MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

MWIA

Update

No. 30 March 2007

E-mail: secretariat@mwia.net Website: http://www.mwia.net

CONTENTS

Medical Women's International Association
Secretary-General, Dr Waltraud Diekhaus
Wilhelm-Brand-Strasse 3
D – 44141 Dortmund
Germany
Phone: (+49)- 231- 9432- 3771/ 3772
Fax: (+49)- 231- 9432- 3773
E-mail: secretariat@mwia.net
Website: http://www.mwia.net

I. MWIA

1. PRESIDENT'S MESSAGE

Dr Gabrielle Casper

I recently returned from the 51st session of the United Nations Commission on the Status of Women meeting. MWIA was well represented by Drs Waltraud Diekhaus, Satty Keswani, Mini Murthy, Astsuko Heshiki, Jane McKenzie and Eleanor Nwadinobi. This year the NGOs were invited to bring young girls under the age of 18 years to take part in the meeting so I brought my niece while Jane and Eleanor brought their daughters.

The Commission on the Status of Women is a functional commission of the United Nations Economic and Social Council (ECOSOC), dedicated exclusively to gender equality and the advancement of women. Every year, in early March, representatives from Member States gather at the United Nations Headquarters in New York over a two-week period to evaluate progress on gender equality, identify challenges, set global standards and formulate concrete policies to promote gender equality and the advancement of women worldwide

The theme for CSW in 2007 was ***the elimination of all forms of discrimination and violence against the girl child***. CSW also reviewed progress on one of the themes from its 2004 session: ***the role of men and boys in achieving gender equality***. The Commission adopted agreed conclusions on the girl-child which cover a broad spectrum of issues, including education and training, poverty, health, HIV/AIDS, child labour, armed conflict, trafficking, migration and safety. These may be viewed on the UN web site.

MWIA organized a workshop with a panel discussion around the topic "Health of the Girl Child is Global Wealth." The Key note address was given by Ms Wariara Mbugua, Principal Social Affairs Officer for Gender Mainstreaming, Department of Economic and Social Affairs. We had an excellent audience of both young girls and women from across the globe. In particular there seemed to be quite a degree of interest in female genital mutilation and Gardasil, the HPV vaccine.

As the UN focused on two main topics 1) the girlchild and 2) the role of men and boys in achieving gender equality I will briefly mention some advances for MWIA in these areas.

1) Gardasil, HPV vaccine

Globally cervical cancer is the second cause of cancer death in women and in many developing countries it is the most common cause of cancer death in women. The causal role of human papillomavirus (HPV) in cervical cancer has been firmly established. More than 40 mucosal anogenital HPV types have been identified and at least 15 of these have oncogenic potential, causing nearly all cervical cancers and precancerous lesions. HPV types 16 and 18 account for approximately 70%of cervical cancers and 50% of high grade cervical intraepithelial neoplasias (CIN 2, CIN 3). HPV types 6 and 11, which are two of the low risk types, account for approximately 10% of low grade cervical abnormalities (CIN 1) and 90% of genital warts.

The availability of an HPV vaccine has allowed for a paradigm shift in cervical cancer prevention. Until now, prevention was mainly achieved through detection of cervical abnormalities during screening. Now, physicians can deploy a primary prevention measure in the form of prophylactic vaccination to further reduce the burden of both cervical cancers and precancerous lesions. Gardasil is a quadrivalent HPV recombinant vaccine that protects against disease caused by HPV types 6,11,16 and 18. It is the first Vaccine to be approved for use in the prevention of anogenital cancers, precancers or warts related to HPV infection.

Several countries have approved Gardasil for use in young women. So far I know both the Australian and Canadian Governments have agreed to fund programs to vaccinate young women. The introduction of Gardasil is the most significant advance in gynaecologic cancer management that I am likely to see in my career. It may well be one of the most significant areas for advocacy work for MWIA members during their working life.

This new vaccine will certainly be a challenging area for our MWIA members to do what we do best – ie advocate for the best care for our patients. It will be a great test of our leadership skills however I believe it will also result in wonderful success stories as our members take the lead in convincing their governments or funding bodies of the value in vaccinating their young women. I am looking forward to assisting our members with this challenge.

2) A male anaesthetist's view on women as patients and doctors.
Recently one of my anaesthetists, Jim Wilkinson, retired and as he was a man of great wisdom and understanding I asked him to record some of his thoughts on women as patients and as doctors. His two pages of comments are on our MWIA web site under the heading "issues for women doctors". I would encourage you to visit the site and read his thoughts in full but would like to highlight two of the areas here.

i) Women as patients.
Since his retirement from clinical work Jim has taken on some academic work teaching trainees and is keen to incorporate a gender perspective in the syllabus. On this topic he wrote the following: "Failure to understand that women are different can even kill a female patient – did you know that injudicious salt –poor intravenous fluids are much more likely to cause cerebral oedema, convulsions and death in menstrual age women than adult males? The difference appears to be related to the effects of female sex hormones on sodium pump mechanisms in brain cells [1]."

ii) Women as doctors.
Jim has also taken on work with the Medical Registration Board supervising impaired doctors. He is concerned about the number of women doctors appearing before the board and wrote "The girls already pay big prices for competing in a man's world. Limiting or delaying a family is one. A higher risk of breast cancer through delayed beast feeding is another. A third is **a two to four fold risk of suicide in women doctors compared to the general female population**. [2, 3].

I have read many articles written by women for women however as the UN recognized at the CSW meeting this year for change to occur we need men to assist us and I greatly respect my retired anaesthetist for undertaking this work. Assisting women doctors is a great challenge for our organization – I look forward to seeing more men assisting MWIA in this area.

GHANA
The XXVII MWIA International Congress will be held July 31– August 4, 2007 in Accra, Ghana. The main theme is "Women in the World of Medicine". The program looks very exciting and I am sure many controversial topics will be discussed. Ghana is a wonderful country to visit, rich in natural beauty, history and culture. I am sure all who attend will have a wonderful time. For more information please visit the congress web site is http://www.mwiainghana.org.

As I move towards the end of my term as President I am more and more appreciative of the support I have received from the secretariat, the executive committee and individual members. If you have any suggestions, comments or recommendations for activities or discussion at the congress in Ghana please do not hesitate to contact me.

I look forward to meeting with our members at this very exciting location and hope each National organisation will encourage its members to attend.

1 Arieff I, **Hyponatraemia,convulsions, respiratory arrest and permanent brain damage after elective surgery in healthy women**. *NEJM* Vol 1314 No 24 June 12, 1986, p 1529
2 BBC News (Internet) 10 April 2001
3 Schernhammer ES & Colditz, G. **Suicide Rates among physicians: a quantitative and gender assessment**. *Am Journal of Psychiatry* 2004 Dec; 161 (12) 2295 - 302

2. LETTER FROM THE SECRETARY- GENERAL
Dr Waltraud Diekhaus

Dear colleagues, dear MWIA friends,

The MWIA Congress in Ghana is coming closer and I am sure all of us are enthusiastic about this great event which will bring together many members with different languages, customs, ideologies and racial backgrounds. We will exchange ideas – medically and personally – and we are all motivated by the same hope that mankind will – without any gender discrimination – become physically and mentally healthier.
If you have not yet decided to participate in the Ghana Congress, do it now!

I know that some of you have experienced some difficulties with registration, hotel booking or money transfer. Yet, we all know there are cultural, social and economic differences in the world. That is exactly the challenge the MWIA is facing and coping with. Tolerance and flexibility belong amongst others to the strengths of women.

I had the great honour to bring greetings of the MWIA to the Association of Medical Women in India for their Centenary Congress which took place from 27 – 28 January 2007 in Mumbai. The Indian Association had been founded even 12 years before we, the MWIA, were established in 1919. I took the opportunity to highlight several remarkable Indian colleagues and especially thank the organising committee, Dr Dino Dalal, Dr Vandana Walvekar, Dr Mandakini Megh and Dr Usha Saraiya for their work. I also had the pleasure of bringing greetings to the past Vice President of Central Asia in 2001 – 2004, Dr Jyoti Trivedi. Furthermore I was invited to give the Dr Jhirad Oration which was about "The History and Structure of MWIA" and "Gender Mainstreaming – a new scientific approach".

This year is particularly busy around international Women's Day with a number of different events at all levels related to Women's rights. From 26 February – 5 March I participated in the 51st Session of the Commission on the Status of Women(CSW) in New York which focused on "the elimination of all forms of discrimination and violence against the girl child" . As girls and women are part of the same continuum, failure to address inequalities in childhood leads to exacerbated gender inequalities in the later stages of the life cycle of women. The CSW brought together experiences, deficiencies, accusations and demands from young women from all continents. It was a great chance to open horizons and to broaden the perspectives of all those participating.
Dr Satty Keswani and Dr Mini Murthy prepared a MWIA side event, which was well attended. The title of the event was "The Health of Girl Child is Global Wealth".

To prepare the way for a new tool in the fight against cervical cancer is one of our current and future goals. New vaccines against the strains of the human papillomavirus (HPV) that cause most cervical cancers are now available. MWIA is in the forefront of creating the awareness of the causal role of HPV in the development of cervical cancer and in promoting the HPV vaccine.

Finally some good news: The Medical Women of the Netherlands with 501 members have applied for membership as an affiliated national association of MWIA. We are looking forward to officially welcoming the Netherlands at our Congress in Accra, Ghana.

Summing up I do hope that the world will realize that "women's health is global wealth"

Yours,

Waltraud Diekhaus

Messages from the Secretariat

Dues
In view of the forthcoming international congress in Accra, Ghana, we would kindly like to remind you to pay your outstanding dues in time. Only fully-paid up members will be allowed to vote!

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).

New telephone and fax numbers for the MWIA Secretariat
Due to new telephone equipment provided by our landlord, the MWIA Secretariat has a slightly different telephone and fax number since 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

18 – 19 April 2007 – Quebec, Canada
International Conference on Sexual Violence
Theme: "Promising strategies for diverse needs"

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
http://www.who.int/

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

22 – 24 June 2007, Ottawa, Canada
2007 AGM and Scientific Sessions
Westin and Fairmont Chateau Laurier Hotels
For further information please look at http://www.fmwc.ca

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/

16 – 18 November 2007 - Rome, Italy
MWIA Southern European Regional Meeting

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 Women's International Day in Scotland
by Dr Dorothy Ward (National Co-ordinator Medical Women's Federation)

I attended, as usual, "Women's International Day" in Scotland where I am representing MWF & MWIA! (have done so for many years).

The celebration was funded and organised by the Scottish Parliament. We had a very nice lunch followed by a symposium which mainly but not exclusively focused on the low pay of women compared to the same work carried out by men. We also had discussion around Rape, Violence & Trafficking of women. We were addressed by the first women to be appointed as the Lord Advocate of Scotland, two female members of the Scottish Parliament, the female High Commissioner to UK from South Africa and a member of the Zimbabwe opposition who had been imprisoned 6 times and tortured for her stand against Mugabe.
We sang the women's international anthem led by yet another female member of the Scottish Parliament.

In the evening we were hosted by Scotland in Edinburgh Castle to a buffet supper & a tour of the Scottish Crown jewels. It was a wet windy night and we had great difficulty even standing

as we climbed up the Castle ramparts to our buffet and to inspect the crown jewels. On top of the awful weather there was a rail strike and we had to rely on buses to take us back to the various cities & towns of Scotland and I was "fair drought" when I arrived home to Glasgow. It was a great celebration never the less and great fun in the evening.

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

Report on the German Medical Women's Association
by Dr Susanne Schroeder (Treasurer, German Medical Women's Association)

The German Medical Women's Association (Deutscher Ärztinnenbund) is about to achieve some improvements in working conditions for female doctors:

We first started an enquiry in all German hospitals to know if they have a kindergarten for the children of the hospital staff. The sad reality was that less than 10% of the hospitals had that possibility. Of these only a small part could look after small children or could offer long opening hours. The few hospitals that had ideal childminding facilities with long opening hours and caring even for sick children reported that it has a positive effect on the working atmosphere and reduced markedly the staff fluctuation.

Pregnant women at work are protected in Germany by the law. Unfortunately, it sometimes is too restrictive so that pregnant doctors are often only allowed to do administrative work. We are in contact with the Ministry to have the law changed to the better for pregnant doctors.

A third important subject is that young female doctors should know more about the working conditions and the ways and possibilities to reach their goals. They must plan their career from the beginning on. For that purpose, the German Medical Women and the Federal Association of Medical Practitioners have published a book "Karriereplanung für Ärztinnen" (career planning for women doctors) together with the Federal Ministry of Research.

Report on the Medical Women Switzerland
by Dr Marianna Bodenmann-Zanetti (National Co-ordinator Medical Women Switzerland)

Our association has completed a politically very successful year, with our help Susanna Stoehr an internist, was chosen as Vice-President of the Swiss Medical
Association (FMH) in Mai in a thrilling election. The Swiss Medical Chamber Delegates preferred her to the official candidate Ludwig Heuss, who later resigned from his seat in the executive board. With Brigitte Muff, a surgeon, to replace him, we now have three strong women in the executive board beside eight men. During the same General Assembly the new statutes were finalized, MWS eventually won a seat in the newly founded assembly of 33 delegates, the strategic instrument of FMH for efficient health care politics. I had applied for this position and got it in December. In this function I represent not only MWS, but also my Canton Zurich and the primary care physicians of Switzerland.
A day later on 20 Mai our Annual Congress took place also in Berne. Focusing on the topic "Liebe" (love), we did not only discuss gynaecological problems, but also many other themes, from the olfactory aspects of how you choose your mate to marital counselling and crisis prevention. In the afternoon we held our General Assembly and in boisterous spirit we acclaimed Susanna Stoehr in her new position. Serious subjects were recommendations for the exemption of women with children below the age of seven from emergency service in private practice. The number of primary care physicians in Switzerland is decreasing, their average

age is increasing and their work load will soon be unbearable. The setting-up of call-centres with triage-function might be helpful for all participants. Another “hot topic” was our home-page and its translation into four languages. It is still under construction. In the meantime we have changed our provider and plan to connect it with MWIA.
Try it visiting http://www.medicalwomen.ch/!

Southern Europe (Belgium, France, Greece, Israel, Italy)
Vice President Dr Emilia Quattrocchi

- no report from the region -

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

Information on the Federation of Medical Women of Canada
contributed by Dr Shelley Ross

The Federation of Medical Women of Canada, under the leadership of its President, Dr Gail Beck, had a very successful campaign for universal access to the Human Papilloma Virus (HPV) vaccine.

There are two HPV vaccines that have been developed and it is the Gardasil vaccine that has been approved in Canada. It is recommended for women and girls from ages 9 to 26 and is to protect against the HPV strains 6, 11, 16 and 18. It is particularly strains 16 and 18 that are responsible for 70% of the cases of cancer of the cervix. This is the first vaccine that has been shown to prevent cancer, which is a major breakthrough for women's health.

Dr Beck led a successful campaign with media attention across Canada, with the result that the Canadian federal government in their recent budget allocated money to have the provinces join the federal government to develop a process to vaccinate females in this age group. Currently, the vaccine costs $450 total for the three shots, which limits its access to those who can afford it.

Women in Medicine
contributed by Dr Shelley Ross

The Canadian Medical Hall of Fame announced five new inductees on Thursday who, it said, have contributed to understanding disease and improved people's health.
One of the inductees is:
- Dr Elizabeth Bagshaw (1881-1982), who was medical director of Canada's first birth control clinic, which was illegal. Vancouver has a clinic named in her honour.

North American Regional Congress
contributed by Dr Shelley Ross

Thank you to Dr Jean Fourcroy, Vice-President for North America, for arranging the North American Regional meeting for this triennium. It was held March 23-25, 2007, at the Walt Disney Dolphin Resort, with the theme being Future Issues and Dilemmas in Medicine.

There were many interesting presentations on such topics as HIV, HPV, osteoporosis and minimally invasive gynaecological surgery. MWIA was well represented by a panel that discussed the differences between the US and the Canadian Health Care Systems. Dr Elinor Christiansen, National Coordinator for the US, Dr Gail Beck, MWIA's Treasurer, and Dr Shelley Ross, Immediate Past President of MWIA, sat on this panel. The meeting saw the installation of the new American Medical Women's Association (AMWA) President, Dr Diana Galindo. Dr Galindo is a gerontologist from Florida.

News from Canada

by Gail Beck (Treasurer MWIA/ President Federation of Medical Women of Canada)

As well as being the Treasurer of MWIA, it is also my privilege to be the President of the Federation of Medical Women of Canada (FMWC). I would like to share with all of you my most recent message to Canadian members. The FMWC is very pleased to be able to let our colleagues around the world know of our success in having Gardasil, the vaccine against Human Papilloma Virus, funded by our federal government.

Influencing Change

Being the President of a National Medical Association is more of a challenge that I had expected it to be. I had expected to travel to branches and to work on some common goals with members. I had expected to share with members their hopes for and frustrations with the Federation. I had expected to spend so much time with this position that it would begin to feel as though I lived and breathed the Federation every day. All of these expectations have come to pass.

What I had not expected was that one of the greatest breakthroughs in women's health would emerge during my time as President, providing a unique opportunity for the Federation to remind members and colleagues of our singular position in the promotion of woman's health. That breakthrough, of course, was the release of the first HPV vaccine onto the Canadian market in July 2006.

Here it was, the first vaccine against cancer and a woman's cancer at that! The only drawback: at the time of its introduction, the vaccine was not accessible to most young women. Only those young women whose families could afford the cost would be able to obtain this protection against cervical cancer and genital warts.

There was an opportunity, however. There was a possibility that the cost of the vaccine would be borne by the federal government as part of the National Immunization Strategy. A submission was prepared for the pre-Budget consultations of the House of Commons Standing Committee on Finance. Members and colleagues and supporters assisted me in the research related to the submission but, finally, writing the final document was left to me. I felt myself to be in a bit of a time warp as the night before the deadline for submissions I brewed a pot of coffee and began to type at my computer in a half-dimmed room. It is amazing that one's efforts in these adverse circumstances actually do yield a reasonable product.

The Federation's cause passed the first hurdle and I was invited to make a presentation to the Standing Committee on Finance. One afternoon in October, I rushed from the hospital over to Parliament Hill for this second step. The presentation went well and there was only one question about why more funding for a woman's health issue and not for a man's. I bit back the statistics on how quickly Viagra was funded and provided a suitably Presidential response.

One never knows how such presentations and submissions will ultimately be received, but I was certainly heartened to see that the report of the Standing Committee on Finance accepted the Federation's recommendation that the implementation of the vaccine against Human Papilloma Virus should be funded by the federal government.

International Women's Day, March 8, is always marked by the Federation. This year, March 8 fell eleven days prior to the release of the Federal Budget. This was a perfect time to remind Canadians that this vaccine was available and to remind the federal government that they could fund it in the budget. Unrestricted grants and the participation of prominent Federation members from across the country made it possible for the FMWC to launch a media campaign to raise awareness of the vaccine and to encourage the Federal Government to follow the recommendations of the National Advisory Committee on Immunization to make the vaccine available to young Canadian women aged 9 to 26. I want to thank Drs. Shelley Ross, Shirley Hovan and Yolande Leduc for their participation in the media campaign. With their help, we were able to ensure media coverage across the country. The summary of the media coverage is available from the National Office.

On March15, the Department of Finance invited me to attend the pre-Budget lock-up. The Federation is not routinely asked to this event and I accepted immediately on your behalf. It occurred to me that the news was most likely positive and I became quite excited.

You do all know that the federal government provided $300 million in the budget for the funding of a universal program of vaccination of young women aged 9 to 26 against HPV. This is great news for Canadian women! Our efforts to have this vaccine funded have been successful.

Now it is time to write to your provincial health ministers and ask them to use the money to vaccinate young women in your home province.

I do believe that our efforts made a difference in getting this vaccine funded. This is the kind of work that I believe we ought to be doing. My thanks to all of you for your efforts in this endeavour. Thanks again to Shelley, Shirley and Yolande. Thanks to Merke and National Public Relations for their support. Personally, I also want to thank Eve Elman, the Director of Public Relations at the Canadian Medical Association, who always provides me with personal support in government relations. Because of this assistance, an unexpected opportunity has been maximized and the Federation can be proud of its role in the elimination of cervical cancer in Canada.

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

- no report from the region -

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

- no report from the region -

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

Report on the Association of Medical Women in India

by Dr Dinoo Dalal (National President Association of Medical Women in India)

The new Central office took over from April 2005. AMWI was started in 1907 and the first president was Dr Annette Benson. This year we are in the hundredth year. The Centenary year Celebrations were inaugurated on 27/1/2006 at Raj Bhavan, Mumbai by His Excellency Governor of Maharashtra Shri S. M. Krishna.

Dr Mandakini Megh, Chairman of Mumbai Branch was the inaugural Chairman and has printed a Souvenir comprising of the activities of the Indian Association during the past 100 years. A book "Firsts" including the vibes of Pioneer Indian Women doctors has also been published by Dr Usha Saraiya and distributed. During the year, the different branches will carry out many programs and workshops.
The year will end with a National Centenary Year Congress on 27th & 28th January 2007, hosted by the Mumbai Branch.

CHAIRMAN'S (MUMBAI BRANCH) REPORT

It gives me great pleasure before you report of the year 2005-2006. Our association will complete 100 years in 2007. We had decided to begin the centenary celebration a year earlier and end the celebration with National Conference. Inauguration of centenary celebration was held on 27th January, 2006 at Raj Bhavan, Mumbai with great success!
The Scientific Program was held in Y.B. Chavan Auditorium in the afternoon, Symposium and panel discussion were held on maternal mortality, violence against women as vulnerable victim of HIV, reproductive health, cancers in women etc.
I thank major contributors like UNICEF, Datta Meghe, FPAI and all others who helped organize such as unique and grand Program. I specially thank UNFPA for providing bags and other health material.

OBITUARY

Dr Tulsi Basu, DRCOG, DA, DCH
Dr Basu was born in Karachi on 10th April 1935, and passed away on 13th April 2006. She passed her MBBS from Karachi University in 1958 and went on to U.K. to do her DRCOG, DCH and DA. She was a practicing anaesthesiologist in Kolkata, specializing in paediatric anaesthesia. She had a number of publications to her name in analgesia and anaesthesia.
She was actively involved with the Association of Medical Women in India and was in charge of the AMWI Mission Hospital started by Dr Maria Catchatoor at Kolkata.
She was married to Dr Basu, gynecologist at Kolkata and has one son who has settled in New Zealand with his family. Her beloved husband passed away a couple of years ago.
Dr Basu left behind a large number of friends not only in India, but also abroad, and she was very active in the Medical Women's International Association. She attended most of the MWIA Conferences and also almost all AMWI Congresses. May God rest her soul in Peace!

ACTIVITIES 2006

Activities in 2006 included a workshop on "Emergency Obstetric Care" in collaboration with the State Family Welfare Bureau in February. The aim was to reduce maternal mortality by providing emergency care in need. WHO, Government of India and State Family Welfare Bureau funded the program.
The Shirin Mehtaji Scientific Paper Competition, an annual event organised by AMWI was held on 22 April 2006. There were 30 contestants of which 25 presented their papers.

Another workshop in collaboration with the State Family Welfare Bureau on "Adolescent Health", "Infertility" and "Above 40 Clinic" was held in June 2006. Aim was to train the 25 participating medical officers and gynaecologist to set up above three clinics at their Hospitals. WHO, Govt of India and State Family Welfare Bureau funded the program.
The 33rd annual training course in cytology organised by AMWI took place in August 2006 with the objective to train people for early diagnosis of cervical cancer among women.

INAUGURATION CEREMONY OF CENTENARY CELEBRATION: 27TH JANUARY 2006
The Centenary Celebration of AMWI began on 27th January 2006. The inaugural function was held at prestigious Durbar Hall at Raj Bhavan. The function was inaugurated by His Excellency , Shri S.M. Krishna, Dr Dinoo Dalal, AMWI Council President welcomed the guests and members. Dr Mandakini Megh, Chairman AMWI Mumbai Branch gave a short presentation of Past, Present & Future of AMWI. Our Patron Member and Health Minister of Maharashtra Dr Vimal Mundada released the Centenary Souvenir. His Excellency, Governor of Maharashtra released the book on "Life Sketch of Pioneer Women Doctors in India". The book was earlier written by Dr Sarayu Bhatia, Ex-President AMWI. It was reviewed, updated and edited by Dr Usha Saraiya. His Excellency Mr. S.M. Krishna in his speech briefly narrated history and praised the work done by the association and expressed his expectations from this association.

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

- no report from the region -

5. WEBSITES OF NATIONAL ASSOCIATIONS

Australia	http://www.afmw.org.au
Austria	http://www.aerztinnenbund.at
Belgium	http://www.mwab.be
Canada	http://www.fmwc.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. OBITUARY

Dr Beryl Corner (United Kingdom)

It is with deep sorrow that we have to inform you that Dr Beryl Corner passed away on March 4, 2007
Beryl Corner was President of MWIA from 1978 – 1980 and since 1982 an Honorary Member of the Association.
Both the Medical Women's Federation and MWIA have lost a highly committed and dedicated member. Beryl Corner was a role model for women and will be greatly missed.

Dr Waltraud Diekhaus

7. MWIA INTERNATIONAL CONGRESS

Accra, Ghana, 31 July – 4 August 2007

Registration for the MWIA International Congress in Accra, Ghana, 31 July - 4 August, can either be done online (www.mwiainghana.org), or alternatively the form can be printed out from the website, filled in and returned to Ghana by fax to the fax number provided on the form. The accommodation and tours form is on website too, but has to be downloaded and returned by fax to the number indicated on the form. (Both forms are attached)
It is advised that payment be made in full to secure ones accommodation.
Confirmation will be made when the bank transfer has been confirmed by the bankers Ecobank Ghana.

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

Local Organizing Committee (LOC):
Society of Ghana Women Medical and Dental Practitioners
P.O. Box KB 263
Korle BU, Accra, Ghana
Phone: +233-28 503 7385
Fax: +233-21 239684
E-mail: info@mwiainghana.org (General information)
afuahesse@mwiainghana.org (Chairperson LOC)
pokusarpong@mwiainghana.org (Secretary LOC)

DRAFT TIME TABLE, ACCRA, GHANA

Please note that the following meeting schedule does not contain all details about the scientific meetings.

- There will be Poster exhibitions throughout the congress period.

Monday, 30 July 2007

08:00 – 09:00	MWIA Committee Meetings
09:00 – 13:30	MWIA Pre-Congress Executive Meeting
14:30 – 17:00	NC Briefing for MWIA current and incoming Executive members, National Presidents and National Coordinators as well as Individual Members
Evening	Introduction of Candidates for Election

Tuesday, 31 July 2007

09:00 – 12:00	**1st MWIA General Assembly**
12:00 – 13:30	Scientific Session
14:30 – 15:30	Keynote: "Women in the world of medicine"
15:30 – 17:00	Opening Ceremony
Evening	Opening Reception

Wednesday, 1 August 2007

09:00 – 10:00	Charlotte Abaka; "Gender in medicine"
10:30 – 13:00	Workshop "Gender Mainstreaming" and Parallel sections of free papers
14:00 – 15:30	Hospital Visits

Thursday, 2 August 2007

09:00 – 10:00	Gabrielle Casper "Leadership for Medical Women"
10:30 – 13:00	Workshop "Leadership" and parallel sections of free papers
14:30 – 17:00	**2nd MWIA General Assembly**
Evening	Cultural Evening

Friday, 3 August 2007

09:00 – 10:00	F.T. Sai "Health in a Multicultural World"
10:30 – 13:00	Film and Symposium on Female Genital Mutilation
14:30 – 16:30	Symposium on Female Genital Mutilation (cont'd)
20:00 -	Gala Diner

Saturday, 4 August 2007

09:00 – 10:00	Ethics and Resolutions Committee Meeting and parallel sections of free papers
10:30 – 12:30	**3rd MWIA General Assembly**
13:00 – 14:00	Closing ceremony
15:00 – 18:00	MWIA Post-Congress Executive Meeting (new Executive)

Sunday, 5 August 2007

09:00 – 13:00	MWIA Post-Congress Executive Meeting (new Executive)
14:00 – 17:00	MWIA Post Congress Executive Meeting (new Executive)

II. ORGANISATIONS

1. WORLD HEALTH ORGANIZATION (WHO)

Reports and Extracts from Publications

STATEMENT BY DR MARGARET CHAN, DIRECTOR GENERAL, WORLD HEALTH ORGANIZATION, ON THE OCCASION OF INTERNATIONAL WOMEN'S DAY

Statement WHO/5; 8 March 2007

On International Women's Day, I invite you to join me in celebrating women worldwide. Women are the backbone of all our societies - as leaders, as caregivers, and as mothers. Yet on this day and every day, we remember that too many women in the world lack access to the most basic health care.

Women have particular needs and face specific health issues. However, the health needs of women are given neither the attention nor the prominence they deserve. Each year, for example, more than half a million women die from complications related to pregnancy and childbirth alone - a number that has hardly changed in 20 years. In 2006, 74% of people living with HIV in sub-Saharan Africa were young women.

This year's International Women's Day is devoted to ending impunity for violence against women and girls. We know that intimate partner violence is the most common form of violence in women's lives - much more so than assault or rape by strangers or acquaintances. The high level of physical and sexual violence committed by an intimate male partner has shocking consequences for women's health. Furthermore, one in five women reports being sexually abused before the age of 15, which is associated with ill health for years to come.

The health of women is given far too little space in plans for development and too little attention in many health agendas.

Women's health is threatened because of the poor conditions in which many women work, the risks we encounter in our reproductive roles, and the discrimination and poverty that women face. I would like to use this opportunity to underline my commitment to making sure that the work of the World Health Organization will have a positive and lasting impact on the health of women.

We know that poverty is the single greatest impediment to development and change. Poverty is responsible for the majority of deaths from preventable causes. In every country, poverty appears as high rates of maternal and childhood mortality and high rates of death and illness from infectious diseases. The health of women is clearly at risk when they have little money, no medicines and no access to prevention or treatment services. This is often compounded by social norms that do not give women voice or equal opportunities.

WHO is working to address the specific vulnerabilities and health needs of women. We are working to meet women's sexual and reproductive health needs. We are working to prevent violence against women and to reduce the burden of infections, injuries, chronic diseases, mental health problems and other chronic conditions that affect women.

Women make up a large proportion of the health workforce. We work as doctors, nurses, midwives and community health workers. Women also provide the bulk of care for their families. This is particularly striking in sub-Saharan Africa where the burden of care for people living with AIDS and affected children is provided in the home. WHO is investing in strengthening the health workforce.

I strongly believe that women hold the key to improving health, as agents of change in the family and in the community, and as leaders in all areas. Given the right support, women can be a positive force in ways that can lift households and entire communities out of poverty.
In my personal role as a health leader, I am committed to improving the health of women everywhere, so that all people can attain the health and development goals that we have set ourselves. Investing in women and women's health means investing in human progress.

WORLD HEALTH DAY – 7 APRIL 2007

by Dr Margaret Chan

It is my honour to inform you that the World Health Organization is making international health security the focus of World Health Day 2007. The objectives of World Health Day are to draw worldwide attention to the theme, and urge governments, international organizations, business and civil society to “Invest in health and build a safer future”.

Threats to health know no borders. They are many and varied. They include sudden shocks to health and economies from emerging diseases, such as avian influenza, humanitarian emergencies, effects of climate change or environmental degradation, chemical spills, bioterrorism and other acute health threats. Severe acute respiratory syndrome (SARS), for example, showed us how vulnerable our highly mobile, interconnected and interdependent world has become. Collective international health security is the first line of defence against health risks that can devastate people, societies and economies worldwide.

We have seen how strong public health systems and surveillance are essential to help make the world more secure. I look forward to June of this year when the revised International Health Regulations (2005) will come into force. Their implementation will help to build and strengthen effective mechanisms for outbreak alert and response at national and international levels.
Additional information are available at http://www.who.int/worl-health-day/2007

WHO AND UNAIDS SECRETARIAT WELCOME CORROBORATING FINDINGS OF TRIALS ASSESSING IMPACT OF MALE CIRCUMCISION ON HIV RISK

Extract - Joint Statement WHO/UNAIDS/4 – 22 February 2007

The World Health Organization (WHO) and the UNAIDS Secretariat welcome the publication today in *The Lancet* of the detailed findings of two trials undertaken in Kenya and Uganda to determine whether male circumcision has a protective effect against acquiring HIV infection.

The findings of the two trials support the results of the South Africa Orange Farm Intervention Trial, funded by the French National Agency for Research on AIDS (ANRS), which were published in late 2005. Together the three studies, which enrolled more than 10 000 participants, provide compelling evidence of a 50 to 60% reduction in heterosexual HIV transmission to men.

"These findings are a very important contribution to HIV prevention science. Male circumcision has major potential for the prevention of HIV infection", said Kevin De Cock, Director of the WHO HIV/AIDS Department.

NEUROLOGICAL DISORDERS AFFECT MILLIONS OF PEOPLE WORLDWIDE

Extract - News Release WHO/4, 27 January 2007

A new report from the World Health Organization (WHO) shows that neurological disorders, ranging from epilepsy to Alzheimer's disease, from stroke to headache, affect up to one billion people worldwide. Neurological disorders also include brain injuries, neuroinfections, multiple sclerosis and Parkinson's disease.

The Report, Neurological Disorders: Public health challenges, reveals that of the one billion people affected worldwide, 50 million suffer from epilepsy and 24 million form Alzheimer's and other dementias. Neurological disorders effect people in all countries, irrespective of age, sex, education or income.
An estimated 6.8 million people die every year as a result of neurological disorders. In Europe, the economic cost of neurological diseases was estimated at about 139 billion Euros in 2004.

Access to appropriate care is difficult for many people with neurological disorders, their families and caregivers. WHO advocates for the integration of neurological care into primary health care. For many people seeking medical care, primary health care is the only access to health care they have. In these settings, doctors can use low-technology interventions. Community-based rehabilitation is also an option.

"Despite the fact that highly effective, low-cost treatments are available, as many as nine out of ten people suffering from epilepsy in Africa go untreated. Health systems need to be strengthened to respond to deliver better care for people with neurological disorders," said Dr Margaret Chan, WHO Director-General.

The reasons for the non-availability of treatment include: inadequate health delivery systems, lack of trained personnel, the absence of essential drugs and traditional beliefs and practices.

HRP (HUMAN REPRODUCTION) PINPOINTS RESEARCH NEEDED TO HALT FEMALE GENITAL MUTILATION

WHO Progress No. 72 – 2006

Expert observers, including sociologists and ethnologists, believe that a better under standing of the sociocultural underpinnings of female genital mutilation could make efforts to halt the practice more effective.

After nearly three decades of efforts by countries and by the international health and development community to eradicate female genital mutilation (FGM), the practice continues virtually unabated in all but a handful of countries where it has long been an accepted tradition. Outlawing it by passing anti-FGM legislation can drive the practice underground. Emphasizing its dangers to health can lead to its "medicalization", i.e. ensuring that it is practised on I y by medically trained practitioners, thereby reducing some of its immediate consequences but doing nothing to halt the violation of human rights and the mutilation of a woman's body that the practice en- tails.
Many expert observers, including sociologists and ethnologists, believe that a better understanding of the sociocultural underpinnings of FGM could make efforts to halt the practice more effective. Research, they believe, has paid too little attention to the role of women in perpetuating the tradition. In most countries where FGM is prevalent, more women than men support the practice. Women's attitudes to FGM are complex: in countries where the practice is almost universal, many women say it should be stopped and a large proportion of the

women who say it should be stopped still ensure that their own daughters undergo the procedure.
HRP experts believe that research is needed specifically to probe the complex mechanisms underlying women's attitudes and actions related to FGM. In the first half of 2006, there- fore, the Programme issued a call for proposals for research on "the role of female sexuality in women's continued support of FGM". Specifically, the research should examine how sociocultural beliefs about, among other factors, female sexuality, sexual morality and femininity affect women's support of FGM and also how interventions should best be designed to induce women to withdraw their support for the practice. HRP received 28 research proposals, of which four have been shortlisted for further development and review.

This research is apart of a larger project of the Programme designed to study various aspects of FGM practice, including how decisions regarding FGM are made and who makes them, and which specific interventions can help stop the practice.

Note: **HRP** is the main instrument within the United Nations system for research in human reproduction, bringing together policy-makers, scientists, health care providers, clinicians, consumers and community representatives to identify and address priorities for research to improve sexual and reproductive health.

NEW STUDY SHOWS FEMALE GENITAL MUTILATION EXPOSES WOMEN AND BABIES TO SIGNIFICANT RISK AT CHILDBIRTH
News Release WHO/30, 2 June 2006

A new study published by the World Health Organization (WHO) has shown that women who have had Female Genital Mutilation (FGM) are significantly more likely to experience difficulties during childbirth and that their babies are more likely to die as a result of the practice.
Serious complications during childbirth include the need to have a caesarean section, dangerously heavy bleeding after the birth of the baby and prolonged hospitalisation following the birth. The study showed that the degree of complications increased according to the extent and severity of the FGM.
In the case of caesarean section, women who have been subjected to the most serious form of FGM ("FGM III") will have on average 30 per cent more caesarean sections compared with those who have not had any FGM. Similarly there is a 70 per cent increase in numbers of women who suffer from postpartum haemorrhage in those with FGM III compared to those women without FGM.*****
"As a result of this study we have, for the first time, evidence that deliveries among women who have been subject to FGM are significantly more likely to be complicated and dangerous," said Joy Phumaphi, Assistant Director-General, Family and Community Health, WHO. " FGM is a practice steeped in culture and tradition but it should not be allowed to carry on. We must support communities in their efforts to abandon the practice and to improve care for those who have undergone FGM. We must also steadfastly resist the medicalization of FGM. WHO is totally opposed to FGM being carried out by medical personnel."
The study also found that FGM put the women's babies in substantial danger during childbirth. Researchers found there was an increased need to resuscitate babies whose mother had had FGM (66% higher in women with FGM III). The death rate among babies during and immediately after birth is also much higher for those born to mothers with FGM: 15% higher in those with FGM I, 32% higher in those with FGM II, and 55% higher in those with FGM III. It is estimated that in the African context an additional 10 to 20 babies die per 1000 deliveries as a result of the practice.
"This research was carried out in hospitals where the obstetric staff are used to dealing with women who have undergone FGM. The consequences for the countless women and babies who deliver at home without the help of experienced staff are likely to be even worse," added WHO's Dr Paul Van Look, Director of the Special Programme for Human Reproduction Research (HRP) which organized the study.

The study involved 28,393 women at 28 obstetric centres in six countries, where FGM is common - Burkina Faso, Ghana, Kenya, Nigeria, Senegal and Sudan. The centres varied from relatively isolated rural hospitals to teaching hospitals in capital cities. They were chosen to provide appropriate diversity of types of FGM.

"These findings are of great importance for countries," said Professor Saad M El Fadil, the study Principal Investigator in Sudan. "This high-quality research was carried out in numerous hospitals in African countries where FGM is common and for the first time gives clear evidence of its harmful effects for women and babies."

FGM is a common practice in a number of countries, predominantly in Africa. It involves partial or total removal of the external female genitalia or other deliberate injury to the female genital organs whether for cultural or non- therapeutic reasons. Over 100 million women and girls are estimated to have had FGM worldwide.

Although practices vary from country to country, FGM is generally performed on girls under 10 years of age and leads to varying amounts of scar formation. It is not entirely clear why FGM leads to increased complications during childbirth, but one possible explanation is that this scar tissue is relatively inelastic and can lead to obstruction and tearing of the tissues around the vagina during childbirth. Obstruction can lead to prolonged labour, which increases the risk of caesarean section, heavy bleeding, distress in the infant and stillbirth. Women with FGM are also more likely to undergo episiotomy (surgical cut during delivery to prevent vaginal tears).

According to Associate Professor Emily Banks of the Australian National University, "This study shows that where around 5.0% of babies born to women without FGM were stillborn or died shortly after delivery, this figure increased to 6.4% in babies born to women with FGM. In many parts of Africa death rates are even higher and the impact of FGM is likely to be even greater. We cannot allow this to continue."

The authors of the study say that this new evidence is of crucial importance to communities where FGM is practiced, both for the women who have had FGM and to protect future generations of women and girls from FGM. FGM remains a pressing human rights issue and reliable evidence regarding its harmful effects, both for mothers and their babies, should contribute to the abandonment of the practice. WHO is committed to work with international partners and countries to eliminate FGM. It is in direct violation of young girls' rights, has both short-term and long-term adverse health consequences, and is an unnecessary procedure.

***Note:** Female genital mutilation (FGM), often referred to as 'female circumcision', covers all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons. There are different types of female genital mutilation known to be practiced today. They include:

- Type I (FGM 1) - excision of the prepuce, with or without excision of part or all of the clitoris;
- Type II (FGM II) - excision of the clitoris with partial or total excision of the labia minora;
- Type III (FGM III) - excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation)

2. UNITED NATIONS (UN)

GIRLS SPEAK OUT FOR THEIR RIGHTS AT UN-BACKED FORUM

New York, March 3, 2007

Girls from around the world -- including a former child soldier from the Democratic Republic of the Congo (DRC), an HIV-positive rape victim from Zambia, and a child-labourer from Nepal -- have come together to share the experiences that made them activists at an event at United Nations Headquarters.

The poignant voices of these and other girls at Friday's event, called "Girls Speak Out" and moderated by CBS News anchor Katie Couric of the United States, drew an emotional response from those attending, including delegates to the UN Commission on the Status of Women, whose two-week session ends on 9 March.

Madeleine, a 15-year-old former soldier from the DRC, recounted her experiences in the jungles of Eastern Congo, where she fought on the front lines of the civil war. She joined the Mai-Mai armed group in 2002 when she was only 11 years old without having completed primary schooling.

After receiving military training, she spent two years with the group in the Uvira region before being demobilized as a soldier in 2004. "Girls who have been demobilized now live in local communities. And I must say that 7 or 8 out of 10 of us have children -- children that are being rejected by our communities," the former girl soldier told her fellow delegates. "Some of us are suffering from diseases like HIV/AIDS, and yet we don't have access to treatment. What have we done wrong to suffer like this? What will be our future?" she asked, before she broke down in tears. The audience gave her a standing ovation. The event was organized as part of a debate on how to curb the discrimination and violence that girls face in all regions, which is the priority theme of this year's Commission session. Over 2,000 women and girls have come from around the world to join government delegates in seeking solutions to these problems.

The impact of discrimination and violence against girls is staggering: 55 million girls are not in school; millions of school- in domestic service; an estimated 40 per cent of child soldiers are girls; and more than 60 per cent of young people aged 15-25 living with HIV and AIDS are female.

"We are not only the subject of the conference, but we are also the voice of this conference," said 16-year-old Jordana Alter Confino from New Jersey, who was a co-moderator of the special event. Ms. Confino is one of the founders of Girls Learn International, a service initiative engaging middle and high school students from the United States in the campaign to achieve universal girls' education.

Katie Couric, a mother of two girls, told delegates that there was so much to learn from this discussion, observing: "To change the world, you have to learn the world."

COUNTRIES FACE TOUGH DECISIONS ON MAKING CERVICAL CANCER VACCINE WIDELY AVAILABLE

UN – 7 February 2007

With vaccines against the virus that causes most cases of cervical cancer, a disease that kills more than 250,000 women each year, now on the market, the United Nations health agency today stressed the tough decisions countries face before making the vaccine widely available, including cost-effectiveness, delivery and education.

“Even for developed countries, cost is a major barrier to making the vaccine widely available,” the UN World Health Organization (WHO) said in a news release, noting that developing countries, where the vast majority of deaths from the disease occur, face additional hurdles, such as not having a complete set of epidemiological data or a mechanism to deliver the vaccine. <http://www.who.int/bulletin/volumes/8572/07-020207/en/index.html>

The market price for Merck’s Gardasil for human papillomavirus (HPV), approved by the United States Food and Drug Administration last year, is about $90 a dose for each of a three-dose series, and that is before agents’ fees.

The vaccine, so far been approved in 49 countries, with more expected to join the list this year, gives 100 per cent protection against infection from HPV types 16 and 18, responsible for 70 per cent of all cervical cancers. It also protects against HPV types 6 and 11 that cause genital warts.

“The HPV vaccine is no magic bullet: it has the potential to substantially reduce the prevalence of cervical cancer, but not to eradicate it,” WHO cautioned. But it noted that it is on the agency’s prequalification list, which could open the door to purchases in developing countries via UN agencies. “There are challenges for countries in terms of cost and so on, but this vaccine is unique and offers tremendous possibilities,” WHO coordinator for the Initiative for Vaccine Research, Product Research and Development team Teresa Aguado said.

Cervical cancer is the second most common type of cancer among women, with deaths projected to rise by almost 25 per cent over the next 10 years, according to WHO. In 2005 there were more than 500,000 new cases, 90 per cent of them in developing countries. Left untreated, invasive cervical cancer is almost always fatal.

In December, the UN Population Fund (UNFPA) stressed the need for funding to make the vaccine available in the developing world and WHO Assistant Director-General for Health Technology and Pharmaceuticals Howard Zucker told a London conference it could save hundreds of thousands of lives if delivered effectively in developing countries.

Last year, WHO issued policy, programme and technical notes, driving home the need to educate governments, health professionals and the public about both viruses and vaccines, and the importance of collaboration between reproductive health, immunization, child and adolescent health and cancer control programmes.

“The guidelines make it clear that partnership between health programmes is vital for a coordinated introduction of the vaccine,” WHO Department of Reproductive Health and Research official Nathalie Broutet said today. “Vaccine introduction gives these programmes the opportunity to deliver other interventions while immunizing against HPV.”

This year promises to be significant for HPV vaccination with WHO’s six regions planning meetings on the issues, starting with one in April of WHO experts and government officials from South-East Asia and the Western Pacific.

Developing countries that acquire the vaccine would need to decide whether to start vaccinating females alone or both adolescent girls and boys. The most successful vaccination programmes have been community-wide and avoid any stigma associated with single sex vaccination, but the cost may restrict HPV vaccination to girls, especially since clinical data on efficacy in boys are still being gathered.

A second question is how to reach the population. Although the vaccine is approved for women up to the age of 26, it is generally considered to be best administered at the age of nine to 13 years, before girls become sexually active and potentially exposed to HPV.

“For countries where schools are well attended by girls, a school-based vaccination programme can be the answer. Otherwise, alternatives for vaccine delivery will have to be identified and tailored to the country context,” Ms. Aguado said.

Promoting an anticancer vaccine and, at the same time, making it clear that (http://www.who.int/reproductive-health/publications/hpvvaccines/index.html) HPV is a sexually transmitted infection will require deft handling in the wording of policy, education and publicity materials.

“Screening and treatment services will still be required, because the vaccines only prevent about 70 per cent of cervical cancer cases and because it will be years, if not decades, before we see the full benefit of vaccination in terms of a reduction in the incidence of cervical cancer,” Andreas Ullrich, medical officer with WHO’s department of Chronic Disease and Health Promotion, said.

3. EUROPEAN WOMEN’S LOBBY (EWL)

EXTRACT FROM THE EUROPEAN WOMEN’S LOBBY STATEMENT TO THE SPRING COUNCIL 2007
“50 years of European gender equality legislation: implement gender justice now!”

Women's time gap and women's care gap
Part-time work, in which women are over represented, is one of the key determinants for being in lower income brackets. One of the root causes of women's time gap is women's care gap: women spend more time in paid and unpaid care for dependents and people with additional support needs than men do. Women in part-time employment work more hours than men in full-time employment, when paid work and unpaid domestic caring work are combined (56 against 54 hours).

Although these gaps between women and men, better known as women's 'double burden', have been factually documented at least for the past 30 years, caring for others in society continues to be institutionally and systemically viewed as a biological female trait, a service offered 'naturally' by women to society, an 'obligation' of women to provide care. Not participating in the labour market is considered unnatural for men, and the common view is that the most valuable contribution to well being and economic growth is following the white male middle-aged model of paid full employment. Reconciliation of work and private life can only be implemented if the social right to private life is considered equal to the social right to employment and prioritised as such by Member States. ' Active inclusion' to strengthen social integration will remain a policy on paper if not accompanied with a gender mainstreaming analysis and reporting and a guaranteed minimum income.

Violence against women is both a cause and a consequence of women's inequality and as such contributes directly and indirectly to women's relative poverty and their disadvantaged position in the labour market. As the leading cause of morbidity and mortality for women of working age, violence against women imposes massive costs on employers and employees. These costs are both direct (loss of work time, impaired productivity) and indirect (opportunity costs to individuals and the market).

EWL recommendations:

- Improve **legislation regarding maternity, paternity and parental leave**, including making the parental leave period non-transferable and shared between parents, entitling women on maternity leave to an income equivalent to full salary and adopting a **directive on paternity leave.**
- Develop an **Open Method of Coordination in the field of care services** and **recommit to achieving the Barcelona targets** to provide childcare by 2010 to at least 90% of children between 3 years old and the mandatory school age and at least 33% of children under 3 years of age); establish sanctions against Member States that do not progress with achieving targets.
- Take concrete measures to provide **universal and affordable provision of care services for older, disabled people and persons with additional support needs including setting European targets to achieve this goal.**
- Develop an Action Plan outlining how **EU macro-economic policies can contribute to increased investment in public care services** as an essential part of the European social model.
- **Develop a strategy / legal basis to address violence against women at European level.**

Women and poverty, social exclusion, social protection and health care
As a result of inequalities and gaps between women and men in employment, pay, pension, and social protection, the at-risk-of-poverty and social exclusion rate is higher for women than men in the majority of EU countries, especially for women heading single-parent households.

Employment alone is insufficient to protect women from poverty if the jobs available are low paid or insecure or if quality and affordable childcare services are not provided: the 'adult worker' model of integration for 'making work pay' is a male bread-winner model that needs to be transformed in order to respond to women's life cycle experiences.

Welfare systems that view the family as the central unit of society for calculation of benefits instead of the individual do not establish individual rights to social protection. These welfare systems reinforce women's social protection dependence on their partner's social security, record, thus directly discriminating against women.

Women experiencing multiple discrimination are at higher risk of poverty than men in disadvantaged groups. Every social group includes women, who often constitute the majority of a group facing discrimination or social exclusion on the basis of age, race, ethnicity, disability, migrant status, sexual orientation, geographical location or other social identity grouping.

Violence against women further marginalizes and disempowers women, often producing a nefarious synergy with poverty, unemployment, and inadequate law enforcement, prosecution and social services. This synergy creates favourable conditions for traffickers to effectively target disadvantaged groups of women of all ages; the most vulnerable, as always, are the most socially excluded. The issues of women's economic independence and in particular gender gaps in the labour market and social protection systems, added to discrimination and social stereotypes, are therefore central to tackling all forms of male violence against women and this fundamental social gap requires immediate positive action in order to start being eliminated.

EWL recommendations:

- Strong gender equality objectives must be integrated within the EU **Strategy to Combat Poverty and Social Exclusion.**
- EWL calls on Member States to adopt **actions supporting women experiencing multiple social exclusion and discrimination, including targeted policy action for their inclusion in the labour market** and supporting non-traditional and one- parent families.
- Deliver an analysis and strategic action plan on the reform of social protection systems in support of equality between women and men, including a **plan for the individualisation of rights to social security and benefits**, within the context of the OMC in the social protection field.
- **Incorporate specific EU gender equality objectives within the Open Method of Coordination in the field of health care**, including strengthening preventive programmes that promote women's health, carrying out more research on health and ill health of women, financing for equal access to healthcare services, and developing the capacity for health professionals to properly respond to women's health care needs and illnesses.

4. COUNCIL FOR INTERNATIONAL ORGANISATIONS OF MEDICAL SCIENCES (CIOMS)

CONTINUITY AND CHANGE OF CIOMS OFFICERS

The Council for International Organizations of Medical Sciences (CIOMS), a non-governmental, non-profit, organization which was established in 1949 by the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), and based at WHO Headquarters in Geneva, announces decisions which were taken by its Executive Committee (EC) during its 73rd Session held in Geneva on 23rd January 2007.

Professor Michel B. Vallotton of Geneva, Professor Emeritus of the Faculty of Medicine of the University of Geneva, representing the Swiss Academy of Sciences (SAMS), former President of the Ethical Committee for Research on Human Beings of the Department of Medicine for 10 years and President of the Central Ethical Committee of the SAMS from 1998 to 2005, was re-elected to serve a second term as President of CIOMS.

The CIOMS Executive Committee also elected Dr Gottfried Kreutz as Secretary-General of the organization. He succeeds Professor Juhana E. Idänpään-Heikkilä from Helsinki, Finland, who has retired after more than 6 years of distinguished service in the post. He will continue to contribute to the activities of CIOMS as a Senior Adviser and fulfil his academic functions at the University of Helsinki.

The Executive Committee also unanimously approved the **nomination of Dr Waltraud Diekhaus, current MWIA Secretary-General, as Vice President** of the organization. The nomination will be passed to the next CIOMS General Assembly for acceptance which will be held at WHO Headquarters in Geneva in June 2007.

CIOMS membership consists of more than 50 internationally oriented organizations, including international medical associations of various medical specialties, national medical associations, academies and medical research councils. In recent years, CIOMS has concentrated activities on bioethics and related human values; medical research and clinical safety issues with special emphasis on pharmacovigilance and requirements related to new therapies, namely, recourse to pharmacogenetics.
For further information see the CIOMS website: www.cioms.ch

5. NEWS IN BRIEF

HEALTH'S DECADE: HOW THE FIGHT AGAINST DISEASE UNITED A FRAGMENTED WORLD – EXTRACT

by Jon Lidén, Head of Communications, The Global Fund to Fight AIDS, Tuberculosis and Malaria, Geneva Switzerland

In the world of international development, the beginning of the 21st century may go down as the decade of fighting disease. AIDS went from a silent pandemic, shunned by national political leaders and ignored by the international community, to a leading celebrity cause central to the agendas of the world's leaders whenever they meet today. Global funding for AIDS increased eight-fold between 2000 and 2006. Universal access to life-saving drugs for the millions who are infected with HIV, but who cannot afford to pay for treatment, went from a far-fetched dream ten years ago to a commitment of a Group of eight world leaders at their meeting a year ago. Tuberculosis, the forgotten killer, has not only gained renewed notoriety as it has preyed on millions of people weakened by AIDS in Africa and stubbornly developed multi-drug resistant monster mutations in the overcrowded prisons of Russia; it has also seen the development of a global strategy to control its spread and some promising results to show that the international goals are reachable. Yet, the most promising turnaround may be happening in the fight against malaria. More information at www.theglobalfund.org.

EUROPEAN PARLIAMENT CERVICAL CANCER INTEREST GROUP (CCIG)

from the EWL Newsflash 2007

The Cervical Cancer Interest Group is a new initiative to the elimination of cervical cancer in Europe. Cervical cancer is the only cancer that could be virtually eliminated in Europe through a combination of effective screening and the introduction of new technologies. Eliminating cervical cancer is now a political issue rather than a scientific one and it was the recognition of this fact that prompted the formation of the CCIG. With 36 MEPs as members and chaired by Mrs Jolanta Dickute, Mme Francoise Grossetete and Mrs Glenis Willmott, the CCIG is dedicated to keeping cervical cancer prevention on the European Parliamentary agenda and to ensuring that is remains a priority within European health policy. The CCIG and the European Cervical Cancer Association (ECCA) launched, on Tuesday 23 January, the first European Cervical Cancer Prevention Week (ECCPW) at the premises of the European Parliament in Brussels. This event aimed to raise general awareness and to promote the screening and prevention of this cancer as far as possible.
http://www.ecca.info/webECCA/de/

END CHILD HUNGER: SAVE 50 MILLION LIVES – EXTRACT

by James T. Morris, Executive Director, United Nations World Food Programme (WFP), Rome, Italy

Yesterday 18,000 children died of hunger and malnutrition. Another 18,000 will die today, tomorrow and the day after. Despite all the scientific and technological advances of the 21st century world, we have failed to stop the oldest and biggest killer of all. More people die from hunger- related causes every year than from AIDS, malaria and tuberculosis combined. More die in a week than were lost in the Indian Ocean tsunami.

More information, please visit the website at http://www.wfp.org/.

WATER, SANITATION AND HYGIENE FOR ALL: GLOBAL STRATEGIES FOR LOCAL ACTION - EXTRACT

by Carolien van der Voorden, Programme Officer, Water Supply and Sanitation Collaborative Council (WSSCC), Geneva, Switzerland

In the water and sanitation sector, as in all development sectors, it is essential to find the balance between issues creating the 'enabling environment' -such as advocacy, policy, planning, capacity building, budgeting, monitoring and knowledge dissemination -on the one hand, and actual programme implementation on the other.
In recent years this balance has at times seemed somewhat precarious.

For more information, please visit the website of the Water Supply and Sanitation Collaborative Council at www.wash-cc.org.

EUROPEAN INSTITUTE FOR GENDER EQUALITY TO BE SET UP IN VILNIUS

Extract – News European Parliament – December 2006

The European Parliament took a step forward to promote equal opportunities between men and women. It adopted a second-reading report, based on an agreement with the Council and the Commission, which will enable the new European Institute for Gender Equality to start work in 2007.

The Institute's objective is to contribute to and strengthen the promotion of gender equality, including gender mainstreaming in all Community policies and the resulting national policies, and the fight against discrimination based on sex, and to raise EU citizens' awareness of gender equality.

It will have a staff of 15 persons in 2007 (30 in 2013) and an annual budget of approximately €7.5 million (proposed budget for the period 2007-2013: €52.5 million). Following a Council decision of 1 December 2006, the Institute will be based in Vilnius (Lithuania).

DR YASUE OMORI, EMERITUS PROFESSOR OF TOKYO WOMEN'S MEDICAL UNIVERSITY, ABOUT"DIABETES AND PREGNANCY" DURING THE CSW MEETING IN NEW YORK, Feb./ March 2007

by Professor Atsuko Heshiki

During the UN CSW (Commission on the Status of Women) meeting in New York, held between February 27th, and March 7th, 2007, Dr Yasue OMORI, world expert and researcher of diabetes and pregnancy delivered her lecture at tan seminar of the Global Alliance for Women's Health (president and founder Elaine M. Wolfson, Ph.D.) The seminar was co-sponsored by International Diabetes Federation (IDF) and World Diabetes Foundation.

Prior to the CSW, the 61st UN general assembly adopted the resolution of "World Diabetes Day" on January 18th, 2007. Starting from this year, November 14th will be called as World Diabetes day. I would like to congratulate a year-long initiative and effort of IDF and WHO that focuses on the specific theme relate to diabetes.

Dr Omori has presented many evidence that her care of diabetic pregnant ladies resulted in delivery of healthy baby as well as life –long happy life of the mother. She has been working in Japanese government to settle the diabetes check-up from age 20, which has not adopted yet.

During the seminar, there happened a drama that Dr Omori's former patient, now she is studying in New York, was in the seminar room. This young lady has expressed her thanks to Dr Omori's encouragement to study overseas in spite of her diabetes.

IDF has been conducting the campaign of "Unites for Diabetes" since June, 2006. Among five projects, Dr Omori is a selected member of "Diabetes and Pregnancy" along with Dr Uchigata, Japanese National Coordinator of MWIA in " Diabetes in young and children"

6. INTERNATIONAL WEBSITES AND PUBLICATIONS

WEBSITES / PUBLICATIONS

UNICEF – The State of the World's Children 2007 "Women and Children – The Double Dividend of Gender Equality" examines the discrimination and disempowerment women face throughout their lives – and outlines what must be done to eliminate gender discrimination and empower women and girls. It looks at the status of women today, discusses how gender equality will move all the Millennium Development Goals forward, and shows how investment in women's rights will ultimately produce a double dividend: advancing the rights of both women and children. The report can be downloaded from the website at http://www.unicef.org/sowc07/

THE AFRICAN REGIONAL HEALTH REPORT: THE HEALTH OF PEOPLE
is the first report to focus on the health of the 738 million people living in the African Region of the World Health Organization. While acknowledging that Africa confronts the world's most dramatic public health crisis, the report offers hope that over time the region can address the health challenges it faces, given sufficient international support. It provides a comprehensive analysis of key public health issues and progress made on them in the Africa Region.
To download the full report or to order a hard copy please go to:
http://www.who.int/bulletin/africanhealth/en/index.html

GENDER EQUALITY, WORK AND HEALTH: A REVIEW OF THE EVIDENCE, 2006
summarizes the evidence about the relationship between gender inequality and health and safety problems related to work.
http://www.who.int/occupational_health/publications/genderwork/en/

NGLS DEVELOPMENT DOSSIERS – "The unfinished story of women and the United Nations" Unrecorded by history and untold by the media, this book recalls the success story of women and the League of Nations and describes the unfolding history of women at the United Nations for the advancement and empowerment of women, especially in the 30 years since the First UN World Conference on Women in 1975 in Mexico City and up to the ten-year review and appraisal of the implementation of the Beijing Platform for Action in 2005.
http://www.un-ngls.org/pdf/UnfinishedStory.pdf

PROGRESS - a quarterly newsletter issued by HRP (Human Reproduction) since 1987; Progress in reproductive health research disseminates information on the activities of the Programme http://www.who.int/reproductive-health/hrp/progress/index.html

EUROPEAN UNION
The European Commission has published a new report "Mapping study on existing national legislative measures and their impact in tackling discrimination - outside the field of employment and occupation - on the grounds of sex, religion or belief, disability, age and sexual orientation" (Dec 2006) in English and French
http://ec.europa.eu/employment_social/fundamental_rights/public/pubst_en.htm

WEBSITE OF THE EUROPEAN YEAR OF EQUAL OPPORTUNITIES FOR ALL
A new website for the 2007 European Year of Equal Opportunities for All is online. It includes information on the themes and objectives of the Year, and a wealth of practical information on how the Year will be organised. For those who want go get involved, the site provides contact details of the National Implementing Bodies. These organisation can provide official endorsement for events and activities and the right to use the Year's logo: http://ec.europa.eu/employment_social/eyeq/index.cfm?cat_id=SPLASH

INTERNATIONAL AID + TRADE
http://www.aidandtrade.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

The next Update will be published in August 2007.

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