization of female genital mutilation at the invitation of Dr. Heli Bathija of the Department of Reproductive Health at WHO. MWIA was therefore an initial signatory on the document. Please click on the link:


World Medical Association (WMA)
Professor Kyung Ah Park
Dr. Mercedes Viteri
Dr. Shelley Ross
Dr. Gail Beck
Professor Afua Hesse

European Women's Lobby (EWL)
Dr. Waltraud Diekhaus
Dr. Edith Schratzberger

CIOMS
Dr. Waltraud Diekhaus

REPORT ON THE GENERAL ASSEMBLIES 2007

The report on the General Assemblies held at the 27th MWIA Congress 2007 in Accra, Ghana, as printed in the Ghana Congress Report was officially accepted.
REPORT ON THE SCIENTIFIC PROGRAM OF THE 28TH MWIA INTERNATIONAL CONGRESS

Claudia S. Morrissey, MD, MPH
Vice President for North America

The themes for the scientific program of the MWIA Congress were: Gender Strategies to address Women and Violence; Women and Addiction; Epidemic Plagues; and, Women and Nutrition. Over the four days of the Congress, participants were regaled with inspiring keynote addresses, thought-provoking scientific presentations, in-depth workshops, and insightful poster displays.

The Congress began with an inspiring presentation by Dr. Ilona Kickbusch who relayed some sobering statistics and scenarios showing that global women’s health and development is still an unfinished agenda. She called for changes in how foreign policy is constructed and carried out to ensure that women are at the center of development efforts—and not as simply recipients but as decision-makers.

On Thursday am, Dr. Monica Hauser, founder of the NGO Medica Modiale, shared her experiences and outrage about women’s sexual abuse as a tool of war. Dr. Hauser recounted moving examples of the plight of women in war-torn Bosnia, Rwanda, and Afghanistan, emphasizing that the lasting effects of sexual abuse are not only physical but also psychological and emotional. In many societies there is also long-standing stigma against the victim. Dr. Hauser called for increased attention to integrated, compassionate care that includes empowering victims to become agents of change.

Over 80 scientific papers from nearly 50 countries were presented during the Early Bird and Plenary sessions. Research covered a wide range of women’s health topics and issues of women physician empowerment. These research findings are contributing to the evidence for gender and sex-based medicine and reminding us that in many cases women doctors across the globe are approaching parity in number without commensurate positions of power.

Workshops offered an opportunity to take a more in-depth look at key women’s health issues including:

- The dilemma in choosing the right specialty
- How to save newborn lives in low-resource settings
- Managing human resources for strengthening health systems in developing countries
- Gender and health
- Careers, mentoring and leadership in medicine
- Leadership training for women physicians
- Alzheimer’s dementia: caring for the patient and caregiver

Lastly, nearly 50 posters vied for the top honours that were awarded at the gala celebrations. Poster award winners were:

it mean for women in the US?”

- Drs. Schmalzbauer-Reuschel and Seelback-Goebel for: “Female Genital Mutilation”
- Drs. Agwa, Wokocha, and Umeora for: “Adolescent Contraceptive Use: opinion of female doctors in Nigeria vs. female doctors from other countries”
- Drs. Fujikawa, Ayako, Onoue, Saida, and Endo for: “Health Check-up and Health Guidance Scheme in Japan for Metabolic Syndrome”

All powerpoint presentations from the Congress are posted on the MWIA website for you to peruse and enjoy. Detailed notes from individual sessions were provided by the Chairs of the sessions and are included below:

**Early Bird Session I: Health Care**
**July 29, 2010, 8:30-8:55 hr**
**Session Chair: Atsuko Heshiki, M.D.**

Two well-written papers were presented to a fully-packed audience. The paper entitled “Maternal and Child Development Outcomes of Teenage Mothers Enrolled in the Teenage Pregnancy Programme,” was read by Rosa Marina H. Nancho from the Philippines. Special social, obstetric, and other health needs of pregnant adolescents were addressed through new forms of delivering prenatal care to teenagers. By doing so, good outcomes were obtained in infant health development, parental attitudes, prenatal knowledge, maternal self-confidence and maternal identity.

The second paper “Korean Doctors helping Children with Congenital Heart Disease” was read by Dr. In-Sook Park of Seoul Korea. The paper reviewed the history and present status of overseas voluntary service by Korean doctors. Major issues for sustainability include:

- financial resources
- providing the training of medical and surgical team
- collaboration among developed countries
- systematic assistance of the international medical community

**Plenary Session I: Gender Strategies/Violence**
**July 29, 2010, 9:00-13:00hrs**
**Session Chairs: Dr. Shelley Ross and Dr. Dorothy Ward**

The session began with the keynote presentation by Dr. Monica Hauser. Trained as a gynaecologist in Essen, Germany, she had dedicated her life to the welfare of victims of rape in time of war. She founded an organization called Medica Mondiale during the time of the war in Bosnia, but her organization has also worked in Afghanistan and Rwanda.

Beyond the physical consequences of rape such as unwanted pregnancy, sexually transmitted infections, and trauma to the genitals is the longer lasting psychological trauma. It is the woman who is disgraced by rape whereas the perpetrator goes free. It is a little known fact that the peacekeeping troops can also be perpetrators.
Providing medical care is hampered in such places as Afghanistan as women are of no value. Treatment cannot occur without the permission of the husband, who would rather get a new wife than have the current wife soiled by Cesarean section. If a woman dies due to lack of medical care, it is God’s will. Medica Mondial works to empower these women as well as take care of their physical and psychological needs.

The next speaker was Dr. Lydia Berendes who spoke of how to interview and document the woman victim of domestic violence.

Ms. Pamela Verma, medical student from Vancouver, Canada, spoke on the development of a training module for students on Intimate Partner Violence.

Dr. Barbara Bass, President of the Medical Women of Switzerland, spoke on the prevalence of domestic violence in Switzerland. A survey was conducted in 2003 in four languages.

Dr Jongnam Joh from Korea spoke of domestic violence in Korea, where it came as a surprise that Korean men are often the victims of domestic violence by the wives.

Dr. Kajal Kohdan of Iran spoke of violence during pregnancy. Those pregnant women at higher risk of violence are young, single, separated or divorced. Beyond the physical and psychological implications for the mother are the added complications such as preterm labour, low birth weight, and antepartum hemorrhage due to abdominal trauma.

The last speaker was Dr. Mervat ElRafie, past MWIA Vice President for the Near East and Africa, from Egypt. She spoke on the prevalence of psychiatric illness in the primary health setting. Anxiety and depression were the commonest diagnoses.

**Plenary Session I: Gender Strategies/Violence**
**July 29, 2010, 9:00-13:00 hr**

**Session Chairs: Dr. Gail Beck and Dr. Florence Manguyu**

The keynote address of this session was provided by Dr. Waltraud Diekhaus, Vice-President Central Europe, and former Secretary-General. Dr. Diekhaus provided an overview of MWIA’s work in Gender Mainstreaming, pioneered by Dr. Shelley Ross and an introduction to MWIA’s work in general. A series of historical photos wittily presented was a reminder to the General Assembly that the Association’s work has always been characterized by the determination and optimism of its members. Dr. Diekhaus’ presentation spanned such topics as the negligible roles that women have played in medical politics and medical administration, despite the ever-increasing numbers of women in medicine, as well as a comparison of how sex and gender affect medical diagnosis, treatment and care.

The topic of gender and culture was introduced in the brief presentation of Dr. Christine Klapp. Dr. Klapp’s plenary highlighted the work of thirty women physicians from Dusseldorf, Germany in providing education on health and healthcare to migrant women from non-European countries. Deemed by the immigrant participants to be highly useful, the education was provided to 4700 women. Dr. Klapps and her colleagues’ work could very easily be replicated in many countries.
Dr. Sabine Oertvelt-Prigione gave a paper on the “Establishment of a Database for Sex/Gender-Specific Research.” The technique for creating the database was presented and the advantages outlined. While it is intuitive that such a database will facilitate the dissemination of knowledge of sex/gender-specific medicine among healthcare professionals, researchers and students, it was clear that the development of such a database is no easy task. The presenter emphasized that we have reasonable information in assessment and diagnosis but differences in treatment and management of various conditions still do not reflect gender differences.

President-Elect Dr. Afua Hesse presented the work of several obstetrical colleagues who were unable to attend. The presentation illustrated how demystifying sex can assist women in developing their full reproductive potential. Dr. Hesse’s work reminded the assembly that ‘compromised reproductive potential can be devastating to any woman desiring conception’. The implications of compromised reproductive potential in developing countries can seriously affect the lives of women.

Dr. Margarethe Hochleitner presented her own work and that of Dr. Angelika Bader at the Innsbruck Medical University Women’s Health Centre in Innsbruck, Austria. This work highlighted that, even though Austria has statutes enforcing gender mainstreaming, action on these statutes in health care has not followed intent. This work does illustrate the worldwide phenomenon that there is still much work to do with respect to gender equity in health.

The work of Eniola Cadmus and Eme Owaaje and their medical student colleagues at the University of Ibadan, Nigeria, demonstrated the need for appropriate interventions to be available on campus so that female undergraduates are empowered to take control of their reproductive health through acquisition of the necessary education regarding reproductive health, especially contraception.

Dr. Retty Ratnawatti, the Magistrate of the Women Studies Program of the Faculty of Medicine at Bravijawa University, in Malang, Indonesia, presented the work of her student, Istiadah. This work focuses on the fact that even though women are permitted choice in family planning, too often their decisions are influenced by their Islamic culture and their husband’s wishes and not their own needs and desires.

Dr. Uzoma Maryrose Agwa presented the work of several colleagues from Nigeria with respect to the manner in which the opinion of medical practitioners, and in this case female medical practitioners, affects contraceptive use. This group of women doctors bravely ask whether the prevalent view of discouraging adolescent conception is the best approach for promoting adolescent sexual health in Nigeria.

Dr. Padmini Murthy, one of our two representatives to the United Nations in New York, gave a presentation on the need for women’s health to become a priority issue worldwide. Through her work, outlined in her book, Women’s Health and Human Rights, Dr. Murthy promotes the view that ‘Women’s Health is Global Health.’

Drs. Tabansi, Opara and Eke completed a study on the perception of teenage pregnancy amongst secondary school students in Port Harcourt, Nigeria. This was a robust study that included a cohort of 1050 students (53.7% female) of whom 96% were sexually active. The
results showed that girls were mostly blamed for pregnancies and boys almost never blamed. Their results underlined the need to address contraception – and pregnancy – related issues in adolescence through sexuality education.

Dr. Rosa Maria Nancho presented a study by herself and her colleagues on the relationship between religiosity and sexual attitudes on coital debut among Filipino high school students. This work demonstrated the need to uncover the role that religion plays in delaying sexual initiation.

Dr. Edith Asere of Nigeria made a presentation of her work on Women and Stroke. Dr. Asere’s work included both gender and cultural aspects of cerebrovascular events. Her work was a reminder to us of the need for further attention especially to the differences in presentation and management of stroke in women.

**Early Bird Session II: Health Care**
*July 30, 2010, 8:30-9:25 hr*
*Session Chair: Dr. Gabrielle Casper*

The session discussed breast cancer. Dr. Njelekela from Tanzania spoke about the project of the Medical Women’s Association of Tanzania’s project on screening for breast cancer. Their awareness campaign was so good that it put the association on the map in Tanzania.

Dr. Agnes Fenyi from Hungary spoke about the advocacy work done by the Hungarian Medical Women, including an upcoming march across the Rose Bridge in Budapest. The session concluded with Dr. Yoshiko Iwahira from Japan describing breast reconstruction. She emphasized that age was not a deterrent to reconstruction as her oldest patient for reconstruction was 91 years old, having wanted reconstruction for the past twenty years.

**Plenary Session II: Addiction**
*July 30, 2010, 9:30-12:30 hrs*
*Friday 30 July Early Bird session*
*HEALTH CARE*

This session was very well attended and from the applause following each presentation it was clear the speakers were very inspiring.

Marina Alois Njelekela from Tanzania spoke on Partnerships and Breast Care in Tanzania. The Medical Women’s Association of Tanzania formed partnerships with several stakeholders and conducted breast and cervical cancer awareness campaigns in seven regions in Tanzania. In total, 63,893 women were screened and it was found that 2,985 (4.7%) had various breast problems and out of them 152 (4.9%) had breast cancer.

Along similar principals Fényi Ágnes from Hungary spoke on The Role of Civil Organizations as the Leading Catalyst in the Fight Against Breast Cancer in Hungary Among many civil organisations, Hungarian Medical Women’s Organisation assumed a role in a National Health Campaign aimed to call attention to the importance of early diagnosis in Breast Cancer. It is estimated that each year nearly 7500 women will be diagnosed with breast cancer in Hungary. Death rates have been decreasing by 15% since 2001.
Yoshiko Iwahira, Japan spoke on The Importance of Breast Reconstruction for Breast Cancer Patients. Tissue expansion and implant has become the most common breast reconstruction. It has many advantages compared with autologous reconstruction, because of shorter operative time; Yoskiko also discussed some complications that can occur with this surgery.

Cecilia O. Amotsuka spoke on a Medical Woman's Effort on Cervical Cancer Prevention: Increasing Access to Screening, Using Visual Inspection with Acetic Acid (VIA). Cervical cancer is the 2nd commonest cancer in women in Nigeria and about 80% of cervical cancer cases are present at stage III when prognosis is poor. Offering Visual Inspection with Acetic Acid (VIA) as a screening test greatly aids the prevention of cervical cancer in Nigeria.

Mininim Oseji spoke on Global Public Health Priorities versus Nigeria's Public Health Priorities –Challenges and Opportunities. In Nigeria there are over ninety global health initiatives being implemented by twenty-six UN agencies two of which are Millennium Development Goals (MDGs) and Primary Health Care (PHC). This presentation examined the extent to which global public health priorities and the public health priorities in Nigeria correspond. In spite of huge funding from global health actors, Nigeria is still grappling with the challenge of showing commensurate results for the investment, with a maternal mortality ratio of 545 per 100,000 live births and routine immunisation coverage of 23%.

Udoka Ezigbo Chira spoke on Patients' Perception of the Quality of Tertiary Healthcare Services in a Developing Economy. Direct evaluation of health care perception from the patients’ point of view is a useful tool for planning of improvement in health care services. Many areas of shortcomings would have otherwise gone unnoticed by health care managers.

Jean L Fourcroy spoke on Sports and Doping: How Can We Help out Patients. It is important for providers to be aware of the risks involved in particular sports and possible for injuries for the competitors. The International Olympic Committee completed an injury prevalence study during the 2008 Beijing Olympic Games and reported the overall injury incidence for all athletes at the Olympic Games of 9.6%.

Early Bird Session III: Health Care
July 31, 2010 8:30-8:55 hrs
Session Chair: Dr. Frida Kazembe

There were two speakers in this session. The first was Dr. Yoko Araki from Japan, speaking on the lack of support for female physicians in hospitals in Japan. The second speaker was Dr. Eleanor Nwadinobi who spoke on the traditional practice of blaming children for deaths in the family. This blame extends to calling them witches or wizards and maiming them in some way. Examples are pouring acid over them or making them put their buttocks or hands in boiling water to cause third degree burns and scarring. Similar to her campaign on the rights of widows, Dr. Nwadinobi is campaigning to stop this traditional practice.

Plenary Session IV: Nutrition
July 31, 2010, 9:00-12:30 hrs  
Session Chairs: Dr. Satty Gill Keswani and Dr. Mini Murthy

The session began with Dr. Bettina Pfleiderer giving the Dr. Jhirad Oration, discussing the female and male brain.

CLOSING CEREMONY

The closing ceremony took place during the last General Assembly on July 31st. Many words of thanks were given to the outgoing executive and the new executive was warmly welcomed by the general assembly.

SOCIAL EVENTS

The Get Together Evening was held July 27th at the Regierungsprasidium or the regional government office.

City tours were offered in both English and German.

The Gala Evening was held July 30th at the Brokers Speicher No. 10 which is located in the Speicherstadt district in the north of Munster, originally a warehouse district. This venue was originally built as a bakery in 1936 to cater to the German Armed Forces during World War II. It was not destroyed by the Allies so remains in its former glory.

NEXT CONGRESS 2013

The XXVIII Congress of the Medical Women’s International Association will be organised by the Korean Medical Women’s Association and will be held July 31-August 3, 2013, in Seoul, Korea. Dr. Bong Ok Kim will be the Chairperson of the Organizing Committee. Information can be found at www.mwiaseoul2013.org.