

**PASSED RESOLUTIONS FROM MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION,
30th INTERNATIONAL CONGRESS VIENNA**

Internal resolutions

- Regarding secretary general and treasurer posts (Resolution 4)

Other resolutions

- Domestic violence integrated service (Resolution 1)
- Ketamine scheduling (Resolution 2)
- Female genital mutilation (Resolution 3)
- Violence against health care workers (Resolution 5)
- Health workers and war (Resolution 6)
- Obesity and malnutrition (Resolution 7)
- Zika virus (Resolution 8)
- Refugees (Resolution 9)
- Immunisation (Resolution 10)
- Surrogacy (Resolution 11)
- Education (Resolution 12)

Resolution No. 1 Domestic Violence Resources Proposed by Germany Seconder Australia and Brazil

Whereas domestic violence is a serious women's health and societal problem.

MWIA resolves that all countries develop an integrated service, available to all women affected by domestic violence, for immediate help.

MWIA resolves that resources such as costs for cell/mobile phones, a hotline and social networking are made available and paid for by the state/government.

Resolution No 2 Ketamine Proposed by Nigeria Seconded by Egypt

Whereas, the plan by the UN Commission on Narcotics to schedule (place on the restricted drug list) ketamine due to its use as a recreational drug, has been strongly advised against by the WHO. This has been supported by the World Medical Association (WMA) and the World Veterinary Association (WVA), because of its use for pain relief in surgery as well as it being the only injectable combined anaesthetic and analgesic for animals.

MWIA affirms the role of Ketamine as an anaesthetic agent and an alternative drug for short term pain relief after surgery in resource poor settings.

MWIA resolves that it rejects the scheduling of ketamine because of the health, agricultural and economic implications, particularly in resource poor settings.

Resolution No 3 Cessation of female genital mutilation. Proposed by Executive Committee

Whereas the claim that FGM is a religious practice has not been substantiated, as there is no reference to any procedure altering female external genitalia in any religious books. Neither is FGM a harmless cultural/traditional practice.

And whereas the WHO and UN consider Female Genital Alteration (FGA) in any form in the absence of medical indication a human rights violation.

And whereas there is a suggestion to re-classify FGM into 5 categories rather than the Internationally recognised 4. The proposed 5th category would include “nicking”, for which there is no clarity, is an added risk and is simply an attempt to medicalize FGM.

MWIA acknowledges that FGM is not a prescribed medical practice. MWIA resolves:

1. FGM has no medical benefit and is a human rights violation
2. Any form of FGM, including “category 5” of FGM, should never be practised.

Resolution No. 4 Secretary General / Treasurer

WHEREAS the MWIA Statutes and Byelaws state a term of office for other officers there is no explicit tenure for the Secretary General and Treasurer. There have been no detailed written job descriptions for any officer positions. It is proposed

1. The maximum tenure of both the Secretary General and Treasurer is 2 terms of 3 years each
2. Detailed job descriptions are written for all the officer posts within the next year
3. The executive committee ensures continuity when the officer posts change

Resolution No. 5. Violence against Health workers. Proposed by Nigeria

Whereas patient-initiated violence against health workers has serious health effects on the health workers and the community

MWIA resolves that health workers are entitled to work free from occupational stress and threat (in a safe environment, free from harassment, discrimination, violence, verbal and physical bullying).

Resolution No. 6. Health workers and war. Proposed by Nigeria

Whereas increasingly health workers are targeted in war, conflict situations and other threatening behaviours

MWIA resolves to condemn all acts of conflict and other inappropriate behaviours especially those that target healthcare workers

Resolution No 7. Obesity and malnutrition. Proposed by Near East and African regional congress

Whereas obesity in many nations is considered as a sign of well-being and affluence, it is a serious public health problem and a non-communicable disease which is increasingly being associated with morbidity & mortality. This has attendant negative effects on the economy. Developing nations have a double burden of malnutrition in rural areas and increasing obesity in the urban areas.

MWIA resolves that:

1. Health care Providers need capacity building including training to address the issues of obesity and malnutrition
2. The state/government provides resources so that healthcare providers are empowered to address these issue with a holistic approach making prevention the key issue.

Resolution No.8 Zika virus

Whereas the WHO in February 2016 declared the Zika virus infection a public health emergency as it was linked to thousands of birth defects in Brazil.

Whereas women in Zika virus affected countries are not guaranteed access to information on effective preventive measures

MWIA Resolves that

1. At risk females should be provided with adequate information on potential harm.
2. Affected women are provided with sufficient public health preventative measures.
3. Appropriate social support should be mobilised and provided for affected women and their children.

Resolution No 9 Refugees and asylum seekers

Whereas the number of refugees and asylum seekers has increased dramatically in the last decade, with millions of displaced people including women and children, the resources of host countries are overwhelmed. Many of those in camps have no passport or proper documentation, so cannot be resettled.

And Whereas in some countries, Health Services and Education for these people are limited, often with no provision of safe obstetric care services, immunization for children, and no policing to protect those within the camps from rape and violence

MWIA Resolves to

1. Advocate for the introduction of initiatives for work with Individual Governments, NGOs, and the UN to allow processing of refugees who are without proper and appropriate documentation.

2. MWIA also resolves to encourage Aid Agencies, Health Care providers and Educators in individual countries to urgently provide basic health services, start schools and improve security for individuals in camps.

Resolution 10 Vaccination/immunisation

Whereas vaccination has become subject to rigorous scientific development, with assessment of safety and efficacy, the resourcing and equity of vaccination programmes vary across the globe.

Noting reported issues about vaccine hesitancy and even fake vaccines, promoted as safe to the public

Noting that sometimes vaccine information is used in an unorthodox manner for intelligence gathering thus compromising the safety of public health workers

MWIA

1. Supports that vaccines should continue to be subject to rigorous scientific development, with all necessary assessment of safety and efficacy
2. Condemns the use of vaccination programmes for any other purpose, be it research or experimentation that is not fully consented to by the individuals involved
3. Condemns the use of vaccine data for intelligence gathering

Resolution 11 Surrogacy

Whereas children should never be for sale, MWIA stands against commercial surrogacy, as this always involves the exploitation of women.

- MWIA resolves that Commercial surrogacy must be eliminated as it often involves racism, and the women who are most financially disadvantaged
- This is in accordance with earlier resolutions eg 1992:12, 1992:2 and 2013:7

Resolution No. 12 Education. Proposed by South Korea.

Whereas the UN 2016 Resolutions on Education emphasised the importance of inclusion in education of all women, girls and marginalized groups.

And, whereas education of women is of benefit to themselves, their family and their communities, in particular improved health outcomes including survival and well-being of children, mental health, and paid employment opportunities,

And, whereas domestic violence occurs across all socioeconomic groups, recent research shows that more education of women does reduce the incidence of domestic violence.

MWIA resolves that:

1. Equal educational opportunities including for science, technology, engineering and maths should be provided irrespective of age, gender and race. This includes for all women, girls and other marginalized groups.
2. Everyone, especially women and girls, should have access to education without fear of discrimination, abuse or violence.

Dr Helen Goodyear
Chair of Ethics and Resolutions committee