

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

MWIA



Update

No. 23 February 2005

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I. MWIA



1. PRESIDENT'S MESSAGE

by Dr. Gabrielle Casper

Dear all,

It is hard to believe six months have passed since our congress in Tokyo. We all would like to extend our gratitude to the Japan Medical Women's Association for organising such a wonderful event and greatly look forward to the next International meeting in Ghana in 2007.

After the congress we held an executive meeting and I am delighted to say MWIA is in very good hands. We have extremely competent and enthusiastic members ready to work on the variety of challenging situations we face. We are also fortunate in that Gail Beck and Jennifer Alexander have specific experience in financial matters and this is one of our key issues that needs to be addressed this term. Shelley Ross and Jean Fourcroy have a great success rate with gaining grants so we shall certainly be calling on their expertise as well. Atsuko Heshiki has skills in handling web matters and has offered to assist us with our web site. Waltraud Diekhaus and her

staff have been flat out with the post congress affairs and are now preparing for our next executive committee meeting as well as coping with the demands of our increasing activities.

Tsunami

I know I speak for all of the MWIA members in expressing shock and sadness at the devastating consequences of the Indian Ocean tsunamis. I am aware that some members are assisting in the affected areas and that others are proposing projects to help rebuild the communities destroyed in this tragedy. MWIA should be considering ways in which we can, as an organisation, provide practical long-term assistance and would like to consider any initiatives our members may propose.

Waltraud sent out an email to our representatives with respect to Tsunami and has received some replies. Satty Keswani has been in contact with some of our members in India and I have contacted some in Thailand. Currently there seems to be a flow of money and supplies going into many of the areas and also specialist medical workers from across the globe. We would hope by our June meeting we will have a better understanding of how MWIA specifically may be of assistance to our members affected by this disaster.

Leadership for Medical Women

Across the globe there are now more women medical graduates however but they are still under-represented in senior leadership positions within the profession. To assist our members to become more effective Leaders we would like to suggest National meetings or Regional Congresses include sessions on Leadership for Medical Women. Relevant topics may include:

- Gender Equity for Professional Women

- Medical Women Leaders tell their stories:

 - My leadership role

 - What have I learnt about leadership

 - Balancing personal and professional responsibilities

 - What was I least prepared for?

 - What I would/should do differently

 - Barriers faced by women

- Inflexibility, Discrimination and Work Practices

- Financial Skills for Leadership

- Looking after Ourselves: Health and other issues for Medical Women

- Importance of Networking and Mentoring

- Working on a Committee, Board or College

 - Meeting dynamics

 - Insurance

 - Handling politics

 - Am I the 'token woman'?

- Media Strategy and Communication

The American Medical Women's Association (AMWA) have offered to coordinate our activities in this area and if you have articles or talks you have given or can offer to run seminars please send an email to MWIA secretariat and they will forward it to the AMWA coordinator.

The gender/culture intersect

The work MWIA has undertaken on Gender Mainstreaming and Adolescent Sexuality has been well received and we now plan to expand this body of knowledge by improving our understanding of the cultural aspects of this work. If anyone has worked on the gender/ culture intersect I would be very keen to hear from you.

MWIA Committees

A great deal of the work of MWIA is accomplished through our committees. So I would encourage members volunteer to become members and ask your Presidents to submit your names by 1st of May 05.

CSW

I plan to attend the CSW at the United Nations in New York in March. While I am there I will make appointments with colleagues in DAW and UNFPA and also speak with people at the Rockefeller institute. I will put forward our plans to continue our work in gender – including adolescence and the gender culture intersect as well as leadership for medical women.

Our next Executive Committee Meeting will be held in Dortmund in June this year. We will hold a 2 day strategic planning workshop prior to the meeting and if anyone has any topics you would like us to discuss please do not hesitate to let the secretariat know.

I look forward to reading about the National activities in the Update and to receiving your correspondence on our current issues.

2. LETTER FROM THE SECRETARY- GENERAL

Dear members of MWIA,

Again we are sending you our newsletter "Update". We hope that you enjoy reading it and that you find all the information you need.

I would like to thank all those who have contacted us, have sent us reports or have made comments or requests, etc.

The topicality of the Update and its link with our members depends very much on all of you. I would like to encourage you to contact us, the Secretariat, as often as possible.

Besides all the usual work, we are very busy at the moment preparing the forthcoming Executive Committee Meeting (ExCo), 16 – 20 June, 2005, which will be the first ExCo meeting here in Dortmund. Dortmund is very proud to welcome representatives of women's doctors from around the world. For example, the Park Inn Hotel (www.parkinn.de) has offered to fully sponsor accommodation incl. breakfast for 13 Executive members for four days. The DASA (German Occupational Safety and Health Exhibition, www.baua.de/dasa/l_dasa_eng.htm) has invited us to view this large exhibition.

Furthermore, we have been invited to visit a famous brewery by its owner, Mr. Wolf, and to taste typical Westphalian food. (www.hoevels-hausbrauerei.de)

And last but not least, the Lord Mayor of Dortmund has invited us to a reception.

However, don't be fooled in thinking there will be much time for amusement.

Most important, of course, will be the content of our meetings, the discussions, the results, and our plans for the future. By now, all new officers have been in office for 6 months, have gathered their first experiences and overcome initial difficulties, so that we can hopefully work together effectively.

More interesting news: the World Medical Association (WMA) has elected a new Secretary-General, Dr. Otmar Kloiber who, like me, is from Germany. Let us all join in congratulating him and wishing him all the best.

Please also note the announcements of the Secretariat, following this message.

I wish you good health and send you my best wishes.

Yours,
Waltraud Diekhaus

Dues Reminder

Please remember to pay your dues for the current financial year 1 July 2004 – 30 June 2005. We will send out a reminder within the next two weeks. Thank you to those who have already paid their dues.

Call for Committee Members

We would like to call for nominations for the three committees: Finance, Scientific and Research, Ethics and Resolutions. There must be representation from all eight regions on each committee. Younger members are especially encouraged to join a committee. If you are interested in working in a committee please inform the secretariat. The communication in the committees is mainly by e-mail (no travelling, no extra costs)

3. CALENDAR OF FORTHCOMING EVENTS

MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS

2005

2 - 5 March, 2005 - Acapulco Guerrero, Mexico

XXVII Congress of the Pan American Medical Women's Alliance and 4th Regional Meeting of the MWIA Latin American Region

Theme: Equity in Health, Nations Process

Venue: Hotel Emporio Continental Acapulco, www.hotelesemporio.com,

e-mail: reservaciones@hotelesemporio.com.

Contact persons in Mexico: Dr. Mireya Pintos Garcia Mier, e-mail: mirepint@yahoo.com.mx or Dr. Maria Arredondo at mariaarredondo@prodigy.net.mx.

28 - 11 March 2005 - New York, USA

49th Session of the Commission on the Status of Women (CSW)

5 - 9 June 2005 - Philadelphia, USA

5 June 2005 Global Health Summit and

6 - 9 June 2005 Public Health Professional Conference

Venue: Wyndham Franklin Plaza, 17th & Race Streets, Philadelphia, PA 19103

For more information or to register please go to <http://www.globalhealthsummit.org>.

16 - 20 June 2005 - Dortmund, Germany

MWIA Executive Committee Meeting (by invitation only)

26 - 28 July 2005 - USA

5th International Conference & Exhibition on Traditional Medicine at the Minneapolis Convention Center

Theme: "Integrative Medicine in Women's Health"

For further information please look at <http://www.africa-first.com/5thICTM.asp>.

12 - 15 September 2005 - Bucharest, Romania

WHO Regional Meeting for Europe

12 - 16 September 2005 - Mumbai, India

Annual meeting, Forum 9, The Global Forum for Health Research

Theme: Poverty, equity and health research.

The deadline for receipt of abstracts is 31 March 2005. For further information please look at <http://www.globalforumhealth.org>.

28th September - 3rd October 2005 - Reykjavik, Iceland

15th Northern European Regional Congress of MWIA, Iceland

Venue: Grand Hotel, Sigtun, Reykjavik

Theme: Learn from the past –look to the future; The leading role of women in medicine.

The congress secretariat is Iceland Incentives Inc. For further information please contact the Congress Secretariat at e-mail mail@iii.is or look at <http://www.fkli.is/congress>.

29th September - 2nd October 2005 – Berlin, Germany

29th Congress of the German Medical Association

Theme: “Oh Schmerz lass nach” (“Oh pain, go away!”)

For further information please look at <http://www.aerztinnenbund.de>.

12 - 15 October 2005 - Santiago, Chile

56th General Assembly WMA.

Theme: Health Care Systems Reforms and Access to Medicines

Venue: Hyatt Regency Hotel in Santiago, Chile

For more information on the Colegio Médico de Chile: <http://www.colegiomedico.cl> and <http://www.wma.net>.

10 - 12 November 2005 - Philippines

8th Western Pacific Congress and 56th Annual Convention of the Philippines Medical Women’s Association

Theme: “Golden Health Care towards the Silvering Years”

Venue: The Manila Hotel, Roxas Boulevard, Manila

For further information please contact the Philippines MWA at e-mail pmwa2004@yahoo.com.

2006

Planned

Near East and Africa Regional Congress of MWIA, Zambia

16 - 29 February 2006 - U.S.A.

Meeting of the American Medical Women’s Association (AMWA) in Tucson, Arizona

23 - 26 February 2006 - Berlin, Germany

First World Congress on Gender-Specific Medicine

Theme: A New View of the Biology of Gender Differences and Aging

Full conference details and abstract submission can be found at: www.gendermedicine.com.

September 2006 - Copenhagen

WHO Regional Meeting for Europe

October 2006 - South Africa

57th General Assembly of the WMA. For further information please look at <http://www.wma.net>.

2007

XXVII. MWIA International Congress, Accra, Ghana

October 2007 - India

58th General Assembly of the WMA. For further information please look at <http://www.wma.net>.

4. NEWS FROM THE VP'S AND/ OR THEIR REGIONS



Northern Europe (Denmark, Finland, Iceland, Norway, Sweden, United Kingdom)
Vice President Dr. Annemette Mygh

Information received by the secretariat:

United Kingdom

Extract from the Bulletin of the Medical Women's Federation (UK), Winter 2004 - Volume 23 - Number 3 - page 3, "FROM THE EDITOR", by Dr. Gillian Markham

"In essence, the argument is about the effects of the increasing number of women in the profession. Professor Black suggested that this might lead to some loss of status for the profession as a whole, particularly when women doctors might be reluctant to take on leadership roles."

Central Europe (Austria, Bulgaria, Georgia, Germany, Hungary, Poland, Romania, Switzerland)
Vice President Dr. Nino Zhvania

Information received by the secretariat:

Switzerland

Report from Dr. Marianna Bodenmann-Zanetti, National Coordinator Switzerland

Our General Assembly and the Annual Congress took place on 5 June in a beautiful historical building in Lucerne. The topics were the acceptance of our new statutes and the Association's new name and logo: Medical Women Switzerland MWS and, in smaller letters, Aerztinnen Schweiz/ Femmes Médecins Suisse/ Donne Medico Svizzera. For further information visit our homepage www.medicalwomen.ch. The theme of the various lectures was *Karrieren trotz Barrieren* - you guessed correctly: *Careers in spite of Barriers*. A panel of experts, all members of the Association, talked about their professional biographies, mentioned pitfalls, and gave advice to younger colleagues. Some examples: the scientific career of Ursula Ackermann- Liebrich, professor for Preventive Medicine in Basel, who is also involved in health care politics in federal commissions, where she and I work together. Gynecologist Nicole Buerkli and surgeon Brigitte Muff are heads in their respective hospitals and keen to provide help to mentees. Annalis Marty-Nussbaumer works for the government of the Canton of Lucerne, at the interface of the political decision making process and the management of hospitals. But besides such leading figures in the limelight, let us not forget the primary health care providers, such as our past president Cornelia Klauser. Working as a GP is still a satisfying career, where you can find a good work-life balance, career combined with family.

After the Congress in Tokyo we were a bit disappointed that we can't organize the 2007 MWIA-Congress in Zurich, but we are looking forward going to Ghana. In fall 2004 we conducted a survey of the needs and wishes of our members; we are aiming to attract as many young and active female physicians, as possible as well as medical students. Now the task force is evaluating the answers; we are confident that we will be able to improve our offer of support in the vital areas of mentoring, career-planning and general encouragement to other women on the many roads of our great profession.

Germany

Extracts from the National Council of German Women's Organizations

Main aspects of the present situation of women in Germany

Germany is in a difficult situation marked above all by a long period of very high unemployment. The social security systems that are intended to protect against unemployment, illness and old age are based on earned income. On account of this close association, mass unemployment not only creates difficulties for the affected individuals, but also threatens the entire social security systems. The German government has carried out reforms since 2002 that considerably reduce state benefits for jobless persons and that require higher individual contributions to retirement pensions. Reforms to the healthcare system also require patients to make higher individual contributions to the costs.

These reforms put women at a disadvantage, resulting primarily from the structure of women's employment. As the 2001 "Report on Jobs and Income for Women and Men" (*Bericht zur Berufs- und Einkommenssituation von Frauen und Männern*) describes in detail, the main reasons for this disadvantageous structure are the following:

- gender-specific distribution of labour in the family
- unequal pay for women and men
- part-time work by women
- insufficient state childcare

The percentage of working women has risen continuously over recent years and has now reached nearly 60%. This increase, however, is due solely to the increase in part-time and so-called mini-jobs with monthly incomes of less than 400 €. Part-time and mini-jobs are typical employment possibilities for women. Although these jobs are equated with other types of employment, women can neither live on them nor prepare adequately for their retirement with them.

The apparently gender-neutral reform laws have negative consequences especially for women who have children and are married or live in domestic partnerships. After one year of receiving unemployment benefits, men and women alike only continue to receive state support if their partner's income is not enough for two people. Because men generally earn more than women, this makes women dependent on their husbands or partners. This current policy leads back to a family model in which the man is the main provider and his partner contributes only a supplemental income. This in turn reinforces a gender-specific distribution of labour in the family, with women doing most of the childcare and child raising instead of both women and men engaging in employment and childcare.

Germany occupies last place among all the European countries in the area of public childcare facilities. There are day nursery places for only 3% of children under three in West Germany and 37% in East Germany. Although children are legally entitled to a place at a childcare centre as of the age of three, the centres generally provide only half-day services. With very few exceptions, school also only runs until lunchtime. For the afternoons, parents must pay an income-dependent fee for their children to attend after-school centres. The German government is currently putting forth considerable effort to improve this situation. It hopes that making it easier to combine work and a family will lead to a higher birth rate.

The National Council of German Women's Organisations (*Deutscher Frauenrat*) and its member organisations note with great concern that the current policy of empowering women is being subordinated to family policy. The priority is no longer on securing economic independence for women in employment and retirement, but rather on accommodating the interest of business to lower wages as much as possible and of the state to further privatise social security.

The 1st Mission Statement of the Beijing Platform reads: "The Platform for Action is an agenda for women's empowerment. It aims at removing all the obstacles to women's active participation in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making. ...Equality between women and men is a matter of human rights and a condition for social justice and is also a necessary and fundamental prerequisite for equality, development and peace." From an NGO viewpoint, there is great concern that there is currently

little emphasis on implementing and promoting equality within a framework of women's human rights. Especially on the labour market and at the workplace, we see a backlash with a strong impact on social security.

If you interested in the full report, please contact the National Council of German Women's Organization, Axel-Springer-Strasse 54a, 10117 Berlin, Germany, website: <http://www.frauenrat.de>.

Southern Europe (Belgium, France, Greece, Israel, Italy) Vice President Dr. Emilia Quattrocchi
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No information received by the secretariat:

North America (Canada, United States of America) Vice President Dr. Jean Fourcroy

Information received by the secretariat:

Canada

News from Dr. Shelley Ross

The Federation of Medical Women of Canada welcomes one of its newest members Dr. Alexandra Tcheremenska-Greenhill, who is the Director, Office of Leadership in Medicine at the Canadian Medical Association. Dr. Tcheremensa is arranging for the Training Manuals for Gender Mainstreaming in Health and Adolescent Sexuality to be displayed with the other CMA books at various CMA meetings."

U.S.A.

Report on the 90th Anniversary Meeting of the American Medical Women's Association from Dr. Shelley Ross, Immediate Past President MWIA

Washington, DC, was the site of the 90th anniversary meeting of the American Medical Women's Association. Many past presidents of AMWA were there to celebrate, including MWIA past-president, Dr. Lila Kroser, MWIA past vice-president, Dr. Anne Barlow, current MWIA vice-president, Dr. Jean Fourcroy and current MWIA national coordinator, Dr. Elinor Christiansen.

The theme of the meeting was Women at Work, the Xtra X Factor. The first keynote speaker was Dr. Marcella Fierro, the Chief Medical Examiner for Virginia, who spoke about Violence Against Women: Death in the Workplace. Author of "When Smoke Ran Like Water," Devra Lee Davis gave a keynote address on How the Environment Shapes Life, Death and Sex.

There was an excellent presentation on the history of the Presidents of AMWA. It is of interest that Esther Pohl Lovejoy, the founder of MWIA, was also President of AMWA from 1932 to 1933 and also President of the American Women's Hospital Association. She wrote two books, "Women Doctors of the World," and "Good Samaritans."

Latin America (Argentina, Bolivia, Brazil, Colombia, Mexico, Nicaragua, Panama, Peru)
Vice President Dr. Francy Reis da Silva Patricio

Information received by the secretariat:

Brazil

News from Dr. Francy Reis da Silva Patricio, VP Latin America

During the last months, Dr. Rosenberg and I were working on a book about the History of the Medical Women Brazilian Association that entry will be in next 8 March, Women's International Day at the Medical Association of Sao Paulo, during a ceremonial session.

Last December we organized a meeting about Violence against Women, which is an important problem in our and other countries. During 2005 we will continue to work on this serious topic. We also participated in the campaign "Help to Asiatic People", sending medical goods and medicaments to the Tsunami's survivors, organized by several medical entities of Sao Paulo.

Our Association is participating too in the campaign "Women of the Truth" with several feminine entities (lawyers, enterprises) in defense of the Ethic in our Country.

In my function as VP of the Latin America Region, I intend to meet with colleagues of the various Latin American countries at the next Congress in Acapulco and plan to work on similar problems of our countries.

On a personal level, I am an Adjoined Professor at the Department of Pathology at Universidade Federal de Sao Paulo, working in Pediatric Pathology, especially with the residents. My husband is retired and we have two children and one grandson.

Near East and Africa (Cameroon, Egypt, Ghana, Kenya, Nigeria, Sierra Leone, Uganda, Zambia)
Vice President Dr. Christine Biryabarema

Information received by the secretariat:

Nigeria

News from Dr. Valentine Ideh, National Coordinator Nigeria

NATIONAL EXCO MEETING

13th October 2005

This marked our first National Executive meeting following the 26th MWIA Congress in Japan and was had a pre-Conference meeting on Diabetes, Hypertension in Pregnancy and Obesity. It was well attended and was a bonus to members who were not able to be in Tokyo.

KADUNA BRANCH INAUGURATED

Since the inception of the New Executive we have tried to rejuvenate old branches that have not been active.

KADUNA Branch conceived the idea of MWAN 10 years ago and with loss of their fund in one of the distressed banks the objective was realized only last November. About 40 young doctors were present and prior to this a deworming exercise was held in Zaria where the Ahmadu Bello Teaching Hospital is located. The formal inauguration was held in Kaduna with Prof. Angela Okolo the National President and Dr. Tina Ideh in attendance.

Two Other States Oyo and Anambra State have become vibrant again and are channelling their efforts towards increasing the visibility of MWAN in their States

ENUGU STATE HOLDS ITS 25th ANNIVERSARY

The Enugu branch of MWAN held its 25th anniversary in Enugu in December 2004. It was a well publicized one week long activity during which the Doctors highlighted the activities of MWAN in the State. During the occasion they opened their Cancer Screening Centre formally.

RIVERS STATE – MWAN Rivers State have regularly held enlightenment campaigns in villages moving from one Local government area to the other they have had the backing of the First lady in their State. These are usually on breast cancers and they have taken Cervical smear from women for pap test provided free for those who would not be able to access this service.

LAGOS STATE – Lagos State MWAN held a workshop on Violence against Women in October 2004, it was well publicized and well attended.

OSUN STATE – This Branch has run a crèche regularly for the last few years. They assist younger doctors and other female staff of the Teaching Hospital. The Hospital provides the space while the mothers provided funds for caregivers.

<p>Central Asia (India, Thailand) Vice President Dr. Pattariya Jarutat</p>

Information received by the secretariat:

News from Thailand by Dr. Pattariya Jarutat, VP Central Asia

The new executive committee was elected in October 2004, for the second years term. Dr. Suwanee Raktham was elected the new president while the two vice presidents are Dr. Porapan Bunyarataban and Dr. Prapaipan Subhachaturas, the secretariat is Dr. Chamaree Chuapetcharasopon, Dr. Pattariya Jarutat works as the new National Coordinator and the international affairs.

The new executive committee is working hard for the best of their new office which had to be re-constructed in the more suitable area nearby the former, herewith will be changed to the business center owned by the charity organization.

The strategic plan for the new term had been set up.

- 1 To promote the interest of Thai female doctor for entering the membership of association. We are highly concerned for the low increase of the association member and not much participated in activity.
- 2 To plan for the fund raising activity, for compensation with the very low interest rate.
- 3 To propose the service projects of health promotion for the senior females as well as the project for cervical and breast cancer screening for Bangkok and satellite province citizens in continuation, the health education always added in documents.
The evaluation performed at the end of each year.

For the current situation, TMWA decides to help the medical facilities in the South where a big group of female doctors also works there in the insurgent towns and the disaster provinces. Among the four prominent and excellent woman doctors nominated in 2004, one has been working as the hospital director in the dangerous southern town for years. The volunteer teams in emergency until rehabilitation have female doctors mostly. Dr. Jarutat who works at Sirindhorn National Medical Rehabilitation Center is collecting data of the disabled persons and prepares for the mobile PO workshop in April to serve those amputees, victims of the TSUNAMI disaster.

While our great friend, Dr. Pornthip Rojanasunant who founded the institute of Forensic Science are still working in the fourth week for the disaster victim identification since the crisis started until now, with her strong intention to bring each body back home to his/her family.

<p>Western Pacific (Australia, Japan, Korea, Mongolia, Philippines, Taiwan ROC) Vice President Dr. Kyung Ah Park</p>

No information received by the secretariat:

5. WEBSITES OF NATIONAL ASSOCIATIONS

Australia	http://www.afmw.org.au
Belgium	http://www.mwab.be
Canada	http://www.fmwc.ca
Denmark	http://www.quindoc.dk
France	http://www.affm.org
Germany	http://www.aerztinnenbund.de
Iceland	http://www.fkli.is
Italy	http://www.donnemedico.org
Japan	http://www.jade.dti.ne.jp/jmwa
Korea	http://www.kmwa.org or www.kmwa.or.kr
New Zealand	http://www.nzmedicalwomens.co.nz
Sweden	http://www.klf.se
Switzerland	http://www.medicalwomen.ch
Uganda	http://www.auwmd.org
United Kingdom	http://www.medicalwomensfederation.org.uk
United States of America	http://www.amwa-doc.org

6. OBITUARY

Dr. Marjorie Braude, U.S.A.

It is with great sadness that we report that Dr. Marjorie Braude died on Monday, February 7, 2005, due to complications from surgery. Dr. Braude was a pioneering physician and a tireless advocate for social welfare issues. In particular, she will be remembered for her courageous work to prevent and stop domestic violence, and to educate other physicians to recognize and intervene to protect patients and their families from abuse. She was a familiar face at the MWIA meetings in Sao Paulo, Sydney and Tokyo. In addition to her medical work, she was a philanthropist and had previously kindly donated to MWIA.

All members of MWIA deeply regret the tragic loss of Marjorie Braude.

7. MISCELLANEOUS

Dr. Sorosh Roshan received a Doctorate of Science Degree

Dr. Roshan, founder and President of the International Health Awareness Network (IHAN) which has worked to improve the health of women and children in several countries, and one of our UN representatives, was awarded Honorary doctorate from the Lehman College on June 3, 2004. Congratulations to Dr. Roshan!

For more information about IHAN please go to <http://www.ihan.org>.

Dr. Waltraud Diekhaus received a nationally recognized award

Dr. Diekhaus received one of the highest nationally recognized decorations (Bundesverdienstkreuz I. Klasse) for outstanding voluntary service. The official ceremony, during which the decoration will be awarded by the Health Minister, takes place in Dusseldorf on 8 April 2005.

II. ORGANISATIONS

1. UNITED NATIONS (UN)



Reports and Extracts from Publications

UNIFEM Releases a New Publication in Lead Up to Beijing+10

United Nations, New York - A new publication - "**Pathway to Gender Equality: CEDAW, Beijing and the MDGs**" - examines the gender equality dimensions of the Millennium Development Goals (MDGs) through the lens of two important global processes: the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the implementation of the 1995 Beijing Fourth World Conference of Women.

The publication draws on the wealth of information and experience on gender equality issues that CEDAW and Beijing already provide, suggesting that this be used to complement the MDG agenda. It identifies specific ways in which the three frameworks correspond to and support each other, and suggests resources and entry points for engaging in the process.

"Pathway to Gender Equality" was produced by the United Nations Development Fund for Women (UNIFEM) in partnership with the German Federal Ministry for Economic Cooperation and Development (BMZ) in anticipation of the ten-year review of progress in implementing the Beijing Platform for Action, commonly called Beijing+10.

The Beijing+10 review takes place at the 49th session of the UN Commission on the Status of Women (CSW) in March 2005. The CSW meeting is the final stage in a series of regional meetings held across the globe in 2004 to comprehensively assess progress towards achieving gender equality and women's empowerment in the last decade, while also identifying current challenges and the best forward-looking strategies to meet these.

"Pathway to Gender Equality: CEDAW, Beijing and the MDGs" can be found at:
http://www.unifem.org/index.php?f_üage_pid=216

2. WORLD HEALTH ORGANIZATION (WHO)



A personal invitation to celebrate World Health Day

by Dr. LEE Jong-wook, Director-General, World Health Organization

2005 is a critical year for maternal, newborn, and child health, when WHO 's flagship day and report focus on this important theme. On 7 April 2005, World Health Day and the World Health Report will highlight the invisible health crisis which results in the deaths of women having babies, and of young children.

We have an opportunity to focus global attention on what should be obvious: every mother; and every child, counts. They count because we value every human life. The evidence is clear that healthy mothers and children are the bedrock of healthy and prosperous communities and nations. Each year more than half a million women die from pregnancy-related causes and 10.6 million children die, 40% of them in the first month of life. Almost all of these deaths are in developing countries. Many could be prevented with well-known interventions, if only they were more widely available. In establishing the Millennium Development Goals four years ago, the international community made a commitment to reducing maternal deaths by three quarters, and reducing child mortality by two thirds, by the year 2015.

Message for World Health Day 2005

Globally coherent messages will have the greatest impact. So, whatever form of event you are planning to host on World Health Day 2005, please orient your activities around the following key messages:

1. Too many mothers and children are suffering and dying each year.
2. Healthy mothers and children are the real wealth of societies.
3. Millions of lives could be saved using knowledge we have today. The challenge is to transform this knowledge into action.
4. In order to make a difference, we must all join forces and act. Together we can do it. Each one of us has a role to play.

For further details go to <http://www.who.int/world-health-day>

Indoor Air Pollution- The killer in the Kitchen

Joint Statement WHO/UNDP/5

Geneva -The World Health Organization (WHO) and the United Nations Development Programme (UNDP) marked World Rural Women's Day on 15 October 2004 by drawing attention to indoor air pollution -one of the major causes of death and disease in the world's poorest countries. While the millions of deaths from well-known communicable diseases often make headlines, indoor air pollution remains a silent and unreported killer. Rural women and children are the most at risk. Thick acrid smoke rising from stoves and fires inside homes is associated with around 1.6 million deaths per year in developing countries -that's one life lost every 20 seconds to the killer in the kitchen.

Nearly half of the world continues to cook with solid fuels such as dung, wood, agricultural residues and coal. Smoke from burning these fuels gives off a poisonous cocktail of particles and chemicals that bypass the body's defences and more than doubles the risk of respiratory illnesses such as bronchitis and pneumonia.

The indoor concentration of health-damaging pollutants from a typical wood-fired cooking stove creates carbon monoxide and other noxious fumes at anywhere between seven and 500 times over the allowable limits.

Day in day out, and for hours at a time, rural women and their children in particular are subjected to levels of smoke in their homes that far exceed international safety standards. The World Energy Assessment¹ estimates that the amount of smoke from these fires is the equivalent of consuming two packs of cigarettes a day - and yet, these families are faced with what amounts to a non-choice -not cooking using these fuels, or not eating.

Rural women and their families also pay a high economic price for keeping the fire burning. Up to three mornings a week are spent collecting fuel such as wood. This perpetual toil denies poor rural women the chance to be more productive through paid work that would raise their family's income, improve the standard of living and enhance their nutritional and health status. And in the crisis-stricken Darfur region of Sudan, the chore has taken on a perilous dimension following the rape, kidnap, beatings and murder of women leaving refugee camps to search for wood.

¹ The World Energy Assessment is a joint publication of UNDP, the UN Department for Economic & Social Affairs and the World Energy Council

From “Ageing Society” to “Aged Society”

out of the Ageing and Health Technical Report Volume 4, by Professor PENG Jing; Deputy Director-General, Shanghai

Population ageing is a common issue for all countries of the world. Both developed and developing countries are moving from being "ageing societies" (where 7% of the population is over 65 years of age) to becoming "aged societies", defined as a society in which 14% or more of the population is over 65 years of age. The increase in the proportion of the ageing population has accelerated in recent years, with only differences in speed and degree between countries. The transition from an "ageing society" to an "aged society", took 85 years in Sweden and 115 years in France, but only 22 years in the city of Shanghai, from 1979 to 2001.

The ageing trends and process in Shanghai can be considered representative of most developing countries where population ageing has appeared at an early stage, when the economy is still very weak and unprepared for such rapid demographic change. As a result, population ageing has posed an enormous challenge for sustainable socio-economic development. How to tackle the problems associated with population ageing on the one hand, and the need for socio-economic development on the other, has become of immense concern for the city, as for all countries.

3. WORLD MEDICAL ASSOCIATION (WMA)



The World Medical Association elected a **new Secretary-General, Dr. Otmar Kloiber**, former Secretary in charge of administration of the German Medical Association. He is the successor to Dr. Delon Human from South-Africa and assumed office at the beginning of this year. Kloiber's secretariat will remain in Ferney-Voltaire, France, which is located near Geneva, Switzerland.

The WMA is pleased to announce the publication of the online and print versions of its **Medical Ethics Manual**. The print version is available in limited numbers from the WMA Secretariat. A Japanese translation has been completed and is being prepared for distribution by the Japan Medical Association. Spanish and French translations are underway and it is hoped that other language editions will be produced.

The WMA is very interested in hearing the reactions of readers to the Manual. Whether you are a practising physician, a medical student or a teacher of medical ethics, please let us know by email, regular mail or fax whether the Manual in its present form meets your needs and how you think it can be improved in future editions. In addition, we would like to know whether you see a need for additional ethics resources from the WMA, and if so, on what topics.

The WMA Medical Ethics Manual can be viewed and downloaded from the WMA website (www.wma.net)

4. INTERNATIONAL HEALTH AWARENESS NETWORK (IHAN)

Disease Knows No Borders

from the IHAN newsletter, Volume 16, by Dr. Sorosh Roshan, President of IHAN

The gap between medical services and technologies in the developed and developing worlds has widened to a degree that can no longer be bridged. However, the gap is not a wall and will not protect first world citizens from the diseases of the poor.

In the developed world the advances in modern medicine are outpacing the ethical parameters that guide the medical community and public. Medicine has pushed the public already beyond the point of familiarity with advances in reproductive sciences, genome mapping, and stem cell research. The controversy in the first world centers on whether we will fully exploit our scientific capacities in light of the multiple and controversial uses of new medical capabilities.

However, in the developing world, medical progress is moving backwards. Nearly eradicated infectious diseases such as tuberculosis, malaria and small pox are resurfacing. HIV AIDS and other sexually transmitted diseases are decimating communities. Infant mortality and pregnancy-related complications are persisting. The outlook is bleak.

We are mistaken if we believe that our fates are not linked. Disease knows no borders. With the high mobility of our populations and economic interdependencies, first and third world diseases and people are mixing. SARS, chicken flu, mad cow disease are only the most recent and publicized examples of the porous nature of geographic boundaries when it comes to disease. War, violence, economic migration are increasing the trafficking in people and illnesses. Moreover, over-use and misuse of medicine in developed countries has only invigorated viruses and bacteria. Therefore, health problems in the developing world that remain unaddressed spread to all corners of the globe. We can not be indifferent to the plight of the developing world not only because of the obvious moral imperative, but also due to our increases medical vulnerability to diseases that we wrongly assume no longer affect us.

5. INTERNATIONAL WEBSITES AND PUBLICATIONS

PUBLICATIONS- WEB SITES

HUMAN RIGHTS CARTOON BOOKLET

On Human Rights Day, 10 December 2003, the World Health Organization (WHO), in collaboration with the United Nations Joint Programme for HIV / AIDS (UNAIDS) and the United Nations Office for the High Commissioner for Human Rights (OHCHR), launched a colourful, interactive cartoon booklet. The cartoon is designed to empower young people to promote human rights in relation to HIV/ AIDS by combating myths and taboos associated with HIV and AIDS.

The cartoon can be viewed at the following web sites: UNHCR (<http://www.unhchr.ch>), UNAIDS (<http://www.unaids.org/en/default.asp>) and WHO (<http://www.who.int/en/>)

WOMEN IN WHITE –

the European outlook is a book about women doctors in Europe, a group generally described as belonging to a privileged strata of the population.

Indeed, in many ways these women are leading privileged lives. But in this book the reader might also draw other conclusions, perhaps being surprised that society has not yet come further in creating a working environment where equal opportunities for women and men exist.

This book is aimed at policy- and decision-makers, at the general public and at doctors of both sexes.

The women doctors in this book are all very successful. But in the world of academic medicine, many women have gone on sick-leave usually diagnosed as being depressed without understanding why. At the university hospital in Stockholm, middle-aged women doctors are 6 times more likely to be off-sick than their male colleagues while sick-leave among doctors in primary healthcare is gender- neutral. I argue that it is the academic structure in this environment that makes women sick. Dominant male professors who often control vast sums of research and development funds continue to put up strong resistance to change. And it is only the decision-makers, the politicians, who can make a real difference.

Order information:

This book is distributed by Seelig to the bookshops and internet sites in the Nordic countries. For people in other countries we recommend the internet-site of Akademibokhandeln, www.akademibokhandeln.se

Look in the left corner; Info in English; click on -Almqvist & Wiksell; International General business terms and then click on - export@clty.akademibokhandeln.se and write your order.

Editor: Brigitta Evengard, Publisher: Stockholm County Council, ISBN: 91-631-5716-0

NEW WORLD REPRODUCTIVE HEALTH STRATEGY

The World Health Assembly, at its meeting in Geneva in May 2004, has adopted WHO's first global strategy on reproductive health. The strategy targets five priority areas including maternal and newborn health, family planning and sexually transmitted infections.

This will contribute to the renewed focus on maternal and newborn health.

The website address is http://www.who.int/reproductive-health/A54_13_en.pdf

WIDOWS' RIGHTS INTERNATIONAL (WRI)

WRI is a small UK based, non-profit, non-governmental organization founded in 1996.

Its aims are **to raise awareness and understanding** of the problems encountered by widows in developing countries and post-conflict areas, **promote the status of widows' rights** on the international human rights agenda and to **assist organizations** in developing countries which support widows in fighting for their rights.

For further information please go to <http://www.widowsrights.org>

CALENDAR OF FORTHCOMING UN MEETINGS

An updated calendar of UN meetings of interest to NGOs in consultative status, and other NGO-related information, is available on the NGO Section's Internet home page at the following address: <http://www.un.org/esa/coordination/ngo>

CHART OF THE PRINCIPAL ORGANS OF THE UN SYSTEM

The website address is <http://www.un.org/> or <http://www.un.org/aboutun/chart.html>

VACANCIES OF THE WHO

Current employment opportunities can be found under: <http://www.who.int/per/vacancies>

III. ANNOUNCEMENTS

THE GLOBAL FORUM FOR HEALTH RESEARCH announces a **call for abstracts** of presentations for its 2005 annual meeting

Forum 9, Mumbai, India, from 12 to 16 September 2005 with the theme: Poverty, equity and health research.

The deadline for receipt of abstracts is 31 March 2005. For details and submission, please see our website at www.globalforumhealth.org/forum%209/001-programme.php

The Global Forum for Health Research is an independent international foundation promoting more health research to combat the neglected diseases and conditions that are major sources of ill health in developing countries and to reduce other inequities in health and health research. Its annual meeting provides the opportunity for presentations and exchange of views on key issues on the global health agenda. Participants from a broad range of constituencies are expected to be present: health and development ministries, multilateral and bilateral agencies, research-oriented bodies and universities, NGOs and civil society, the private sector, the media. For more information please look under website: www.globalforumhealth.org

COMPTON FOUNDATION - REQUEST FOR INTERNATIONAL PROPOSALS -YEAR 4 (2005)

The Compton Foundation is now accepting international proposals for Year 4 of its Emergency Contraception Initiative. Proposals for work in Mexico, Central America and Sub-Saharan Africa are invited and **must be received by April 15, 2005**. \$450,000 will be awarded in international grants in 2005. The foundation will only consider proposals that meet the criteria spelled out in the RFP. For further information please go to http://www.comptonfoundation.org/proposal_outline.php or contact Francine Coeytaux at fcoeytaux@earthlink.net.

IV. ACKNOWLEDGEMENT

MWIA would like to thank the following sponsors for supporting the Executive Committee Meeting:

Park Inn Hotel (www.parkinn.de)

DASA (German Occupational Safety and Health Exhibition, www.baua.de/dasa/l_dasa_eng.htm)

Hoevels Brewery (www.hoevels-hausbrauerei.de)

Casino Hohensyburg (www.westspiel.de/content/hohensyburg/000Welcome.php)

The next Update will be published in July 2005.

Please send us your reports, comments or any other interesting information by 30 June 2005 at the latest.

Letters to the editor are always welcome.

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