

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

MWIA



Update

(Amended Edition)

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I. MWIA



1. PRESIDENT'S MESSAGE

Dr Gabrielle Casper

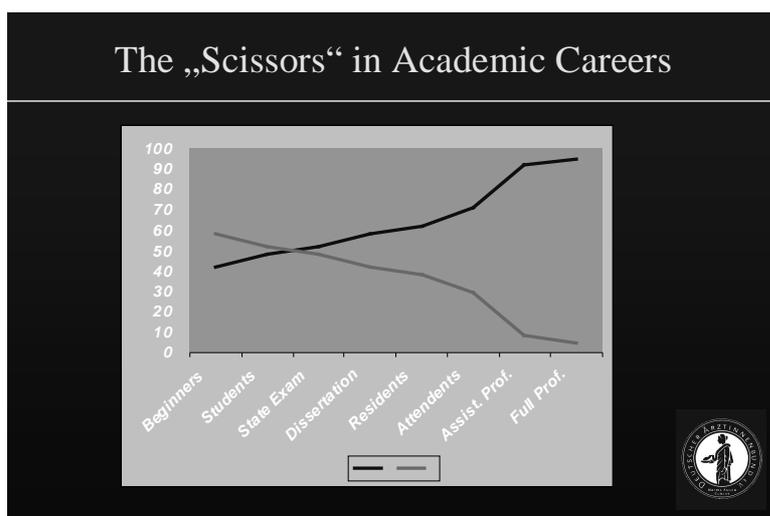
Seasons Greetings!! I hope this newsletter finds you in good health and spirits as we look towards the new year. MWIA has enjoyed a fabulous year with many excellent Regional Meetings and increased visibility thru our web site and has much planned for 2007.

1) XXVIII° Congress of the Pan American Medical Women's Alliance

In October I attended the XXVIII° Congress of the Pan American Medical Women's Alliance (PAMWA) in Buenos Aires. The congress was very successful due to the enormous effort of the organising committee and in particular Dra. Kumiko Eiguchi de Palmero, President of PAMWA and Dra. Dora Vilar de Saráchaga, President of the Medical Women's Argentine Society.

It was a very stimulating meeting with varied scientific presentations viewed with a gendered lens. I particularly enjoyed the Leadership workshop where Dra Brígida Alvarez from Mexico presented and the audience participated in demonstrations of "pasivo, asertivo and agresivo"!! Even with out speaking Spanish I could tell from the manner of body language across the room the doctors were much better at portraying "asertivo" and "agresivo" rather than "pasivo"!

I had the pleasure of my own "personal interpreter" – Dr Paula Carestia, a young doctor who made every lecture come to life and certainly knew how to engage the audience when she translated my talks. In fact I think it was her enthusiastic interpretation that earned me the cudosi!!



One of my favourite PowerPoint slides used in my talk about leadership for medical women was in fact given to me by Dr Marianne Schrader from Germany and is on the MWIA web site. It depicts the situation in Germany, however is applicable to many countries. On the left side you see the majority of students are female represented by a pink line compared with male medical students in the blue line. But look what happens along their

career. The right side shows the number of male vs female professors - hence she has called the situation "the scissors in academic careers".

I had the pleasure of passing on the executive's thanks to members who have worked hard for MWIA such as Dr. Nadir E. Valverde Barbatos de Prates (Brasil) and Dr. Rebeca Kuniyoshi (Perú). Oops now I have started to name names and in all honesty there are many many doctors who attended this meeting who have given greatly to MWIA and also extended kindness to me during my stay – it is probably easier to say they know who they are and I do thank them.

One of the most enjoyable times was the “Typical Night” where the doctors wore national costumes and danced and sang and I believe the atmosphere was electric! At no other congresses have I seen this tradition that is so characteristic of MWIA meetings and such a great way for us to share our cultures. The congress finished on a “high” and I hope some of the talks will be translated into English and available on our web for all to share soon.

2) WHO meeting on Integrating Gender into Health Curricula

A few days ago I returned home from participating in the WHO meeting on Integrating Gender into Health Curricula organised by Dr Claudia Garcia-Moreno, Coordinator Gender, HIV/AIDS and Violence, Department of Gender, Women and Health, WHO, Geneva. The purpose of the meeting was to:

- review different approaches used in integrating gender into the curricula of health professionals to identify strengths and weaknesses
- develop consensus on the most effective proposed strategies and modalities for implementation of these approaches
- identify existing materials that can be shared
- develop recommendations based on the findings, including how WHO can support the process of integrating gender into health curricula

It was the best meeting I have attended on curriculum. The delegate selection was excellent with a great variety of skills across the room and also there were many WHO staff - all keen to share their knowledge and experiences from their regions. I am now inspired more than ever to integrate gender into the undergraduate and post graduate medical courses across Australia and hopefully will be able to share the experience with other academics. I was fortunate in that two other Australian's were invited to the meeting Prof Deb Coleville and Dr Jo Wainer who assisted with the MWIA gender manual and also several MWIA members and all were keen to share their success stories with curricula.

In the last Update you saw that Dr Shelley Ross was also invited by the WHO to a meeting on gender – in her case in Salzburg organised by Dr Peju Olukoya. Shelley also is very enthusiastic about our links with WHO and we both hope these networks will be strengthened in the future.

3) Leadership for Medical Women

MWIA is trying to satisfy the needs of a great variety of doctors across the globe and one of these is certainly to build their capacity to reach their full career potential. With this in mind we have been sharing knowledge and adding items to the section on our web site titled “Issues for Women Doctors”.

Dr Diane Magrane, Associate Vice President for Faculty Development and Leadership Programs, Association of American Medical Colleges recently sent us some useful links for advancing our leadership skills. They will be up on our web page soon but here is a preview:

AAMC Women in Medicine programs www.aamc.org/members/wim describes women faculty development programs and benchmarking statistics for medical faculty as well as links to potential models for leadership programs.

AAMC Faculty Vitae www.aamc.org/facultyvitae is a web based publication that provides articles, leadership program models, and case based discussions of basic leadership skills such as mentoring, negotiation, communication skills and CV development. All articles are stored and cataloged in the archives. Each article has links to sites related to the topic

For an excellent site on gender schemas and "cumulative disadvantage". check out Virginia Valian's site at <http://www.hunter.cuny.edu/gendertutorial/>

We are very grateful for information that will assist our members and are keen to place it on our web for easy access for our members.

4) 2007 UN Commission on the Status of Women (CSW).

MWIA has for many years been active at this meeting and certainly will be once again next year. The themes for 2007 are ***the elimination of all forms of discrimination and violence against the girl child*** and ***the role of men and boys in achieving gender equality***, and issues of concern in these and related areas which require ongoing action.

Several of our members will be attending this meeting. We are extremely fortunate as Dr Satty Keswani for many years has attended UN meetings on our behalf and has built many strong bridges with staff at the New York headquarters and once again this year is organising a MWIA workshop. Please would any members interested in contributing or keen for us to raise issues of concern contact the secretariat as soon as possible as we will be finalising the program soon.

Our association survives due to the dedication of our members working at the national level and also the skills, expertise and enthusiasm of the Executive Committee and our Secretariat, including Dr Waltraud Diekhaus, Ms Ute Hoffman and Ms Marita Poehner. I would like to thank everyone involved and wish you a safe and prosperous New Year.

2. LETTER FROM THE SECRETARY- GENERAL

Dr Waltraud Diekhaus

Dear colleagues,

The Secretariat runs smoothly as always. The three of us are not only occupied with the day-to-day business, with preparing the different congresses and meetings, but also with planning the future, i.e. the move of the Secretariat and the implications resulting therefrom.

It is a strange feeling that this is the last "Christmas Update" from Dortmund, Germany, because next year at this time the Secretariat will most probably be in Canada.

Let me point out some issues or events: I think all of us are pleased that from 1 January 2007 the World Health Organisation will again be led by a woman, Dr Margaret Chan from China. This is the second woman at the top of the WHO after Gro Harlem Brundtland who had this position from July 1998 – July 2003. We have already congratulated Dr Chan on her appointment on behalf of all of you.

We have also contacted Dr Chan asking her to amend the WHO Definition of Health. (You will read more about that under "WHO").

Another good news is the endorsement of a UN High Level Panel to create for the first time a United Nations Women's Agency. Kofi Annan, UN Secretary-General, is expected to ask the

General Assembly to adopt this proposal before his term ends on Dec. 31. The Agency would be a full member of the UN national country teams with a stable core-funding and a specialised staff. The Executive Director of the consolidated entity should have the rank of Under-Secretary-General, and would report to ECOSOC (the Economic and Social Council) and the General Assembly through the Secretary-General.

Furthermore, I would like to tell you that I was elected to the Board of the European Women's Lobby (EWL) at the General Assembly in Prague in October.

Should I be elected MWIA Vice President of Central Europe in 2007, this would perfectly fit my task at the EWL. After all, the EWL represents more than 4000 European women's organisations in their struggle to achieve equality between women and men and to ensure that Gender Mainstreaming is applied to all aspects of life.

I would also like to mention that we have written to the World Medical Association to propose a joint policy and have asked them to publish two statements. (more under "WMA"). Unfortunately we have not yet received a reply.

Moreover, MWIA is currently exploring possibilities for a stronger network and a more intensive collaboration with some other women's organisations to share joint accomplishments and common goals in the future. At the moment we are just deepening our contacts with the International Federation of Gynaecology and Obstetrics (FIGO) and the World Organization Of Family Doctors (WONCA). You will find the respective websites on page 25.

Once again, I would like to draw your attention to our congresses. Please note that the dates of the MWIA Southern European Regional Congress in Rome were changed. Besides, don't forget to make your plans for Accra/Ghana in due time.

Last but not least: If you have passed any resolutions in your country which are also relevant for MWIA, please send these resolutions to the MWIA Ethics & Resolutions Committee via the MWIA Secretariat.

I am sending you my very best wishes for a happy and peaceful holiday season. May the love and warmth that is all around us at this time of the year fill your hearts with joy.

Take good care of yourselves!

Messages from the Secretariat

We wish to remind you that the Secretariat will be closed over the holidays, from 20 December until 29 December 2006. We would like to take this opportunity to thank all of you who have helped and supported us during the past year and we are looking forward to an ongoing good co-operation.

Season's Greetings to you all

Addresses

Please remember to let us know any address changes. This will facilitate our work greatly. As e-mail is becoming a preferred method of communication in our organization, please do not forget to let us know your e-mail address(es).

Subscription

The new financial year will be from 1 July 2006 – 30 June 2007. Reminders for outstanding dues and the new invoices will be mailed shortly. However, it would be very much appreciated if you sent your dues without request.

New telephone and fax numbers for the MWIA Secretariat

Due to new telephone equipment provided by our landlord, the MWIA Secretariat will have a slightly different telephone and fax number from 1 January 2007.

Telephone number: +49 231 9432 3771 or 3772

Fax Number: +49 231 9432 3773

3. CALENDAR OF FORTHCOMING EVENTS

MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS

2007

20 – 25 January 2007 - Nairobi, Africa

World Social Forum (WSF).

For further information please look at <http://www.wsf2007.org/>

21 – 28 January 2007 - Brussels, Belgium

European Cervical Cancer Prevention Week (ECCA)

For further information please look at www.ecca.info

27 – 28 January 2007 – Mumbai, India

Association of Medical Women in India - Centenary Congress

Theme: "Women's Empowerment through Health"

Sub themes: Menopause, Family Welfare, Paediatrics, Genetics, Tropical Diseases including STD and HIV.

Any member is welcome to read a paper on any of the above subjects. For further information, please contact Dr Dinoo Dalal at e-mail: dinoodalal@hotmail.com

26 February – 9 March 2007, New York, USA

Commission on the Status of Women (CSW) annual meeting

Priority topic: "The elimination of all forms of discrimination and violence against the girl child."

8 - 11 March 2007 - Rome, Italy

Second World Congress on Sex and Gender-Specific Medicine

Theme: The Endocrine Impact

Venue: Atahotel Villa Pamphili

Further information at: www.gendermedicine.com

22 – 25 March 2007 - Orlando, USA

MWIA North American Congress of Women in Medicine

Theme: Future Issues and Dilemmas in Medicine

Venue: Disneyland, Orlando, Florida

Walt Disney World Swan in Lake Buena Vista, Florida

To learn more about the Walt Disney World Swan go to www.swandolphin.com/

18 – 19 April 2007 – Quebec, Canada

International Conference on Sexual Violence

Theme: “Promising strategies for diverse needs”

For further information please look at <http://www.civs2007.org>

!Attention: change of date!

20 - 22 April 2007 - Rome, Italy

MWIA Southern European Regional Meeting

April 2007 - Denmark

The Danish National Observatory on Violence against Women is going to hold a conference on sexual violence

14 - 23 May 2007, Switzerland

60th World Health Assembly, Geneva

14 – 16 June 2007 – Bangkok, Thailand

4th Central Asia Regional Congress, MWIA-TMWA

Theme: “Women in Medicine, Contribution to Society”

Sub-themes: Perspective of Health and Social Situation of Women in Different societies.

Violence in Women and Children: Causes and Consequence

Child Rearing Practices: Belief and Cultural Differences in Gender Perspective

Medical Women: Roles, responsibilities and participation for better societies.

Congress Venue: Ramada Bangkok Hotel

24 – 27 July 2007, Singapore, Malaysia

18th WONCA World Conference

Theme: “Genomics and Family Medicine”

Please visit the website at <http://www.wonca2007.com> for information about abstract submission, registration, accommodation, etc.

31 July - 4 August 2007 - Accra, Ghana

XXVII. MWIA International Congress

Venue: La Palm Beach Hotel, Accra

Theme: “Women in the world of medicine”

For further information please look at <http://www.mwiainghana.org>

17 – 20 September 2007 – Belgrade, Serbia

WHO Regional Meeting for Europe

3- 6 October 2007 – Copenhagen, Denmark

58th General Assembly of the WMA.

Further information at <http://www.wma.net>.

25 – 27 October 2007- Sydney, Australia

International Doctors' Health Conference

Theme: Wellbeing

For further information please look at <http://www.doctorshealthsydney2007.org>.

Anyone wishing to present a paper or to attend the conference is invited to register their interest on the website: <http://www.doctorshealthsydney2007.org>

2008

Planned 2008 - Australia

MWIA Western Pacific Regional Congress

3 – 6. September 2008 – Malmö, Sweden

Northern European Regional Congress

Theme: Bridge the Gender Gap

October 2008 – Seoul, Korea

59th General Assembly of the WMA

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



Northern Europe (Denmark, Finland, Iceland, Norway, Sweden, United Kingdom)
Vice President Dr Vibeke Jorgensen

Report on the Medical Women's Federation

by Dr Dorothy Ward (National Co-ordinator Medical Women's Federation)

MWF Council met in the British Medical Association House, London under its new Constitution. The President Melanie Davis was in the Chair. The meeting was attended by the Officers, Council Members from the various regions of UK and the NC and Editor. A number of observers from MWF membership were present.

The President reported that the Flexible Training and Careers scheme in the past few months has proved disappointing as, although it had been introduced in November, 2002 and had proved very successful the Department of Health had devolved the scheme to Strategic Health Authorities and, as they did not "ring fence" the funding this scheme had disappeared. The MWF have appealed against this directly and through MWF's representatives on British Medical Association (BMA) Committees but they have been rebuffed by the Department. MWF, BMA and Royal Colleges have expressed great concern that women are under represented in Academic Medicine and a major survey is being undertaken.

The Honorary Secretary spoke of the demise of the flexible training scheme despite MWF & BMA's great efforts. Evidence on this issue will be presented to the House of Commons Select Committee and members of Parliament will be lobbied. Action is continuing to redress the anomaly present for the last 18n years whereby women doctor's contributions to their pension do not count towards widower's pension in contrast to a male doctor and his widow.

The Treasurer reported that 38 mature women students had received grants and prizes would be given to medical students as well as funding for their electives.

Information regarding the Congress in Accra was highlighted in the International Report and around 20-30 members have expressed interest. We are awaiting information about the available post congress tours from Ghana but the web site has proved unhelpful.

Council also discussed the business of the 27th General Assembly, August, 2006.

Concern was expressed that the MWIA Executive motion on medical students to be proposed was likely to be defeated. It was agreed that MWF would take a positive stand by submitting a new motion rather than speaking against the Executive motion.

Reports were given by MWF members on BMA Committees highlighting problems and challenges to women doctors.

Amendments are being made to the new Constitution which will be discussed/approved at the next Council Meeting in May, 2007 and sent to the MWIA Secretariat thereafter.

The next Council Meeting will be held in Cardiff. In November, 2007 the meeting will be held in London when MWF will celebrate its 90th Birthday.

A scientific symposium was held on the day prior to Council, 10 November and attended by over 80 members. The topic was "Women in Leadership Roles". The keynote speaker was Professor Parveen Kumar, President of the BMA and co-editor of "Clinical medicine" the most widely used medical text book. There were several abstracts presented on leadership roles, informing medical students of their career choices, the Caesarean Section Epidemic, the Academic Obstetrician and Elizabeth Garrett Anderson, Sophia Blake and Leadership Style. Several Workshops were held on related subjects. A final contribution on forced marriages, honour killings, honour based violence among South Asian Women was extremely interesting.

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

Report of the Austrian Medical Women's Association

by Dr E. Schratzberger-Vécsei (President Austrian Medical Women's Association)

On the 11th of November, the Austrian Medical Women's Association held its second meeting in Vienna. Again the topic was "The Woman in the World of Medicine". Dr. A. Bühren, President of the German Medical Women's Association came as a special guest and inaugurated the meeting together with Dr. G. Harrer, the Austrian president.

This year the first theme was "Power and Medicine". Mag. H. Fuchs and Dr. E. Schratzberger-Vécsei presented an interview study with leading female doctors in Austria. This study was initialised by the Austrian Medical Women's Association. The questions were about how these leading female doctors came into power, what helped them, what made it difficult – and how they deal with their power. A highlight was the lecture on the "light and the dark side of power" held by Mrs. C. Bauer-Jelinek. She especially dealt with the problems women often have with power. Gender specific medicine was the theme of the second part of the meeting. Dr. S. Sieghart gave an update about diagnosis and therapy of osteoporosis. Dr. A. Ciresa-König and Dr. C. Rainer-Lawugger spoke about the often neglected problem of postpartal depression. After lunch there was the possibility to participate in a workshop on the foundation of one's own ordination. As the meeting was very successful we already are about to plan the themes for the next year.

Georgia - MWIA awards Certificate of Appreciation

The Medical Women's International Association awards a Certificate of Appreciation to Professor Archil Khomassuridze of Georgia for his outstanding contribution concerning the health and well-being of humanity. His dedication and commitment to promote health for all throughout the world with particular interest in women, health and development is highly recognised.

After having met former MWIA Secretary-General, Dr Carolyn Motzel, in Cape Town in 1988, he proposed and helped establishing the Georgian Medical Women's Association.

Professor Khomassuridze is the Director of the Institute of Human Reproductology of Georgia and also involved in projects of WHO and UNWPF.

The certificate will be presented to him personally by the Vice President of the Central European Region, Dr Nino Zhvania.

HPV Vaccination in Germany

contributed by Dr Waltraud Diekhaus (Secretary-General MWIA)

The HPV vaccination will be one of our main topics in the near future. I would also like to draw your attention to pages 13 and 23. In this context I can report that one of Germany's compulsory health insurance companies has just agreed to take over the costs for cervical cancer vaccination for young girls age 11 to 18.

In Germany there are about 6500 new cases of cervical cancer each year; for almost every second woman the diagnosis is fatal (more under EWL).

Southern Europe (Belgium, France, Greece, Israel, Italy)

Vice President Dr Emilia Quattrocchi

Report of the French Medical Women's Association

by Dr Marie Dominique Ghnassia, (President French Medical Women's Association)

The French Medical Women Association (AFFM) initiated yearly *Days for Women Health*. The First Day took place at the UNESCO Headquarters on October 24 2006.

This event was sponsored by our Health ministry, Mr. Xavier Bertrand. The conference debate with general public focused on:

- Fifty years old and so what! Play in or surrender!
- Menopause today
- Hormone replacement therapy in postmenopausal women - Resources for health and femaleness.

Professor Georges Haddad, Director of the Division of Higher Education at the UNESCO explained that questions relative to women are priorities especially for countries where women are socially marginalized. Health issues of women linked to access to education, to work or to leadership is a lasting concern.

Doctor Michèle Barzach who is both a gynaecologist and a past health ministry acted as great witness.

She declared: «Concern with menopause - that is to say supporting women with menopause and preventing its risks- is currently an important stage to improve health and vitality of women».

Brigitte Fanny Cohen, the reporter who conducted debate deemed that the repercussion due to the uncertainty on the benefits of Hormone Replacement Therapy in postmenopausal women was beneficial. She said that the null risk did not exist in medicine should not be forgotten and that before receiving a medication especially with no vital need patients should be informed on its risks.

Marie Dominique Ghnassia, the AFFM president, called every health provider: «to inform women but not to forget to listen them». She insisted on the reality of a «medicine for women» and on the necessity that women share medical decision to participate in the management of their health.

At the end of this meeting, it appeared clearly that the «Pure Hormone Replacement Therapy» combining percutaneous oestradiol and micronized progesterone did not increase neither breast cancer nor deep venous thrombosis risks and that this therapy initiated before 60 relieved menopausal symptoms and decreased osteoporosis and cardiovascular risks in women without previous cardiovascular risks.

Counseling to women entering menopause should include as follow:

To avoid any worry,

- Be informed on menopause
- Attend a physician on a regular basis
- Take a treatment based on evidence at minimal doses to relieve symptoms and during the prescribed duration
- Have good lifestyle practices such as balanced diet, exercising (walk, sports...).

Information on the Italian Medical Women's Association

contributed by Dr Anna Falanga (National Co-ordinator Italian Medical Women Association)

The election for the renewal of the President and the Council of the Italian Medical Women Association (AIDM) took place end of November. The newly elected President is Dr Ornella Capelli from Parma!

Please note that a new date has been set for the Southern European Regional Congress in Rome. The congress will now take place from April 20-22, 2007.

The Italian Association is looking forward to welcoming as many members as possible in Rome.

North America (Canada, United States of America)

Vice President Dr Jean Fourcroy

Dr Shaw elected new FIGO President

Information from the MWIA Secretariat

The Medical Women's International Association congratulates Dr Dorothy Shaw from Canada on her election as President of FIGO, the International Federation of Gynecology and Obstetrics. Dr Shaw is a long standing member of the Federation of Medical Women of Canada.

Latin America (Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Panama, Peru)

Vice President Dr Francys Reis da Silva Patricio
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Report about the Pan American Regional Congress

by Dr Francys Reis da Silva Patricio (Vice President Latin America)

Members from Argentina, Bolivia, Brazil, Colombia, Ecuador, México, Peru and USA attended the Congress, held from 24-27 October in Argentina, Diversity and encompassment were the strong points of the debating themes at the meeting, besides the high scientific level. One message in distinction was: How could medical women contribute to gender equality and woman fortifying?

In the midst, several themes of scientific investigation were presented and discussed as posters; five were rewarded, with eminence to one, performed by four young medical women students. The title was "Folic Acid as a preventive factor of neural tube defect of closing".

These medical students are already members of the Argentinean Medical Women's Association. This is a good way to get young doctors in our Association.

Dr. Shelley Ross, MWIA Past President, who couldn't attend the Congress, sent an affectionate message to the Congress President wishing a great event to all of us.

The MWIA President, Dr Gabrielle Casper, gave a lecture about "Medical Women: Difficult Women or Leaders". She emphasized Dr. Eleanor Nwadinobi's job and her effort on behalf of the widows in Nigeria and other regions of Africa.

Dr. Rebeca Kuniyoshi from Peru, and Coordinator of MWIA to Latin America, and Dr. Ruth Guillén de Maldonado from Bolivia and next VP of Latin America – MWIA, presented "The History of PAMWA" with several photos and documents which provoked pleased feelings and made a very good impression in the audience.

As regards the social events, two of them were especially outstanding: the Tango Show (that can't be missed in Buenos Aires) and the Pan American Party, where all of us were wearing typical clothes, and with music and traditional dances from each country. It was a great moment to fraternize and exchanging small gifts .

Congratulations to the Organizing Committee for an excellent congress.

Report from the Medical Women in Argentina

by Dr Dora Vilar de Saráchaga (President Medical Women Argentine Society)

Between October 24 and 27 the XXVIII Congress of the Pan American Medical Women's Alliance (PAMWA), supported by the Pan American Health Organization, the World Health Organization and the National Parliament, took place in Buenos Aires

It was led by Prof. Dra. Kumiko Eiguchi de Palmero, the first Argentinean President of PAMWA. The Honorary President was the president of the Argentine Medical Association, Prof. Dr. Elías Hurtado Hoyo.

The XXVIII Congress of the Pan American Medical Women's Alliance took place together with the VI National Congress of the Medical Women Argentine Society, presided by Dra. Dora Vilar de Saráchaga, actual president of the Argentine Society.



Drs Saráchaga and Casper

The Medical Women Argentine Society was created within the Argentine Medical Association in 1991, at the 100 anniversary. The Medical Women Argentine Society is part of the Pan American Medical Women's Alliance and the Medical Women's International Association. Dr. Gabrielle Casper, President of the Medical Women's International Association (MWIA), came from Australia in order to participate.

Medical women from all countries of America came to the meeting in order to discuss several issues of health and professional problems. The gender vision was applied to diabetes, obesity, hypertension, mental health, dermatology, and prevention of HIV/AIDS, emphasizing the difference in pathology between men and women. The focus was also on revision of women's health issues, such as breast cancer and menopause.

The new vaccines, environment, nursing, oral health, medical informatics, poverty, bioethics, addictions and violence were some of the subjects in discussion in the four days of the meeting.

It is important to highlight a "Typical Night"; medical women from all the American countries danced in beautiful traditional dresses.

The Congress of the Pan American Medical Women's Alliance reached its aim to interchange knowledge and to promote fraternity between medical women.

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

Report of the Medical Women Association of Nigeria

by Dr Ifeoma Ulasi (National Co-ordinator Medical Women's Association Nigeria)

MWAN was represented by 21 members at the 4th Near East and Africa Regional Congress held in Lusaka, Zambia.

The association had another successful NEC meeting/conference in Yenegoa, Bayelsa State in October 2006.

Our otherwise successful year was marred by the painful loss of two of our members in the ill-fated ADC plane crash in Abuja on the 29th of October 2006.

Dr Deborah Haggai, Consultant Obstetrician and Gynaecologist at the Ahmadu Bello University Teaching Hospital, Zaria, Nigeria was on her way to Uthman Dan Fodio University Sokoto to participate as an external examiner in the 4th MBBS examinations. She was the President of the Kaduna State Branch of MWAN from 2003 till her death. She was buried on the 4th of November 2006.

Dr Nnenna Mgbor, Senior Lecturer and Consultant ENT Surgeon at the College of Medicine, University of Nigeria, Enugu Campus, was a member of the Accreditation Panel of the West African College of Surgeons visiting the ENT Department of the Uthman Dan Fodio University Teaching Hospital, Sokoto. She was President of the Enugu State Branch of MWAN from 2000 to 2003. She was buried on the 17th of November 2006.

South African Medical Association (SAMA) council passes resolution on gender issues

contributed by Dr. Hannah Reeve-Sanders (Individual Member South Africa)

The National Council approved some rather notable resolutions on gender issues, VAT on medicines and the Nursing Act.

- Bringing gender issues to the fore, and noting that the number of women graduates is increasing, SAMA resolved to promote women doctors as equal partners in the profession and to tackle specific issues of women doctors as a priority.
- Council again noted the continuing burden of VAT on medical services and called on the Department of Finance and the government to remove VAT on health services.
- Councillors expressed concern about the provisions of the Nursing Act that authorise the Director-General of Health to allow certain categories of nurses to dispense medicines without the necessary training or licence. Doctors are worried about the impact this could have on patient care, adding that this was not in the best interest of the patient. SAMA's Health Policy Committee will take this matter further.

Inquiry regarding the HPV Vaccine

from Dr Christine Biryabarema (MWIA Vice President Near East and Africa)

At the last Regional Congress in Zambia there was concern as to whether the HPV vaccine would be of value in our region since we did not know the subtypes that are prevalent. There are a number of studies that have been conducted in Uganda in both rural areas. The most prevalent subtypes are 50, 51, 52. Unless the HPV vaccine covers these subtypes it will be of limited value in our region.

I would like to hear (MWIA, too!) which HPV types are prevalent in other countries particularly in my region. **Please send all information to the MWIA Secretariat.**

Central Asia (India, Thailand, Sri Lanka)
Vice President Dr Pattariya Jarutat

- no information received -

Western Pacific (Australia, Japan, Korea, Mongolia, Philippines, Taiwan ROC)
Vice President Dr Kyung Ah Park

- no information received -

5. WEBSITES OF NATIONAL ASSOCIATIONS

Australia	http://www.afmw.org.au
Austria	http://www.aerztinnenbund.at
Belgium	http://www.mwab.be
Canada	http://www.fmwca.ca
Denmark	http://www.quindoc.dk
France	http://www.affm.affinite-sante.com
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
Nigeria	http://www.mwannational.org
Norway	http://www.kvinneligeakademikere.no
Philippines	http://www.pmwa.org
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
Zambia	http://www.mwaz.org.zm

6. MWIA INTERNATIONAL CONGRESS

Accra, Ghana, 31 July – 4 August 2007

The local organizing committee of the MWIA congress in Accra, Ghana 2007 wishes to invite all to visit the website of the congress at: www.mwiainghana.ORG.

There have been some technical challenges with the original advertised website address: www.mwiainghana.COM.

The original website will hopefully be running again soon, till then, please visit the site via the **org** address.

Call for Abstracts

The main theme for the 27th MWIA Congress in Ghana is:
“Women in the World of Medicine”.

Authors are kindly requested to submit abstracts to the congress secretariat on the main theme and the sub themes as follows:

Gender in Medicine- Evidence-based medicine (to include)

Diabetes

Cardiovascular

Leadership for Medical Women (to include)

How to advance your career

Political aspirations

Gender mainstreaming

Health in a Multicultural World (to include)

HIV/AIDS

Harmful traditional practices

Gender-based violence

Abstracts should be received at the congress secretariat by submission deadlines, as below:

Postal Submission: Submission Deadline 31st January, 2007

Submissions made by post should include one original and three copies of the abstracts. One floppy disk should be enclosed as well.

Abstracts should be submitted by registered mail to:

Congress Secretariat for MWIA 2007

P.O. Box KB263

Accra, GHANA

Electronic Submission: Submission Deadline 25th February, 2007 Please send to email address: carojehu@mwiainghana.org OR info@mwiainghana.org

For further information, please visit the Ghana website at www.mwiainghana.org

7. MISCELLANEOUS

MEDICAL SEMINARS FOR DOCTORS FROM DEVELOPING COUNTRIES AT SCHLOSS ARENBERG, AUSTRIA

Information from the MWIA Secretariat

The American Austrian Foundation at Schloss Arenberg, Salzburg, Austria, offers medical programmes (seminars, internships) for doctors from developing countries and those countries in transition. There are 33 weeks of seminars per year. The Foundation is aiming at training doctors in their 30's and 40's who will be the leaders of tomorrow in their countries. They want to educate them to stay in their own countries and therefore do not want to contribute to the brain drain. They have several high ranking institutions in the US who send doctors to do the training. The American Austrian Foundation decides who gets to come, so there is no political agenda. So far, they have concentrated on the countries from the previous Soviet Union but are opening it up to Africa.

For further information on the medical programs and how to apply, please visit the website at: <http://www.aaf-online.org/arenberg.htm>.

II. ORGANISATIONS

1. WORLD HEALTH ORGANIZATION (WHO)



Reports and Extracts from Publications

DR MARGARET CHAN TO BE WHO'S NEXT DIRECTOR-GENERAL

(Extract from the WHO website)

Dr Margaret Chan of China will be the next Director-General of the World Health Organization (WHO). After her appointment, she told the World Health Assembly she wanted to be judged by the impact WHO's work has on the people of Africa and on women across the globe.

In her acceptance speech, Dr Chan said: "what matters most to me is people. And two specific groups of people in particular. I want us to be judged by the impact we have on the health of the people of Africa, and the health of women. Improvements in the health of the people of Africa and the health of women are key indicators of the performance of WHO."

"All regions, all countries, all people are equally important. This is a health organization for the whole world. Our work must touch on the lives of everyone, everywhere," she said. "But we must focus our attention on the people in greatest need."

The Director-General is WHO's chief technical and administrative officer. She was previously WHO Assistant Director-General for Communicable Diseases and Representative of the Director-General for Pandemic Influenza.

Dr Chan obtained her Medical Degree from the University of Western Ontario in Canada and also has a degree in public health from the National University of Singapore

WHO DEFINITION OF HEALTH – PROPOSED AMENDMENT BY MWIA

The Medical Women's International Association has written to Dr Margaret Chan to consider a change of wording of the current WHO Definition of Health:

WHO Definition of Health (current wording)

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, sex, political beliefs, economic or social conditions.

As Gender can be seen as the full range of personality traits, attitudes, feelings, values, behaviours and activities that society ascribes to the two sexes on a differential basis and as Sex is only a biological description, which is included in the term Gender, MWIA recommends the following amendment to the current definition:

WHO Definition of Health (MWIA recommendation)

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, (sex) **GENDER**, political beliefs, economic or social conditions.

57TH WHO COMMITTEE MEETING OF WESTERN PACIFIC REGION, SEPTEMBER 2006

Report by Dr Margaret Maxwell, (Individual Member New Zealand)

REPRESENTATIVES: Drs. Margaret Maxwell, Denise Watt (New Zealand) & Dr Winnie Yang (President China Medical Women's Association, Taiwan)

At the Opening Ceremony **Helen Clark**, Prime Minister of New Zealand welcomed participants to New Zealand and to Auckland. She highlighted some of the health problems to be discussed at this Committee -pandemics, obesity, tobacco addiction. There is a need for global controls of these issues.

Dr Anders Nordstrom, Acting Director-General, WHO responded. He paid tribute to the late Director-General of WHO, Dr J.W. Lee who had come from the Western Pacific Region. He extended condolences to the family & subjects of His Majesty, King Taufa'ahau Tupou IV of Tonga.

Finally he drew attention to the progress in Tobacco control, health of young people and health financing.

Dr Richard Nesbit, Acting Director-General, Western Pacific Region of WHO acknowledged the strong role New Zealand has played in the Pacific, and noted that NZ's innovative public health initiatives were recognised regionally and globally e.g. NZ Smoke-Free Environments Act of 1990.

Other Speakers were **Madame Marianne Devaux** Retiring Chairperson of WPR Region and the Mayor of Auckland City **Dick Hubbard**.

In his Address, Acting Director-General WHO, **Dr A. Nordstrom** further enlarged on issues of Non-Communicable Disease Epidemics including Strategy Planning, Policy and Practices affecting not just countries in this Region but Globally.

He outlined Human Resource Budgets to achieve Millennium Development Goals for Maternal and Child Health, including infant mortality issues and implementing International Health Regulations.

He noted good progress in implementation of joint WHO/UNICEF Child Survival Strategy adopted by Regional Committee last year.

Case Management of sick children - e.g. in Cambodia only 20% cases of Malaria were being managed properly but this changed to 60% after more Health Worker Training.

More child deaths could be prevented through better nutrition, immunisation levels, clean drinking water, good hygiene and better access to basic Medications.

Funding gaps still exist and need to be addressed with the aim of eradication of Poliomyelitis globally.

Maternal and Reproductive Health Problems persist and are far behind the goals set for 2015. Vulnerabilities of Adolescents - reference made to consumption of alcohol, tobacco usage, soft drink and consumption of too much salt, sugar and saturated fatty acids. Inadequate physical exercise mentioned. Adolescent Sexual and Reproductive Health were important and needed more targeting e.g. SAVY ("Survey and Assessment of Vietnamese Youth") is an excellent approach and gives vital information on HIV prevention.

He mentioned the 16th International AIDS Conference in Toronto, Canada "Money, Medicines, and Motivated Work Force" -the 3 Ms. especially motivated health workers. e.g in Cambodia 75% needing ARVs are on this therapy. In 2005 in WPR 190,000 people need treatment but only 50,000 are on ARVs.

In WPR Region the global 2005 target on TB control has been reached, but multidrug resistant TB is still a great challenge. Need for more Health Workers stressed.

In this region specifically, Non-communicable Diseases account for nearly 80%of deaths. We anticipate an increase, over the next 20 years, of 20% (sic)

Aim to increase implementation of Strategy on Diet & Physical Activity adopted in Region 2 years ago.

WHO Framework Convention on Tobacco Control needs further attention. 400 million adults smokers in this Region - 40% of whole world total.

Avian Influenza - "we must remain vigilant and prepared" -mentioned need for close working relationship between health and agricultural sectors. Pandemic preparedness plans and management between countries important if this is to be a successful control strategy.

Dr. Richard Nesbit (Acting Director-General, Western Pacific region, WHO) spoke next.

Our aim must be the implementation of strategies towards achieving regional goals of measles elimination and hepatitis control by 2012. We are progressing but have not achieved this in all countries.

Mentioned Cambodia and Mongolia with 100% condom use programmes.

Criminal Activity undermining health of many people -with their production and distribution of counterfeit medicines -cited support of AUSAID and the Rapid Alert System (Internet-based system to share intelligence on such drugs) proving helpful Progress towards Millennium Development Goals is uneven across the Region -this added to the workload of the WPR Regional Office.

Following these addresses, Members from many different National Delegations spoke acknowledging funding and technical support received from WHO and agreeing with the need for emphasis on Regional Strategies and technical cooperation in all communities on topics mentioned by the Acting Director-General of WHO and Acting Director-General of Western Pacific Region.

Subsequent Sessions addressed these various Topics in greater detail, with opportunities for Delegations to raise particular issues and comments.

NGO representatives had opportunity to present Statements on behalf of their Associations and Societies. MWIA presented the Statement which was well received.

There were several opportunities for delegates and representatives of NGOs to mingle and share ideas -over morning and afternoon coffee breaks, the official dinner and Cocktail party.

I feel honoured to have been one of MWIA representatives at this WHO WPR Meeting. My earlier attendance at a similar Meeting in 2000 made for more awareness of the various subjects of importance to be raised. In my opinion these Meetings in Regions of the world are extremely important. MWIA Executive should aim at arranging attendance of representatives at these Meetings.

WORLD HEALTH ORGANIZATION SAYS VIOLENCE AGAINST CHILDREN CAN AND MUST BE PREVENTED

News Release WHO/57; 16 October 2006

Geneva --The World Health Organization (WHO) is today issuing a practical new guide to help countries prevent violence against children. Children are the victims of startling levels of violence, often at the hands of those who should be protecting them. This new guide, published by WHO and the International Society for Prevention of Child Abuse and Neglect (ISPCAN), demonstrates that violence against children can and must be prevented.

According to the recently released UN Secretary-General's Study on Violence Against Children, much of the violence endured by children aged 0-14 years occurs in the home at the hands of parents, caregivers, and family members. The consequences of this violence hinder children's health and development and can last well into adulthood, negatively affecting health and increasing the risks of further victimization and becoming a perpetrator of violence.

Preventing child maltreatment: a guide to taking action and generating evidence is intended to assist countries to design and deliver programmes for the prevention of child maltreatment

by parents and caregivers. The guide is a practical tool that will help governments implement the recommendations of the UN Study on Violence Against Children.

Country reports in the UN Study show that children under 10 years of age are at significantly greater risk than older children of severe violence perpetrated by family members and people closely associated with the family. The Study also reports WHO estimates that in children under 18 years of age the worldwide prevalence of sexual violence involving forced intercourse and touch is 73 million for boys and 150 million for girls.

Research shows that child maltreatment can be prevented. The need to increase investment in prevention is urgent and global. Promising strategies include reducing unintended pregnancies; improving access to high-quality pre- and post-natal care; reducing harmful levels of alcohol and illicit drug use during pregnancy and by new parents; providing home visitation services by nurses and social workers to families at risk of maltreatment, and training parents on child development, non-violent discipline and problem-solving skills. The UN Study and the guide make it clear that responsibility for implementing such strategies lies with governments, and should involve other stakeholders, including non-governmental organizations (NGOs), research councils and the international community.

FUTURE OF SEXUAL AND REPRODUCTIVE HEALTH AT TIPPING POINT ACCORDING TO GLOBAL STUDY

News Release WHO/63; 1 November 2006

Geneva -The first-ever global study of sexual and reproductive health - to be published in the medical journal *The Lancet* starting this week - shows a picture of declining financial support, increased political interference and an overall reluctance to tackle threats to sexual and reproductive health.

The evaluation, coordinated by the World Health Organization (WHO), shows that the level of disability and premature death due to sexual and reproductive health is huge and increasing. Unsafe sex is the second most important cause of illness and death in developing countries and ninth in developed countries.

The analysis reveals a picture of growing unmet needs and neglect. More than half a million women die as a result of complications in pregnancy and childbirth every year. Access to contraception has increased worldwide but there are still an estimated 120 million couples who do not get the contraceptives they would like or need. An estimated 80 million women have unintended or unwanted pregnancies each year. 45 million end in abortion. WHO figures quoted in the survey show that there are 19 million unsafe abortions carried out each year, resulting in around 68 000 deaths and millions of injuries and permanent disabilities.

"These statistics represent an appalling catalogue of human tragedy," says Joy Phumaphi, WHO Assistant Director-General for Family and Community Health. "Far from making progress we seem to have been going backwards since the notion of reproductive health was born in Cairo in 1994. The issue is dropping down the international agenda and governments seem to be reluctant to tackle this most fundamental threat to health and well-being."

Several examples of this decline are quoted in the study. Between 1995 and 2003, donor support for family planning fell from \$ 560 million to \$ 460 million. According to the survey, family planning services in Africa need an extra US \$ 70 million just to achieve the mid range of fertility projections recommended by the United Nations. Additionally, funding for contraceptive development has declined compared to microbicide research for HIV/AIDS.

EUROPEAN MINISTERS ADOPT OBESITY CHARTER

16 November 2006/WHO Europe

In Istanbul, Turkey, ministers from across the WHO European Region adopted the European Charter on Counteracting Obesity. It calls for specific action, including regulatory measures, that each country can take to curb the obesity epidemic. The Charter states that visible progress should be achievable in most countries within five years, particularly for children and young people.

<http://www.euro.who.int/Document/E89567.pdf>

2. UNITED NATIONS (UN)



AN KI-MOON APPOINTED NEXT UN SECRETARY-GENERAL BY ACCLAMATION

New York, Oct 13 2006 - Extract

Applauding in acclamation, on October 13, 2006 the United Nations General Assembly appointed Foreign Minister Ban Ki-moon of the Republic of Korea as the world body's next Secretary-General, to succeed Kofi Annan when he steps down on 31 December.

Addressing the assembled delegates, the Secretary-General-designate, who will become the UN's eighth chief and the second from Asia, pledged to carry out reforms, building on Mr. Annan's legacy.

"My tenure will be marked by ceaseless efforts to build bridges and close divides. Leadership of harmony not division, by division not instruction, has served me well so far. I intend to stay the course as Secretary-General," he said.

Mr. Ban is no stranger to the world body. Earlier in his diplomatic career he served in his country's mission to the UN and in 2001 was Chef de Cabinet to then General Assembly President Han Seung-soo of the Republic of Korea.

GREAT NEWS: UN AGENCY FOR WOMEN

Information from the MWIA Secretariat

The Medical Women's International Association congratulates Mr Kofi Annan and the UN High-Level Panel for their recommendation for an UN Agency for Women. This is a bold move in the right direction. **To have all different activities concerning Gender Equality and Gender Equity under one roof will be one of the greatest achievements for the future.** MWIA will ask their member countries to speak with their UN representatives to encourage them to vote for this new institution at the next UN General Assembly.

EARLY CHILDHOOD CARE CRUCIAL TO ELIMINATING GENDER INEQUALITY, UNICEF WARNS

UN News Centre, New York, Nov 13, 2006

The United Nations Children's Fund called on governments and others committed to universal education and gender equality to remember that the earliest years are the most critical for children's development.

If many of the Millennium Development Goals are to be reached, the cycle of negative gender stereotypes must be broken earlier in a child's life rather than later, the agency warned, referring to the ambitious targets for slashing a host of social ills such as extreme poverty, hunger, maternal and infant mortality, and a lack of equal access to education, all by 2015.

"Gender equality must be addressed right from the beginning of life," UNICEF Deputy Executive Director Rima Salah told the closing session of the UN Girls' Education Initiative (www.ungei.org) partnership meeting in Cairo. "Huge steps can be made to empower girls if we begin the movement for gender equality in those first years of a child's life."

Although universal primary education for all boys and girls is one of eight MDGs, the majority of the estimated 115 million children not attending school around the world are girls, a startling statistic that will have negative repercussions on an entire generation.

Girls who are kept out of schools are not only denied their own right to education, but if they later become mothers, they are more likely to raise children who remain uneducated, unvaccinated and more likely to contract HIV/AIDS, UNICEF told the meeting, which brought together other UN agencies, donor governments and non-governmental organizations (NGOs).

The universal primary education goal is closely linked to that of promoting gender equality, empowerment of women and global development. The theme of the UNGEI meeting – Gender and Early Childhood Care and Education – placed particular emphasis on supporting families and gender-focused policies and scaling up of quality early childhood care programmes.

Quality programmes focus on well-trained teachers, well-informed parents, and child-centred community care. By covering issues ranging from pre-school and parenting techniques to school nutrition and breastfeeding advice, they particularly benefit children who need them the most: girls living in poverty.

Girl children may be required to care for younger siblings, a responsibility that prevents them from getting an education of their own. Early childhood care programmes are key in closing this discrimination gap. When younger siblings are in pre-school programmes, their older sisters are free to pursue their own studies. And by setting children out early on the road to learning, early childhood education can be instrumental in breaking the cycle of poverty and preparing children for success in school.

UN HABITAT DEBATE: CITIES, MAGNETS OF HOPE

A Message from the Executive Director, Anna Kajumulo Tibaijuka
UN Habitat Debate, September 2006, VOL. 12, NO.3

Every year on the first Monday in October we use World Habitat Day to reflect on the state of the world's growing cities and our planet's rapid and irreversible urbanisation. We worry not only whether we can manage this growth, but how we can do it positively in a way that makes cities inclusive, welcoming places for all.

As populations increase and more and more people migrate, cities lure us to their bright lights. Like moths to a flame, we also worry about getting burnt. How many more people will end up in the developing world's growing slums? Will there be jobs, shelter, water, electricity, health services, for all? Will we be able to cater for their basic needs even if we cannot do the impossible and meet the aspirations of all?

Rapid and irreversible. Those are the trends today of the greatest rates of migration and urbanisation the world has known.

According to the latest UN research, international migrants numbered 191 million in 2005: 115 million lived in developed countries, and 75 million in developing countries. Half of these people on the move, it is noted, are women.

As we reflect on the theme of World Habitat Day 2006, *Cities, magnets of hope*, I wish to draw your attention to some new facts about the urban world in which we live. These have just been published in our latest State of the World's Cities 2006/7 report: Some time during the course of next year, demographers watching urban trends in will mark it as the moment when the world entered a new urban millennium with the majority of people living in towns and cities for the first time in history.

The year 2007 will also see the number of slum dwellers in the world reach the 1 billion mark - when on average one in every three city residents will be living in inadequate housing with no, or few basic services.

It is still unclear how this will influence government policies and actions, it particularly in relation to Millennium Development Goal 7, Targets 10 on water and sanitation, and 11 aimed at improving the lives of slum dwellers.

But it is important to understand that the growth of cities is not just a phenomenon of migration from rural to urban areas. It also entails international migration - people seeking a better life in other countries both in the north and in the south. Whether they are fleeing conflict, disasters or simply seeking a better life somewhere else, the number of people on the move today is greater than ever before.

It is very difficult to stop the flow of people into cities and towns. Urbanisation is one of the most powerful, irreversible forces in the world. It is estimated that 93 percent of the future urban population growth will occur in the cities of Asia and Africa, and to a lesser extent, Latin America and the Caribbean.

Migration too is one of the great irreversible forces, and one likely to grow. Frequently discussions on how to manage it are steeped in controversy and rancour. This is in part because policy making and coordination at the international, national and municipal level is lacking.



Anna Kajumulo Tibaijuka

Some countries complain about the brain drain, but there is also the fact that the remittances immigrants send home could be far larger in financial terms than gross overseas development aid or foreign direct investment. Thus, it is a question of striking a balance. Cities make countries rich. Countries that are highly urbanised have higher incomes, more stable economies, stronger institutions.

They are better able to withstand the volatility of the global economy than those with less urbanised populations. Urban-based economic activities account for up to 55 percent of gross national product (GNP) in low-income countries, 73 percent in middle-income countries and 85 percent in high income countries.

And major contributors here are the migrants who helped build many of the world's greatest cities, the people who had the courage to pack up and move. We need to look at ways of making our cities inclusive places able to provide for all.

Instead of building fortresses, we need to build more bridges.

3. EUROPEAN WOMEN'S LOBBY (EWL)



MWIA SECRETARY-GENERAL ELECTED TO THE EWL BOARD

Information from the MWIA Secretariat

During the General Assembly of the European Women's Lobby (EWL) in Prague, 20-23 October 2006, the MWIA Secretary-General, Dr Waltraud Diekhaus, was elected to the Board of the EWL. The Brussels-based non-governmental organization represents more than 4000 women organizations in Europe.

EWL NEWSFLASH - OCTOBER 2006 - EDITORIAL

The 17th General Assembly (GA) of EWL took place in Prague on 21-22 October. Two new national co-ordinations, the Macedonian Women's Lobby and the Women's Network Croatia as well as the European Confederation of Independent Trade Unions (CESI) were welcomed unanimously into full membership of EWL. Kirsti Kolthoff, re-elected as EWL President for a further period of two years, said that she was looking forward to the challenges of leading the major women's non-governmental organisation in the EU that now comprises 26 national co-ordinations and 18 European-wide organizations

Due to the increase in membership, the EWL Executive Committee was also enlarged from the previous five to seven members.

The EWL Board of Administration, which is comprised of one member per national coordination as well as eight representatives from the European-wide membership, was also renewed.

Prior to the GA meeting itself, a seminar took place on 20 October in Prague, entitled Who Cares? Care Issues in Europe from a Gender Perspective. A Round-Table discussion ensued and the seminar ended with the adoption of the EWL Manifesto on Who Cares? Care Services for all women and men in Europe. The Manifesto is part of EWL Campaign which aims to raise awareness on issues related to care that need to be addressed to achieve gender equality in European societies. The Manifesto and Campaign call for a real choice to combine work and private life and to remove the barriers that continue to maintain the gendered division of tasks between women and men in Europe. The Campaign will run until 8 March 2007.

Further information on the EWL, Members, the Board and the Executive are available on the EWL website at www.womenlobby.org.

TWO RESOLUTIONS SUBMITTED AT THE GENERAL ASSEMBLY OF THE EUROPEAN WOMEN'S LOBBY

by Dr Waltraud Diekhaus (Secretary-General MWIA)

Dr Diekhaus submitted the following two motions at the General Assembly of the European Women's Lobby in Prague, October 2006:

1. PREVENTION OF CERVICAL CANCER – HPV VACCINE

Text of Motion

The EWL should lobby to ensure that national health care authorities make available the highly effective vaccination against cervical cancer, which was approved by

medical authorities in several European countries in September 2006. Women ought to be informed about its availability immediately. National health authorities should grant broad access to vaccination as soon as possible.

Political context

Every year at least 14000 women die of cervical cancer in Europe with 33000 new cases despite of screening programmes. It is the cancer with the second highest mortality in women. Until now, early diagnosis of cervical cancer by pap-smear test was the only option to reduce mortality. Primary prevention by vaccination now offers the chance to minimize this immense burden to women's health. It has the potential to reach the majority of girls and women quickly, because - unlike for cervical screening - no specific infrastructure has to be established.

2. DRUG SAFETY

Text of Motion

The European Medicinal Products Agency (EMA) as well as the top 50 leading Pharmaceutical Manufacturers in Europe are asked to analyse to which extent sex differences have been considered during the process of drug approval.

Political context

It is still a matter of debate, if sex differences have been considered during the drug testing and drug approval procedure during the last 5 years. Data from post-marketing surveillance still show a predominance of female patients with adverse drug reactions. More over, considerable differences exist between men and women with respect to pharmacokinetics and pharmacodynamics of drugs.

4. WORLD MEDICAL ASSOCIATION (WMA)



MWIA has written to the President and the Executive Committee of the World Medical Association asking them if there would be a possibility for joint-policy and if they would support the publication of two statements in the World Medical Journal.

The statements are as follows:

1. THE MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA) DEMANDS TO INCORPORATE A GENDER PERSPECTIVE INTO HEALTH AND HEALTH CARE IN ORDER TO IMPROVE THE HEALTH OF MANKIND

While sex identifies the biological differences between men and women, gender refers to the array of socially constructed roles, attitudes, behaviours and values that determine in a large measure men's and women's access to resources and power. Gender roles and power relations vary across cultures and through time and thus are amenable to change.

Embodied in MWIA's mission is the objective to raise the health status not only of women but also of whole communities. When using the Gender and Development Approach in Health, it has been well documented that incorporating a gender perspective into health care delivery

and policy development improves the health of both men and women. Gender differences play a very significant role in the differential in the burden of disease.

Although it is a confusing term, "Gender Mainstreaming" means ensuring that gender is mainstreamed into all health activities. Gender consists of three distinct areas, namely biological differences between the sexes, gender roles and norms and power relations between men and women.

MWIA as the representation of women physicians from all over the world feels a compelling sense of duty and responsibility to address gendered aspects of health.

Gender Mainstreaming needs Gender Sensitivity, Gender Analysis and Gender Planning. Gender-differentiated gathering of all health data is necessary in order to research and treat the incidence and prevalence of diseases better according to Gender. Men and women in many diseases do not only display different symptoms but they also show considerable differences with respect to pharmacokinetics and pharmacodynamics of drugs.

Many connections between gender and health have not yet been researched and leave unanswered a great number of questions.

2. MWIA URGENTLY REQUESTS TO RECOGNISE THE IMPORTANCE OF INCORPORATING A GENDER PERSPECTIVE IN HEALTH CARE DELIVERY AND HEALTH POLICY DEVELOPMENT RE HIV/AIDS

The Medical Women's International Association (MWIA) recommends that a new approach be adopted in the fight against the HIV/AIDS pandemic.

The HIV/AIDS pandemic roars on, taking in its wake an increasingly female face. This female face is threefold. The first face is the newly infected females. Most transmission is heterosexual and the low status of women does not allow them to negotiate safer sex. The second face is the trained health care force, the majority of which is female. This health care force is becoming less available, both from contracting HIV themselves and from leaving the areas heavily hit with HIV for jobs in other countries. The third face is home based care, which is thrust upon the shoulders of women, to the detriment of their own careers.

Until now, the approach has been predominantly a medical one. MWIA recommends that human rights be put into the centre of the pandemic, if the pandemic is to be reversed.

To take the example of sub-Saharan Africa, where 64% of the world's People Living with HIV/AIDS (PLWHA) reside, 57% of whom are female, disempowerment of women is fuelling the pandemic. Traditional practices such as having sex with a virgin to cure HIV, passing down of the widow to the next brother and dry sex increase transmission. In addition, lack of education, lower socio-economic status and institutional structure dampen female decision-making and negotiation for safer sex, by married and unmarried women alike.

MWIA is aware that gender-based violence increases heterosexual transmission. MWIA advocates for a rights based approach with empowerment of women and gender equity and equality as the new approach for reversing the HIV/AIDS pandemic. Women need to spearhead the socio-cultural changes which must lead to changes in government policies. MWIA has been at the forefront of mainstreaming gender into health and nowhere is this more important than in the HIV/AIDS pandemic.

6. INTERNATIONAL WEBSITES AND PUBLICATIONS

WEBSITES / PUBLICATIONS

THE UNITED NATIONS GIRLS' EDUCATION INITIATIVE

The United Nations Girls' Education Initiative is the Education For All flagship for girls' education and principal movement to narrow the gender gap in primary and secondary education by 2005. UNGEI works to ensure that by 2015, all children everywhere, boys and girls alike, will be able to complete primary schooling and that by then, boys and girls will have equal access to all levels of education. Further information at: <http://www.ungei.org>

THE EUROPEAN CONSORTIUM FOR CERVICAL CANCER EDUCATION (ECCCE)

The ECCCE was established to lead a European public education programme designed to inform the general public, medical practitioners and government health officials about cervical cancer, the role of the human papillomavirus (HPV) in causing this disease, the benefits and limitations of cervical cancer screening and the new strategies that can be applied to the prevention of this disease. <http://www.eccce-cervical-cancer.org>
(See also European Cervical Cancer Association at www.ecca.info)

FIGO – THE INTERNATIONAL FEDERATION OF GYNAECOLOGY AND OBSTETRICS

FIGO is the only worldwide organization that groups obstetricians and gynaecologists. The mission of FIGO is to promote the well-being of women and to raise the standard of practice in obstetrics and gynaecology. (www.figo.org).

The FIGO Newsletter, usually published three times a year, is a forum for exchange of information on activities that the profession can undertake to promote women's health. <http://www.figo.org/Publications%20-%20Newsletter.htm>

WONCA- WORLD ORGANIZATION OF FAMILY DOCTORS

The **World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians**, is made up of national colleges, academies or organizations concerned with the academic aspects of general family practice.

The Wonca Website contains useful information on Wonca, working groups, membership, interactive education, conferences, publications, research, internet resources.

For further information please go to: <http://www.globalfamilydoctor.com>

THE HEALTH OF THE PEOPLE: THE AFRICAN REGIONAL HEALTH REPORT,

This is the first report to focus on the health of the people living in the 46 countries of WHO African Region. The 170-page report provides a panoramic view of key public challenges facing the African region, initiatives and programmes intended to tackle these and successes recorded to date.

It charts the progress made and prospects for the future of health in the region under six chapters: Health and development in Africa; Maternal, newborn and child health, Infectious diseases in Africa; Non-communicable diseases in Africa; Health and the environment in Africa and National health systems. More information at:

http://www.afro.who.int/regionaldirector/african_regional_health_report2006.pdf

NEWSLETTER OF THE COMMITTEE ON WOMEN'S RIGHTS AND GENDER EQUALITY OF THE EUROPEAN PARLIAMENT

This newsletter presents the work and the papers discussed and voted at the Women's Rights Committee of the European Parliament. More information at: http://www.europarl.europa.eu/committees/femm_home_en.htm

To subscribe to the newsletter, please contact: ip-femm@europarl.europa.eu

THE BRIDGE

The Bridge is a quarterly newsletter on the current activities, events and publications of WHO/Europe. http://www.euro.who.int/mediacentre/Bridge/20060727_1

EASTERN MEDITERRANEAN HEALTH JOURNAL (EMHJ)

The EMHJ is the official health journal published by the Eastern Mediterranean Regional office of the World Health Organization. It is a forum for the presentation and promotion of new policies and initiatives in health services; and for the exchange of ideas, concepts, epidemiological data, research findings and other information, with special reference to the Eastern Mediterranean Region. <http://www.emro.who.int/emhj.htm>

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>

The next Update will be published in March 2007.

Please send us your reports, comments or any other interesting information by 15 March 2007.

Letters to the editor (secretariat@mwia.net) are always welcome.