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### III ANNOUNCEMENTS

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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
Professor Kyung Ah Park, Korea

I write this message as I am participating in the North American Regional Conference of MWIA in Toronto, Canada at the Sheraton Centre Hotel which is being held from 25th to 27th of September. The executive of MWIA took the opportunity to combine their executive meeting with the conference and met on September 24-25 at the Ontario Medical Association building. Many thanks go to Dr. Gail Beck for making these arrangements through her connection on the OMA board.

The executive meeting was very productive with in-depth discussion on the manual on violence, the upcoming international conference of MWIA in 2016 in Vienna and the MWIA's Centennial Conference in 2019.

During the period from July to September, I visited Nepal to deliver the money collected by donation from the Latin American and Western Pacific regions of MWIA to the Prime Minister of Nepal for the restoration of the school which was destroyed by the earthquake.

I personally want to thank the Federation of Medical Women of Canada for hosting the North American Regional Conference. It takes many hours of work to develop such a successful meeting.

MWIA provided three of the plenary speakers. Dr. Claudia Morrissey spoke on her work in decreasing maternal mortality in Africa and the great success they have had through the Saving Mothers, Giving Life (SMGL) program. Dr. Padmini Murthy spoke on Beijing + 20 and the new Sustainable Development Goals. Dr. Bettina Pfleiderer spoke on MWIA’s manual on violence. The theme was around partnering with other organizations and in that regard Dr. Marjorie Gass spoke of the North American Menopause Society. Dr. Jennifer Blake spoke about the Society of Obstetricians and Gynecologists of Canada, and Dr. Wendy Norman spoke about the UBC Family Planning research. Further details about the meeting can be found under the section on regional news later in this newsletter.

I shall be attending the last two regional meetings of the triennium in Belgium and India before the end of the year.

Please register now for the MWIA International Congress in Vienna from July 28th to 31st 2016, and remember that your abstracts are due by November 1st, 2015. 
(www.mwiavienna2016.org)
2. REQUESTS FROM THE SECRETARY-GENERAL
Dr. Shelley Ross, Canada

Deadlines are approaching for early bird registration and abstract submission for MWIA’s Vienna 2016 International Congress. Please register today at www.mwiavienna2016.org.

It is not too soon to think of how you will celebrate the MWIA Centennial in 2019. Please plan to hold a centennial activity in your national association the year of 2019. Plans are underway for our Centennial Congress in 2019.

There are two remaining regional meetings in 2015. Southern Europe will be held in Belgium in November and Central Asia in India in December. Please check the calendar for details.

The executive held their annual meeting in conjunction with the North American Regional Meeting in Toronto, Canada, in September. For a report on the meeting, please see under Canada in information from the regions. A big thank you goes to the Federation of Medical Women of Canada for hosting the regional meeting and for their generous hospitality. The executive moved forward on a variety of items including next year’s congress, our centennial meeting and the Manual on Violence.

Let me remind you that the fiscal year for MWIA is July 1st to June 30th. Dues notices were sent out in July. Voting at the Vienna Congress in July, 2016, is dependent on the number of members from your national organization. Thank you to those who have paid and to those who have not yet done so, we look forward to hearing from you at your earliest convenience.

The website has a secure site for the National Coordinators. The information for the upcoming Vienna 2016 congress will be found on this secure site.

Contact information for MWIA:
Website is www.mwia.net
Email is secretariat@mwia.net
Phone is 1-604-522-1960

3. VIENNA 2016 UPDATE—IMPORTANT DEADLINES ARE APPROACHING
Professor Bettina Pfleiderer, Chair International Scientific Committee

It is my pleasure as chair of the MWIA International Scientific Committee to invite you all to attend the congress in Vienna to share your projects, ideas and views. The deadline to submit abstracts is very early this time: November 1st, 2015.

http://www.mwiavienna2016.org/call-for-abstracts/
We plan to have an exciting program for young MWIA members with a special yMWIA session, a guided yMWIA poster tour and a poster prize.

Please keep also in mind that the early bird deadline with reduced rates is also approaching fast: December 1st, 2015. Please do not miss out on the cheaper rate! Vienna is very busy in summer. Please remember to book your flight and accommodation early. http://www.mwiavienna2016.org

Looking forward to seeing you all in Vienna.

4. MWIA Manual on Violence- an update
Prof Bettina Pfleiderer, Chair of the Manual on Violence Working Group

There were two wonderful opportunities to present the work MWIA is doing on violence both at the MWIA North American Regional Meeting in Toronto (27-28 of September) and the MWIA Near East and African Regional Meeting (July 8-10). Our project sparked great interest and helpful input has since been received.

The plan is to develop the manual based on the case studies that had been received from all over the world. This manual is planned not as a comprehensive guide on how to treat patients but as a living document. It will be available on the MWIA website (www.mwia.net) to download along with slides. It will continuously be updated and developed as MWIA’s national associations send more cases, more sources and send comments.

MWIA feels that sharing the information about the factors that contribute to violence globally, along with the knowledge of cultural backgrounds and best practices will be of value in every country, as violence is a global problem. One timely use of the manual will be in caring for refugee women that have arrived and continue to arrive from Syria and other countries to Germany and the rest of Europe and soon to other continents. Women have not been safe in their own countries and they and their children are not safe in refugee camps.

A workshop is planned for the Vienna 2016 International Congress to present the manual.

5. 2013-2016 EXECUTIVE with email addresses:

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<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>President</td>
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</tr>
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</table>
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

6. NEWS FROM AROUND THE REGIONS

Brazil
The ABMM: (Brazilian Association of Medical Women) have an active scientific program:
August 2015: “Control of Human Exposure to Endocrine Disruptors: Is treated waste water safe?”
September 2015: “Children’s friendly Diagnostic.” This subject received the “Health Prize 2014” offered by a famous magazine about health, directed toward the lay public.

In August there was an administrative meeting about candidates for the election of ABMM’s executive for 2016-2018. Dr Fatima Regina Abreu Alves, Otorhinolaringologist from São Paulo, President of Society of Otorhinolaringology- São Paulo Session, is the chosen future president, Dr Marilene Melo is future vice president and Dr Anna Maria Marits remains Director of International Affairs. The election will take place in February, 2016.
Dr Elizabeth Alexandre, director of ABMM, was invited to present in August about Gender Medicine and Cardiology at the important Dante Pazzanesi Institute of Cardiology in São Paulo. It was a hit.

The Gender Medicine Department of ABMM (Drs Marilene Melo, Anna Maria Martits, Elizabeth Alexandre), is actively trying to disseminate the concept of Gender Medicine in Brazil.

The Brazilian Society of Endocrinology, (third in world in number of associates), invited the Gender Medicine Department of ABMM, to organize a symposium about Gender Medicine and Endocrinology for the next Brazilian Congress of Endocrinology that will be held in 2016 in Salvador Bahia.

Dr Marilene Melo, president of ABMM, will present at the Brazilian Congress of Clinical Pathology, in September, 2015 in Forataleza, Ceara about “Sex and Immune Responses to Vaccination” and “Sex differences in sleep.”

Canada
The Federation of Medical Women of Canada hosted the North American Regional Meeting of MWIA. The event started with preconference workshops where Canadian President Dr. Mamta Gautam spoke of Quit Being Good, Be Great, and MD Management spoke on personal financial management. The opening address for the conference was given by Dr. Jane Philpott who spoke about Upsizing your Outputs by the Power of Partnership. MWIA’s input included the three plenaries by Dr. Claudia Morrissey, Dr. Padmini Murthy and Dr. Bettina Pfleiderer. There were many great talks on violence against women, immunization, and cardiology. The importance of partnering was highlighted by presentations by Dr. Marjorie Gass from the North American Menopause Society, Dr. Jennifer Blake of the Society of Obstetricians and Gynecologists of Canada, and Dr. Wendy Norman on research as CIHR Chair of Family Planning Public Health Research. The conference concluded with presentations by Professor Janice Stein from the Monk School of Global Affairs on talking about evidence and Dr. Marla Shapiro, Health and Medical Expert for Canada AM on the impact of social media on medicine.

The student poster presentations were of such excellent quality that we know the future is in good hands.

The gala was held at the Royal Ontario Museum and was a spectacular evening.

Ghana
The Medical Women’s Association of Ghana hosted the Near East and Africa Regional meeting in Accra, Ghana, July 8-10, 2015. The theme of the meeting was The Obesity Pandemic: Helping the Mother and the Family with a special session on the MWIA theme—Elimination of Domestic and Sexual Violence. From this conference came two resolutions to be taken to the General Assembly of MWIA in Vienna. The first is on obesity and the second on violence.
Professor Shafika Nasser, Professor Bettina Pfleiderer, and Professor Afua Hesse all participated in the meeting.

Social events included a gala evening with traditional costume and a tour to the Accra College of Medicine.

**Korean Medical Womens Association**
The first issue of the annual Korean Medical Women’s Association (KMWA) Magazine “YeoYiSagye (Four Seasons of Women Doctors)” was published including the activities of KMWA of the last year with the real life stories of some of the members of KMWA. The annual conference with the 59th general assembly of KMWA was held at the Lotte hotel on April 11, 2015. Multiple awards were given to the dedicated members including the research grant and scholarships to the female medical students.

Celebration of the Dr. Sook Hee Kim’s inauguration as the president of Seoul Medical Association on April 17, 2015 was held as she is the first female president in the 100 year history of the Association.

The first board meeting of KMWA of the year 2015 was held on May 21, 2015.

MERS (Middle East Respiratory Syndrome) outbreak started in Korea in late May and is being controlled by the devoted effort of the medical communities in Korea. We paid a lot to learn the importance of prevention and early control of the infectious diseases like MERS in this global community.

**Russia**
The Moscow and Vladivostok Branches of the Russian Medical Women’s Association held a large East Economic Forum from September 2-6, 2015.

**The Netherlands**
With its keen interest in gender and health, the VNVa has shared the document from the Netherlands Organization for Health Research and Development: [http://www.zonmw.nl/uploads/tx_vipublicaties/ZonMw_170x240_GenderHealthKnowledgeAgenda_def2.pdf](http://www.zonmw.nl/uploads/tx_vipublicaties/ZonMw_170x240_GenderHealthKnowledgeAgenda_def2.pdf)

**Nigeria**
The Medical Women Association of Nigeria (MWAN) has continued to carry out all routine activities for the Girl Child, breast and cervical cancers screening and other programs targeted at achieving its theme and MWIA’s theme for 2013-2015 biennium. MWAN participated in a one day workshop to mark the 2014 World Pneumonia Day with a subtheme “sustaining pneumococcal conjugate vaccine (PCV) introduction in
Nigeria,” organized by John Hopkins International Vaccine Access Center in partnership with Nigeria National Primary Health Care Development Agency on November 12, 2014. MWAN had its
- 6th NEC meeting was held at Makurdi, Benue State from 14-16th May 2015 with theme “Women in Leadership: Mentoring the Girl child.
- 7th NEC meeting at Benin, Edo State from 23rd-25th July 2015 with the theme “Eliminating Gender Based Violence: The Girl Child in Perspective.

In order to prevent water borne diseases and bring succor to the internally displaced people (IDP) in the Northern part of Nigeria due to insurgency, MWAN constructed and commissioned a mini water project in one of the IDP’s Camps at Yola, Adamawa State. Donated food items, clothing and other materials to IDPs at Abuja, Federal Capital Territory (FCT).

MWAN carried health education/promotion in Secondary Schools across the country to discuss career guidance, menstrual hygiene, sexually transmitted diseases and prevent teenage pregnancy.

Through, the Young Doctors Forum a book on “Menstruation, Let’s talk about it” was published and launched. These books were distributed free with sanitary pads to girls in schools. Through advocacy and collaboration with IPAS, MWAN were key stakeholders in the process that brought about the passage of the Violence Against Persons Prohibitions (VAPP) Bill which was signed into law by former President Goodluck Jonathan.

Three new branches were inaugurated – Taraba, Ekiti and Kogi.

The Philippines

In efforts to reduce infant mortality, the Philippine Medical Women have a project entitled First Embrace that was initiated by Dr. Mianne Silvestre. It is making great strides in the Philippines and it is hoped it will spread throughout the ASEAN region.

7. REPORT FROM MWIA’S UN REPRESENTATIVES
Dr. Satty Gill Keswani and Dr. Mini Murthy July 2015-August 2015

Drs. Murthy and Keswani have been following the various UN and NGO activities with regard to Post 2015, Beijing plus 20 and the SDGs on line and in person.
Dr Murthy has been representing MWIA and AMWA at the various Post 2015 / SDG discussions at the UN. She has also represented MWIA and AMWA at high level panel discussions on SDG 5 and culture held at the Ford Foundation and United Nations in July.

In August Drs. Keswani and Murthy represented MWIA and AMWA at the DPINGO conference to commemorate the 70th anniversary held from August 25th to August 27 at the United Nations.

Dr Murthy also spoke at a panel on Yoga and Well Being representing MWIA and AMWA during the DPINGO conference. Dr Keswani who attended the event gave expert commentary on benefits of yoga.

8. REPORT FROM MWIA’S REPRESENTATIVE TO WHO
Dr. Clarissa Fabre

2015 is an important year for the WHO and the UN. It is the 20th anniversary of the Beijing Platform for Action and marks the end-point of UN Millenium Development Goals, and their transition to the Sustainable Development Goals (SDGs).

The new Global Strategy for Women’s, Children’s and Adolescent Health was launched jointly by the UN and the WHO in September 2015. The operational framework for the global strategy will be presented to the World Health Assembly in Geneva in May 2016. Fifteen articles on this subject, from the WHO and other global organisations, were published in the BMJ Online (http://www.bmj.com/content/women%E2%80%99s-children%E2%80%99s-and-adolescents%E2%80%99s-health-0). 2016.

Here are some important points from the 15 BMJ papers.

Over the last 20 years child mortality (0-15 years) has decreased globally by 49% and maternal mortality by 45%. Family planning, improved antenatal care, delivery at facilities and skilled birth attendance have all contributed. Other factors are the prevention of HIV in neonates, an increase in the prevalence of exclusive breast feeding, and oral rehydration therapy.

These are huge gains, but every day 800 women and 7700 newborns die from complications of pregnancy, childbirth, and other neonatal causes, and 7300 women experience a stillbirth.

Moreover, 17,000 children still die every day, mostly in sub-Saharan Africa and Southern Asia and in countries affected by conflict and natural disasters

Neonatal causes of death (44% of less than 5 mortality) include (in descending order) complications from pre-term birth, intra-partum related causes, sepsis/meningitis, and congenital anomalies.
In children from 1 month to 5 years, causes include (in descending order) pneumonia, diarrhoea, malaria, congenital anomalies/ Non Communicable Diseases (NCDs), and injury.

Congenital anomalies, injuries (road traffic injuries, drowning, burns), and NCDs (chronic respiratory diseases, acquired heart diseases, childhood cancers, diabetes and obesity) are the emerging priorities in the global child health agenda.

A critical new priority at the heart of the global strategy is the **focus on adolescents.**

**For adolescents (age 10-19) priorities for action include**

Health education
- Comprehensive sexuality education is a top priority
- Consequences of alcohol and drug misuse
- Bullying
- Sexual violence
- Respect for human rights and promotion of gender equality

Access to health services especially sexual and reproductive health services
- Contraceptive advice including emergency contraception
- Maternity care
- Safe abortion
- Management of consequences of unsafe abortion
- Sexually transmitted infections
- Care after sexual or domestic violence

Immunisation, nutrition, and psychological support.

**Education** is a very high priority.

Whereas maternal and child mortality and morbidity have received increasing attention, adolescent health has not benefited to the same extent despite the fact, for instance, that the highest rate of maternal deaths is among adolescent girls. From puberty, the risks associated with sexual violence, childhood and early marriage, unwanted pregnancy, maternal morbidity and mortality, and the incidence of HIV and other STDs increase exponentially.

**Priority interventions for women's health** include providing health information and contraceptive services, strengthening maternal healthcare, tackling NCDs, and preventing and responding to violence against women and girls.

Many of the papers discussed the importance of involving politicians and governments, enumerating a specific strategy with defined goals, and providing money to achieve those goals.
I am delighted that Sir Michael Marmot will become President of the World Medical Association in October. His book 'The Health Gap: The challenge of an Unequal World' has just been published and describes the very close link between socio-economic status and health - the higher your rank the better your health. This is known as the social gradient. Health equity is a global concern, and evidence shows that doctors can make a huge difference very quickly. Sir Michael's leadership over 2015-2016 will be very exciting, and a wonderful opportunity for MWIA to become involved.

And finally, this autumn sees the 70th anniversary of the United Nations. There have been remarkable achievements, such as the eradication of smallpox, the millions of lives saved by vaccinations, refugee workers and food aid, the vast improvement in maternal and neonatal health encouraged by the Millenium Development Goals, and the brave attempt to do something about climate, ozone, oceans and forests before it is too late. But all agree that changes are needed.

9. REPORT FROM EUROPEAN WOMEN'S LOBBY
   Dr. Edith Schratzberger
   The EWL learned in July that the EU decided to withdraw the Maternity Leave Directive, leaving a poor message for support to working women and their families for work-life balance. Prior to this announcement, the European Institute for Gender Equality (EIGE) has just released its second Gender Equality Index which showed that over the past ten years, progress in achieving equality between women and men had stagnated or regressed.

10. CIOMS
    Dr. Petra Thürmann and Dr. Clarissa Fabre
    The next meeting of CIOMS is scheduled for December 8th in Geneva. Topics to be discussed include drug development and use and bioethics. Dr. Petra Thurmann is kindly representing MWIA at this meeting.

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

   2015

1. October 24, 2015
   Turn the World UN Blue to celebrate the UN’s 70th anniversary
   Click http://www.un.org/un70/en

2. November 6, 2015, London, UK
   Fall meeting of the Medical Women’s Federation
   Building Resilient Leaders
   The Light Friends House, 173 Euston Road, London NW 1 2BJ
   www.medicalwomensfederation.org.uk
3. **November 14, 2015**, Brussels, Belgium  
   5th Southern European Regional Meeting  
   The Difference of the Brain between Women and Men in Crime.  
   In the Brussels Parliament, Lombardstreet 69, 1000 Brussels  
   Contact Dr. Christiane Pouliart **VP_southerneurope@mwia.net**

4. **December 6-7, 2015**  
   Central Asia Regional Meeting  
   Calcutta, India  

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2016

1. **May 16-19, 2016**, Bella Centre in Copenhagen, Denmark  
   Women Deliver Conference  
   [www wd2016.org](http://www wd2016.org)

2. **July 28-31, 2016**, Vienna, Austria  
   30th International Congress of MWIA  
   The theme is Generation Y: Challenges of the Future for Female Medical Doctors  
   [www.mwiavienna2016.org](http://www.mwiavienna2016.org)

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2017

1. **March 8, 2017 (tentative date)**, Panama  
   Latin American Regional Meeting of MWIA.  
   Information will be on [www.mwia.net](http://www.mwia.net) when available

2. **May 10-13, 2017**, London, UK  
   Northern European Regional Meeting  
   **Theme:** 100 years of Medical Women: Past, Present and Future.  
   In Celebration of 100th Anniversary of Medical Women’s Federation  
   [www.medicalwomensfederation.org.uk](http://www.medicalwomensfederation.org.uk)

3. **Date to be decided**  
   Western Pacific Regional Meeting  
   Hong Kong  
   Information will be on [www.mwia.net](http://www.mwia.net) when available
**NAMES IN THE NEWS**

**Dr. Jennifer Blake** of the Society of Obstetricians and Gynecologists of Canada was awarded the Dr. May Cohen Award by the Federation of Medical Women of Canada.

**Dr. Adinma Echendu**, of the Medical Women’s Association of Nigeria, was invested as the 18th MWAN national president at Awka, Anambra State in September, 2015.

**Professor Ifeoma Egboonu**, from the Medical Women’s Association of Nigeria, was elected as the first female President-elect of the West African College of Physicians (WACP).

**Dr Mabel Ekanem**, from the Medical Women’s Association of Nigeria, was installed as the 32rd and 3rd female President 2015-2016 of Rotary Club of Uyo.

**Dr. Janakiram** of the Federation of Medical Women of Canada received the Reproductive Health Award.

**Dr. Sook Hee Kim** from Korea was inaugurated as the first female President of the Seoul Medical Association in its 100 year history.

**Dr. Mary-Claire King, PhD** was awarded the Foundation for the History of Women in Medicine Alma Dea Morani Renaissance Woman Award for her work in human genetics research including identifying the BRCA1 gene responsible for hereditary breast cancer.

**Dr. Wendy Norman**, of the Federation of Medical Women of Canada, was awarded the Enid Johnson McLeod Award for her work in research.

**Dr Valerie Obot**, from the Medical Women’s Association of Nigeria, was appointed Permanent Secretary in Akwa Ibom State Government

**Dr. Marla Shapiro**, of the Federation of Medical Women of Canada was made a Member of the Order of Canada.

**Professor Janice Stein**, Head of the Monk School of Global Affairs, was made an Honorary Member of the Federation of Medical Women of Canada.

**Ms. Dubravka Simonovic** from Croatia has been appointed by the Office of the High Commissioner for Human Rights as the Special Rapporteur on violence against women, its causes and consequences.

**Dr. Ruth Wilson**, of the Federation of Medical Women of Canada was made a Member of the Order of Canada.
12. **BOOKS AND ARTICLES**

**The British Medical Journal** has provided 15 articles from WHO and other global health organizations. [http://www.bmj.com/content/women%E2%80%99s-children%E2%80%99s-and-adolescents%E2%80%99-health-0](http://www.bmj.com/content/women%E2%80%99s-children%E2%80%99s-and-adolescents%E2%80%99-health-0)


**Core Competencies for Gender-Based Violence Program Managers and Coordinators in Humanitarian Settings** by the Gender-based Violence Areas of Responsibility (GBV AoR) of UNFPA and UNICEF [http://gbvaor.net/tools-resources/](http://gbvaor.net/tools-resources/)

**Family Planning and Human Rights-What is the Connection and Why is it Important** by Population Reference Bureau [http://www.prb.org/Publications/Reports/2015/family-planning-rights.aspx](http://www.prb.org/Publications/Reports/2015/family-planning-rights.aspx)


**Gender Wage Gap 2014** by Institute for Womens Policy Research shows that if the current trends continue women will not receive equal pay until 2059.

**Medical Women’s Association of Nigeria Young Doctors forum** through the YDF/SIG National Coordinator Dr. Vetty Agala have written and published a book on *Menstruation, Let’s talk about it.*


The eight Millennium Development Goals (MDGs) have remained the overarching development framework for the world for the past 15 years. The data and analysis presented in this report prove that, with targeted interventions, sound strategies, and adequate resources and political will, even the poorest countries can make dramatic and unprecedented progress. The report also acknowledges uneven achievements and shortfalls in many areas.
II. OTHER ORGANIZATIONS

1. World Health Organization (WHO)
   a. WHO has a new **global plan to accelerate elimination of Neglected Tropical Diseases (NTDs)** by 2020

   b. WHO is encouraging the use of the Robson Classification of Cesarean section so that useful data can be collected to establish the recommended rate of Cesarean section. Link: [http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13526/epdf](http://onlinelibrary.wiley.com/doi/10.1111/1471-0528.13526/epdf)

2. United Nations
   a. The **Sustainable Development Goals** have been agreed upon and can be found at [https://sustainabledevelopment.un.org/content/documents/7891TRANSFORMING%20OUR%20WORLD.pdf](https://sustainabledevelopment.un.org/content/documents/7891TRANSFORMING%20OUR%20WORLD.pdf). The transitioning from the MDGs will take place at the 70th anniversary meeting September 25-27, 2015. Indicators will not be finalized until March, 2016.

   b. September saw the launch of the Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 along side the UN General Assembly and the Sustainable Development Summit. The Global Strategy maps out the way to end all preventable maternal, newborn and child deaths by 2030, and improving overall health and well-being. The first Global Strategy for Women’s and Children’s Health was launched by UN SG Ban Ki-moon in 2010 and created the Every Woman Every Child movement.

   c. UN Secretary-General Ban Ki-moon in response to sexual abuse claims targeting its peacekeepers, in particular in the Central African Republic, stated that he was ready to throw out entire peacekeeping units if their country fails to take action against soldiers accused of sexual abuse.

   d. On October 24th Turn the World UN Blue to celebrate the UN’s 70th anniversary. Click [http://www.un.org/un70/en](http://www.un.org/un70/en) to see more ways the world is celebrating the 70th Anniversary of the United Nations.

3. DPINGO The final report of the 2015 Conference of the Department of Information on the theme of The Role of Civil Society in the post 2015 Development Agenda can be found at: [https://drive.google.com/file/d/0BwelTcvMVER0MDFUMDFiSXh4M0U/view?pli=1](https://drive.google.com/file/d/0BwelTcvMVER0MDFUMDFiSXh4M0U/view?pli=1)
4. **Framework Convention on Tobacco Control** notes that the SDG target for 31 reads: "Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate."

5. **PMNCH** The Partnership for Maternal Newborn and Child Health has developed a strategic plan to contribute to the SDG’s and the Global Strategy to 2030 that will allow it to become the Partnership in support of Every Woman Every Child movement that came out of the 2010 Global Strategy for Women’s and Children’s Health. It will focus on the 4A’s—accountability, advocacy, alignment and analysis. Emphasis will return to countries as the foundation for change and sustainability and there will be a program to manage member engagement and develop campaigns.


7. **Freedom from Fistula Foundation**

*FILM SEGMENT:* [https://www.youtube.com/watch?v=RaC8DLVUpBA](https://www.youtube.com/watch?v=RaC8DLVUpBA)


### 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. Registration is now open at [www.mwavienna2016.org](http://www.mwavienna2016.org). The call for abstracts is open.

The next Update will be published in December, 2015. Please send us your reports, comments or any other interesting information by November 30, 2015, at the latest. We are always interested to put your name and your accomplishments in the Update.