MWIA



Update

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MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

THEME OF THE 2013-2016 TRIENNIUM

"PREVENTION AND ELMINATION OF DOMESTIC AND SEXUAL VIOLENCE"

I. MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

1. PRESIDENT'S MESSAGE

Dr. Kyung Ah Park, Korea

In May, I traveled to Geneva to participate in the 67th WHO General Assembly. It was my second trip to WHO, the first being in 2010 when I was the President-elect of MWIA.

At the time of the 2010 meeting, we were just two, Dr. Shelley Ross and myself. We met several officers of WHO, who were in charge of violence, HIV, Maternal and Child Health, with whom we discussed our collaboration.

However, this year, accompanying me, the delegation from MWIA to the World Health Assembly consisted of members of the executive–Dr. Gail Beck, Dr. Shelley Ross, Dr. Christiane Pouliart, Dr. Shafika Nasser, and MWIA's official representative to WHO, Dr. Clarissa Fabre. MWIA was delighted to have an Australian medical student and MWIA member, Ms. Allison Hempenstall, accompany us. We met Johanna, who is our new focal point with WHO.

She was able to facilitate meetings with other officers with whom collaboration was discussed. There are common areas of interest in Gender Based Violence, Maternal and Child Health, HIV, gender equality, FMG and others.

There are so many topics in which MWIA has an interest that we could work in collaboration with WHO. We look forward to drawing on the expertise of our members as we move forward with this work.

2. REQUESTS FROM THE SECRETARY- GENERAL Dr. Shelley Ross, Canada

As noted by Professor Park, the MWIA delegation to the **World Health Assembly** of the World Health Organization had a busy time. Great meetings took place, with plans for collaboration being developed.

MWIA added its name along with WONCA and the International Association of Medical Students to the World Medical Association's statement on **Violence**, which appeared in the section of the World Health Assembly proceedings for NGO's in official relations with WHO. Ms. Hempenstall has written an article about gender based violence which is to be found under the section on WHO later in the newsletter.



The photo shows MWIA secretary general Shelley Ross, MWIA president Kyung Ah Park and MWIA WHO rep. Clarissa Fabre in Geneva (from left to right).

I had the honour to represent MWIA at the **Saving Every Women Every Child Summit** in Toronto, Canada, hosted by Canada's Prime Minister Stephen Harper May 28-30. Canada has named Women and Child Health as Canada's #1 development issue. I had the opportunity to sit at a roundtable discussion with Dr. Margaret Chan, Director General of WHO, and The Honourable Rona Ambrose, Canada's Minister of Health.

MWIA spoke out publically against the **abduction of the Nigerian schoolgirls** by Boko Haram. See the statement under item 9, later in the Update.

MWIA spoke out against the **stoning of the pregnant Pakistani woman** by her family because she married a man of her choice.

MWIA supports the campaign of **Women Deliver** to influence the Post 2015 agenda to include the health and welfare of women and children. See their campaign and <u>Download the message here</u>.

MWIA is exploring a partnership with ZONTA to provide **maternity kits** to reduce maternal and newborn mortality and morbidity.

Dr. Bettina Pfleiderer and her working group are moving forward with the **Training** Manual for Domestic and Sexual Violence. The inclusion of cases will make our

manual much more valuable for physicians and other health providers. Therefore, Dr. Pfeiderer is asking for members to **send in cases of gender based violence from your regions** that would illustrate the common problems you see. Please do not use patient names as privacy of our patients is so important. Please contact her under: president_elect@mwia.net.

It is not too late to complete the survey, if you have put it in the pile of things to do. Please send your completed survey to the Secretariat. The survey can be found on the MWIA website at www.mwia.net.

There will be several **regional meetings** over the triennium. The first is the **Northern European Regional Meeting** being held in Copenhagen, Denmark, September 4-6, 2014. **Please see a description of this meeting in the section, News from the Regions.** Details for all meetings can be found in this Update on the Calendar page.

Dr. Pam Liao and Dr. Charlotte Roehrborn of yMWIA are to be congratulated on hosting the first two **webinars on topics that address the realm of violence against women**. Dr. Mini Murthy presented February 1st on the topic of "Women's Health is Society's Wealth." And Dr. Gabrielle Casper presented on "Violence Against Women—a Pervasive Human Rights Violation of Pandemic Proportion." We look forward to a third webinar over the summer.

MWIA's response to **the Lancet** article, Intimate Partner Violence and HIV: Unwelcome Accomplices, appeared in The Lancet.

Should you wish to contact any of the executive, the **website** now has the capability of accepting emails according to office. For example, if you wished to contact Dr. Kyung Ah Park, you would address your email to president@mwia.net. If you wished to contact any of the Vice Presidents, taking the example of Dr. Carole Williams from North America, you would send you email to VP northamerica@mwia.net.

The website now has a secure site for the National Coordinators. I am requesting that all National Coordinators please email me their request for the password to the secure site.

Contact information for MWIA:

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Twitter is MedWIA

3. 2013-2016 EXECUTIVE with email addresses:

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The Medical Women's International Association Executive 2013-2016

Front row left to right: Shelley Ross, Bettina Pfleiderer, Kyung Ah Park, Afua Hesse

Back row left to right: Mercedes Viteri, Carole Williams, Hiroko Yamamoto, Khatuna Kaladze, Shafika Nasser, Christiane Pouliart, Gail Beck, Bong Ok Kim, Helen Goodyear

4. NEWS FROM AROUND THE REGIONS

Australia

Medical student, Sarah Rockefeller from Australia who attended CSW and the MWIA events asks for your help in her research. She looks at the education needs for medical students about sexual violence so they can manage patients who are survivors. She is currently recruiting doctors to be participants. She will undertake in depth interviews with participants for approximately half an hour by phone or skype. For more information please visit our website at: http://mwia.net/opportunities-for-mwia-members/

Denmark

The Danish Medical Women's Association is organizing the 17th Northern European Congress for MWIA September 4-6, 2014, in scenic Rungstedgaard, next to the Karen Blixen museum. Topics will include Careers of Women Doctors, Women's Health, Women's Rights and Violence Against Women. The congress will also arrange a round table discussion about the abortion law, currently being challenged in several European

countries. There will also be an opportunity to hear about the two main activities of the Danish Medical Women's Association, namely mentoring of foreign doctors and the health project in Myanmar. The congress will provide a great opportunity for professional networking with colleagues from participating countries.

The Danish Medical Women look forward to welcoming the MWIA executive who will hold their executive meeting in conjunction with the congress.

Further information about the congress, the program and registration can be found at the congress website: http://mwianortheu.dk

France

On June 3rd, Dr Marie-Dominique Ghnassia represented AFFM for the meeting of the Presidents of Associations and regional delegates of CNFF (National Council of French Women). The subject was: "Same jobs for men and women." The aim of CNFF is to help young girls or women to choose studies and jobs which are usually considered as mainly for men.

ZONTA, the international organization, one of the associations of CNFF, each year since 1947 gives grants for women recognizing "Young women in business" (marketing, finance, trade). In November, 2014, ZONTA France North West will give a grant of 3000 Euros to a young woman who dares to choose a "different" job where women are few or who dare to create their own enterprise. CNFF, for the first time, has nominated (Trophées des Métiers: catégorie "Mixité") three women who are company managers – manufacture of springs- enterprise for cleaning of facades- enterprise of undertakers. One of them will receive the prize on June 18th in Paris.

On June 19th, AFFM is organizing a meeting entitled, Micronutrition and Phytotherapy with Doctor Laurence Benedetti, member of the European Institute of dietetic and micronutrition.

Kenva

Dr. Pracy Okutoyi, National Chairperson, wrote that the Kenya Medical Women's Association turned 30 in 2013. In the newsletter that can be found on www.kmwa.or.ke, she says that from humble beginnings, KMWA grew in size and stature and currently commands a 400 strong membership. KMWA has a countrywide presence and a list of formidable partnerships:

International Partnership for Microbicides (IPM) focusing on HIV prevention strategies and advocacy;

Daktari Total Health Solutions (DHS) presenting an IT solution to digitalise offices improving information and communication and enabling provision of better care for their clients;

endorsement of PUREIT a water purifier by Unilever which we believe will impact on the achievement of reduction of water borne diseases and the MDG 4 and 5 on Maternal and child health;

a network at the Kenya Health Federation helps us play a crucial role in contributing towards the development Agenda in Kenya especially in Health Systems strengthening, the Health bill among others;

participation in the Kenya Youth Empowerment Project (KYEP);

Philips (Fabric of Africa Campaign in Kenya and Philips Cairo to Cape Town Road Show) to implement programmes that are in line with its core mission.

KMWA has also made significant contributions to the national government by creating a health manual for parliamentarians which was launched last year. Currently, we are in the process of developing a policy brief for parliamentarians on the Equal Opportunities Bill. Although KMWA has changed and developed significantly over the past 30 years, some things remain exactly the same: Our desire to "Champion for Improved Health and Dignity of Society".

Korea

The Korean Medical Women's Association had its 58th annual general assembly at the Lotte Hotel in Seoul April 19, 2014. KMWA will celebrate its 60th anniversary in two years and the planning committee will be appointed soon.

The new president of KMWA, Dr. Kim, Hwa Sook was inaugurated for her two-year term at the assembly.

Dr. Kyung Ah Park, MWIA President, was awarded an honorable "Handok Medical Woman Leadership Award" at the assembly.

Dr. Bong Ok Kim, was appointed as "President-Elect" of Korean MWA and will take the office in two years.

Netherlands

Dr. Marith Volp, was elected to the Netherland's Parliament, during her term as President of the Dutch Medical Women. Dr. Sylvia Buis is not President with Genevieve Koolhaas, accepting the role of National Coordinator.

At the annual general assembly and symposium the Corrie Hermann prize went to Professor Elsken van der Wall, oncologist and breast cancer specialist.

The Northern Region of the Netherlands held a special symposium in honour of their 60th anniversary.

There is ongoing support for female leadership and a balanced training.

Nigeria

MWAN celebrated its 37th anniversary and 18th biennial conference /investiture of Dr Valerie Obot as the 19th national president at Uyo, Akwa Ibom State in December, 2013. The conference launched the theme for 2013-2015 biennium, "Raising Opportunities for Empowerment and Creating Health for the Girl Child." The working program for 2013-2015 biennium is the REACH – G program and the focus is on the Girl child. This program intends to engage Government to formulate girl friendly policies thereby making schools accessible to girls, provide girls with comprehensive health information and services, empower girls to be self sufficient, enable financial access to health and education for girls through scholarship grants and also engage government to improve on the safety of girls by reducing violence and insecurity.

As usual, MWAN has been active:

Attending the 30th anniversary celebration of the Kenyan Medical Women; Collaborating with IPAS Nigeria in a health awareness campaign for the prevention of maternal death from unwanted pregnancy; Participation in the 58th session of the Commission on the Status of Women at the UN in New York, with a parallel session entitled "MWAN Role in achieving the MDGs for women and Girls in Nigeria;"

Holding a press conference to condemn the various forms of violence against our girls and women, especially the abduction of Chibok girls. We wish to use this medium to thank the world especially MWIA for demonstrating such global solidarity, concern and love for the abducted Chibok girls. It is our earnest hope and prayers that the girls will be release soonest;

Advocacy to the National Assembly, Senate Committee on Health to advocate for the passage of Violence Against Persons Prohibition Bill;

Distributed MWAN toll free help lines so women and girls who are violated can reach out to medical women for help;

Participation in the Nigeria Medical Association annual general conference and delegate meeting at Best Western Homeville Hotel, Benin City, Edo State from 27th April- 4th May, 2014 with The theme "Healthcare Delivery and National Development: A Critical Appraisal in Nigeria's 100 years of existence;"

Collaborating with Unilever Nigeria to provide safe drinking water to the populace particularly women and children.

United States of America

AMWA held a competition to develop a centennial logo for their 100^{th} anniversary next April.

AMWA has developed position paper on **Sexual Violence**. The paper states that ccollaborative efforts are needed to end sexual violence against women. Social norms regarding the mistreatment and violation of women's human rights must be changed. We must talk to family, friends, community members and legislators about ending sexual violence against women. We must hold our governments accountable for crimes of sexual violence. We must advocate for the equal treatment of women in our communities by denouncing incidents of sexual harassment and mistreatment. We must promote legislation that enforces harsher penalties for acts of sexual violence. Together we can end this global health catastrophe by changing societal attitudes towards women and in turn promoting a just society where every woman is given a chance to thrive.

AMWA has also developed a position paper on **Sex Trafficking of Women and Girls in the United States.** Human sex trafficking is a pervasive, persistent and extremely pernicious practice. It is largely an underground problem in which traffickers prey on atrisk individuals from marginalized groups for economic gain. Trafficked women may be reluctant to report their exploitation due to fear of harm from traffickers. The existing evidence demonstrates numerous adverse health consequences of sex trafficking for women and girls: physical trauma, HIV infection, other sexually transmitted infections, unplanned pregnancies, abortions, depression, PTSD, anxiety disorder and a variety of physical and psychological symptoms which may be related to serious illnesses, in some cases life-threatening. The horrific harm borne by sex-trafficked women and girls is real and devastating. Much work needs to be done to eliminate sex trafficking. However, in the interim, victims of sex trafficking require access to coordinated medical care and other support services in a safe and confidential environment in order to meet their

physical and social needs, start appropriate treatment, and begin the process of reintegration into society. Physicians and other healthcare providers urgently need additional training to effectively identify and treat survivors of sex trafficking. The doctor-patient visit may be the only contact or opportunity to provide compassionate care and offer appropriate services. Further, as advocates, physicians and other healthcare providers can become a very powerful voice aligned with others in the community calling for the end to this most pressing and egregious of human rights violations

5. REPORT FROM UN REPRESENTATIVES

Dr. Satty Gill Keswani and Dr. Padmini Murthy

The UN and NGO community is gearing up for the launch of the Beijing Plus 20 campaign. Drs. Satty Keswani and Mini Murthy continue to represent MWIA at several UN related events. On June 12th Dr Mini Murthy was invited as a representative from NGO sector and Academia to attend a special high level ECOSOC / World Health organization luncheon briefing as a part of The UN Interagency Task Force on the prevention and control of Non communicable diseases – NCDS from global policy to country action. Dr Mini Murthy as the communications secretary of the NGOCSW committee NY is a member of the team working on the Beijing Plus 20 web site. On June 19th Dr Mini Murthy will be moderating a panel discussion titled Women's Reproductive Health: Trials and Triumphs in the 21st century at the NGOCSW monthly meeting at the UN Church Center. Drs Keswani and Murthy have been invited to attend the launch of the UN Women's Global campaign to mark the 20th anniversary of the World conference in Beijing on June 26th in New York. This high level event will feature words, action and music. Drs. Keswani and Murthy are working with other NGO stake holder on MWIA being part of the Beijing plus 20 Campaign.

6. REPORT OF THE EUROPEAN WOMEN'S LOBBY Dr. Edith Schratzberger

The Board of the EWL met April 4th to April 6th 2014.

The meeting started with a public action. The whole board went to the Council of the European Union and the European Commission buildings, to deliver a message to the President of the Council, the President of the European Commission and Commissioner Reding (responsible for Fundamental Rights). The message was about the backlash on women's rights, and more specifically on abortion rights in Europe.

I attended issue groups on poverty, health and violence against women. Based on the Beijing convention it was discussed what has been achieved in Europe, what has to be done and which issues are new.

Finally we started to work on the Strategy plan for the years 2016-2020.

7. WHO REPRESENTATIVE

Dr. Clarissa Fabre

Further to the report on the World Health Assembly activities under the President and Secretary General portions of the Update, I am pleased to report a very productive visit to WHO. We are working on the collaborative work plan with WHO.

After prolonged deliberation and into the wee hours of Saturday the 24th of May, the World Health Assembly adopted <u>a resolution on violence</u>, in particular against women and girls, and against children. The statement by MWIA, WONCA and the World Medical Association was posted on the World Health Assembly website Download of WHO statement on violence.

Following is the article by Dr. Allison Hempenstall, an Australian medical student who was part of the MWIA delegation to the World Health Assembly.

Making the invisible visible: Gender-based violence

Jenny* was merely seven years old when her father first raped her. Living in a small Ugandan village, after some time she went to her aunt to seek help. 'Hush little girl' her aunt replied upon hearing this atrocity, 'there is nothing that can be done about this, go home'. Years passed and Jenny's father continued to rape and beat her. When Jenny was sixteen, she went to a nearby small health clinic. Here she discovered that she was both pregnant and HIV-infected. Her family took her to the outskirts of their village and performed a local abortion. She was never again seen at the health clinic.

This vignette is confronting, disturbing and all too common. For some people reading this you may think this is incomprehensible and remote from your daily life; for others this will surface an uncomfortable truth.

Gender-based violence (also known as violence against women) is that directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity and equality between women and men. Gender-based violence includes but is not limited to domestic violence, sexual harassment and rape. It also encompasses female genital cutting, trafficking in women, forced marriage and prenatal sex selection. The World Health Assembly in Geneva this month placed serious emphasis on this issue with Director General of the World Health Organisation Dr. Margaret Chan, First Lady of Zambia Dr. Christine Kaseba and Epidemiologist Sir Michael Marmot all highlighting the public health significance of gender-based violence.

According to a World Health Organisation 2013 global review *one in three women* worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. *One in three*. This staggering statistic is clear evidence that no one is immune to the direct or indirect effects of gender-based violence. Most of this is intimate partner violence and as such occurs behind closed doors and is invisible to society. It is frightening to know that in many cultures it is considered a normal part of life.

Addressing gender-based violence goes above cultural sensitivities: it is a public health issue. Women who have been physically or sexually abused are at a greater risk of chronic health problems including anxiety and depression. Addressing this health priority requires a multifaceted approach, however there are simple and effective strategies we can all employ to lead the way in raising awareness, education and prevention of gender-based violence.

It is a known truth that education is the key to empowerment of women. And empowerment of women is key in changing attitudes and decreasing violence. Research has shown that women who have not been educated are more likely to believe that hitting women is acceptable than those who have been educated. The Boko Haram kidnapping of

over 300 girls in Nigeria last month highlights this ubiquitous issue and the complexities surrounding what many of us take for granted: an education. We must educate the women in our global community. In parallel we must also support the men in our global community as agents of change, transforming societal views.

A Cochrane review published in the BMJ last week found that screening women for intimate partner violence in healthcare settings increases identification of violence against women. We need to ask these difficult questions and at first it will be uncomfortable and confronting. However it is the only way that we can begin to shed this stigma; the only way we begin to advocate for our patients. It is vital that in your village, your town, your city – you know the services that are available for those subject to gender-based violence. We as health professionals play a central role in both prevention and protection. Jenny's story is not unique. Of the next three women you encounter today at least one will have experienced gender-based violence. Violence against women is never acceptable, never excusable, never tolerable. It is our responsibility as health professionals to raise our voices and condemn this atrocity. We must make the invisible, visible.

*Names and places were changed to preserve anonymity.
For further information please visit:
http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf
http://www.bmj.com/content/348/bmj.g2913

8. MWIA Statement on Abduction of the Nigerian Schoolgirls with Poem by Dr. Padmini Murthy, MWIA alternate representative to the United Nations

With Bejing+20 scheduled for next year, it is time to reflect on the principles outlined so many years ago in Beijing at the Fourth World Conference on Women in 1995. In that platform for action, governments agreed that they were determined to advance the goals of equality, development and peace for all women everywhere in the interest of all humanity. The platform for action went on to say that it would ensure the full implementation of the human rights of women and of the girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms.

Women everywhere must speak up when violations of this nature occur. Therefore, MWIA urges governments to ensure that women and girls are treated with respect and MWIA speaks strongly against the abduction of the Nigerian schoolgirls by Boko Haram. MWIA statement and UN campaign. Please sign the petition:.. https://www.change.org/petitions/all-world-leaders-bring-back-nigeria-s-200-missing-school-girls-bringbackourgirls

Ode to The Missing Girls

Where are the girls?
With the lovely curls,
Taken by force,
As they became hoarse,
Robbed of their smiles,
As they walked miles,
Sold as slaves??
Or captives in caves??

Lets work in teams,
To fulfill their dreams!
(Written expressing solidarity for the missing Nigerian Girls by Padmini (Mini) Murthy 5/10/14)

9. CALENDAR OF FORTHCOMING EVENTS MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS

2014

- August 27-29, 2014, United Nations Headquarters, New York 65th Annual DPI/NGO Conference 2015 and Beyond: Our Action Agenda The role of civil society in the post 2015 development agenda http://ngodpiexecom.org/
- 2. **September 4-6, 2014,** Copenhagen, Denmark Northern European Regional meeting Rungstedgaard Conference Centre and Hotel http://mwianortheu.dk
- September 19-21, 2014, Vancouver, Canada
 Annual meeting of the Federation of Medical Women of Canada
 Women as Leaders in Medicine: Empowered, Engaged, Extraordinary
 www.fmwc.ca and click on AGM
- 4. **October 13-19, 2014,** Moscow, Russian Federation 6th Session of The Framework Convention on Tobacco Control

2015

- March 9-21, 2015, New York, NY, USA
 The Commission on the Status of Women, United Nations New York
 Beijing + 20
 http://www.unwomen.org/co/csw/csw59-2015
- April 24-25, 2015, Taipei, Taiwan
 Western Pacific Regional Meeting
 Evergreen International Convention Centre
- 2. **April 24-27, 2015,** Chicago, Illinois, USA 100th Anniversary Meeting of the American Medical Women's Association Celebrating a Century Past and Embracing an Empowered and Innovative Future

Palmer House Hilton, Chicago www.amwa-doc.org

3. **August, 2015,** Accra, Ghana Near East and Africa Regional Meeting

4. **September 25-27, 2015,** Toronto, Canada North American Regional Meeting of MWIA in conjunction with the annual meeting of the Federation of Medical Women of Canada www.fmwc.ca

5. **Tentative for December, 2015** Central Asia Regional Meeting Nagpur, India

2016

- 1. **April, 2016,** Moscow, Russian Federation Central European Regional Meeting
- 2. **July 28-31, 2016,** Vienna, Austria 30th International Congress of MWIA

2017

May 10-13, 2017, London, UK
 Northern European Regional Meeting
 Theme: Medical Women Advance Global Health-Past, Present and Future
 In Celebration of 100th Anniversary of Medical Women's Federation
 www.medicalwomensfederation.org.uk

10. NAMES IN THE NEWS

Dr. Gail Beck was on CTV Morning Live for Mental Health Week, speaking on tips to prevent mental illness.

Professor Christine Constance Bennett of the Australian Federation of Medical Women received an OA for distinguished service to medicine and healthcare leadership.

Dr. Omiepirisa Yvonne Buowari of the Rivers State Branch of the Medical Women's Association of Nigeria, won third place for her poem, *Safe Surgery Saves Lives*, in the Lifebox Foundation Poetry Competition.

Ms. Isabel Chen of the Vancouver Student Branch of the Federation of Medical Women of Canada received the YMCA Young Woman of Distinction Award, for being an influential changemaker with her work in developing a panic device for sex workers in

the Downtown Eastside of Vancouver, Canada's poorest neighbourhood. www.keepsafebutton.org

Dr. Carol Cox of the Australian Federation of Medical Women received a Member of the Order for Australia (AM) for significant service to medicine in rural and remote areas as a general practitioner, to education, and to professional medical organizations

Dr. Jane Dacre of the Medical Women's Federation of the UK was elected as President of the Royal College of Physicians of the UK.

Dr. Penelope Ruth Flett of the Australian Federation of Medical Women received a Medal of the Order of Australia (OAM) for distinguished service to aged persons.

Prince Zeid al Hussein of Jordan has been appointed the High Commissioner for Human Rights, replacing South Africa's Navi Pillay.

Dr. Rosemary Lester of the Australian Federation of Medical Women received a Public Service Medal in 2014 for outstanding public service in public health leadership, particularly on communicable diseases and immunization.

Dr. Pamela Liao was elected to the board of the Toronto Branch of the YWCA for a two year term.

Dr. Suzy Lishman of the Medical Women's Federation of the UK was elected as President of the Royal College of Pathologists.

Dr. Fiona Myint of the Medical Women's Federation of the UK was elected to the Council of the Royal College of Surgeons of the UK.

Professor Kyung Ah Park, President of MWIA, was awarded an honourable Handok Medical Women Leadership Award at the annual assembly of the Korean Medical Women's Association.

Ms. Ann Starrs, President of Family Care International, is the new President and CEO of the Guttmacher Institute.

Dr. Kanani Titchen, past president of the Resident Division of the American Medical Women's Association received a \$25,000 honorarium to jumpstart her career and support her work in the area of human sex trafficking, an initiative she helped spearhead in AMWA.

Dr. Eugenie Tuck OAM of the Australian Federation of Medical Women received a Public Service Medal in 2014 for outstanding public service in the area of healthcare in correctional services.

Professor Elsken van der Wall of the Dutch Medical Women received the Corrie Hermann Prize at the annual general assembly of the VNVA.

Dr. Catherine Yelland, past president of the Australian Federation of Medical Women, received the Public Service Medal in the Australia Day Honours List, for her outstanding public service.

11. BOOKS AND ARTICLES AND WEBSITES

Rural Medical Education Guidebook by the WONCA Working Party on Rural Practice. www.globalfamilydoctor.com

Pull and Pray or Extra Protection? Contraceptive Strategies Involving Withdrawal Among US Adult Women by Rachel K. Jones of the Guttmacher Institute et al.

II. ORGANIZATIONS

1. World Health Organization (WHO)

a. To date, WHO has an active and engaging presence on the following social media:

Twitter @WHO

Facebook Page http://www.facebook.com/worldhealthorganization

Google+ Page http://gplus.to/WorldHealthOrganization

YouTube http://www.youtube.com/who
Instagr.am @worldhealthorganization

b. The **World Health Assembly** took place in Geneva the week of May 19, 2014. One of the highlights was the last minute signing of the statement on Violence.

c. Framework Convention on Tobacco Control

The Framework convention on Tobacco control is holding its sixth session in Moscow, Russian Federation, Oct 13-19 2014

d. The draft **Every Newborn Action Plan** can be found on the WHO website at: http://www.who.int/maternal_child_adolescent/topics/newborn/en/

2. United Nations

- a. The 65th annual **DPINGO Conference** will be taking place at the United Nations in New York. The theme is 2015 and Beyond. MWIA will be participating in a workshop through Drs. Keswani and Murthy.
- b. **UN Women** has launched a private sector leadership advisory council with leading businesses to advance women's rights and empowerment. For more information, visit: http://www.unwomen.org/en/news/stories/2014/6/private-sector-leadership-advisory-council-launched

Director of UN Women, Phumzile Mlambo-Ngcuka, launched a major campaign kicking off a year-long, worldwide commemoration of the 20th anniversary of the landmark Fourth World Conference on Women in Beijing Read more

- c. **The Council of NGO's (CONGO)** is operational again under the leadership of President Cyril Ritchie.
- 3. **CIOMS** is pleased to announce that the CIOMS April 2014 Newsletter is now available on our website under the following link: http://www.cioms.ch/index.php/news/newsletter-apr-2014
- 4. **European Women's Lobby** reports that the Nordic Forum met in Malmo, Sweden, to strategize how to realize equality between women and men in the framework for the discussions of Beijing +20.
- 5. The Society of Obstetricians and Gynecologists of Canada released new guidelines in response to evidence that shows many women are safely able to vaginally deliver breech babies. Physicians should no longer automatically opt to perform a Cesarean section in the case of a breech birth. www.sogc.org
- 6. Research suggests that **genital schistosomiasis** could be responsible for the high rate of HIV/AIDS in African women. For more information, http://www.nytimes.com/2014/05/11/health/a-simple-theory-and-a-proposal-on-hiv-in-africa.html?emc=edit ee 20140511&nl=todaysheadlines&nlid=36377513
- 7. For **EngenderHealth**'s Impact report, visit www.**engenderhealth**.org/about/annual-reports/
- 8. Farzana Parveen was **stoned to death** May 28, 2014, in Islamabad, Pakistan by her relatives for marrying a man of her choice. For more information on this violence in the name of honor, http://edition.cnn.com/2014/05/28/world/asia/pakistan-pregnant-woman-killed/
- 9. **Guttmacher Institute** writes that one-third of women at risk of unintended pregnancy used withdrawal as a contraceptive method within the past 30 days, often in combination or rotation with more effective methods, according to "Pull and Pray or Extra Protection? Contraceptive Strategies Involving Withdrawal Among U.S. Adult Women," by Rachel K. Jones of the Guttmacher Institute et al. The new study, which is currently available online and will appear in a forthcoming issue of *Contraception*, also found that 13% of women surveyed reported that withdrawal was the most effective contraceptive method they had used in the last 30 days, while 15% reported that the most effective method used was a long-acting reversible method, 21% condoms and 35% the pill.
- 10. London hosted the **Global Summit to End Sexual Violence in Conflict,** co-chaired by the UK Foreign Secretary and Angelina Jolie, Special Envoy for the UN High Commissioner for Refugees. The message was that Sexual violence in conflict destroys lives and damages communities.

- 11. Canada passed a new law on **prostitution**, addressing the core harm of the buying and pimping of women's bodies.
- 12. This year's **16 Days of Activism against gender based violence campaign** will have as its theme From Peace in the Home to Peace in the World: Let's Challenge Militarism and End Violence Against Women!" The priority areas for 2014 are: 1) Violence Perpetrated by State Actors; 2) Proliferation of Small Arms in Cases of Intimate Partner Violence; and 3) Sexual Violence During and After Conflict.

III. ANNOUNCEMENTS

Please join MWIA at the regional meetings during this triennium and please mark your calendars now for the 30th MWIA International Congress in Vienna, Austria, from July 28-31, 2016.

The next Update will be published in September, 2014.

Please send us your reports, comments or any other interesting information by August 31, 2014, at the latest. We are always interested to put your name and your accomplishments in the Update.