

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

---

# MWIA



## Update

### No.80 Dec 2019

E-mail: email: [secretariatmwia@gmail.com](mailto:secretariatmwia@gmail.com)/[secretariat@mwia.net](mailto:secretariat@mwia.net)

Website: <http://www.mwia.net>

Twitter @MedWIA #MWIA100

Facebook page <https://www.facebook.com/mwia.network>

Facebook group

<https://www.facebook.com/groups/mwia.network>

yMWIA facebook group

<https://www.facebook.com/groups/youngMWIA/>

Ph +1 917 841 4641

## CONTENTS

### I. MWIA MESSAGES/ NEWS/ UPDATES

1. MWIA 2019- 2022- Executive Committee	3
2. President's Message	4
3. Secretary General's Message	8
4. Contact Information for MWIA	10
5. Treasurer's Message	11
6. Past President's Message	12
7. News from the Regions	
A. Central Europe	13
B. Northern Europe	14
C. Southern Europe	19
D. North America	20
E. Latin America	22
F. Near East and Africa	24
G. Central Asia	49
H. Western Pacific	55
8. Report from MWIA representatives to the UN	76
9. Report from WHO Regional meeting	77
10. Report from MWIA representative to CIOMS	78
11. Calendar of Forthcoming Events	79
12. Publications	82

### II. ORGANIZATIONS

A. World Health Organization (WHO)	92
B. UNFPA	99
C. UN Women	100

III. ANNOUNCEMENTS	101
--------------------	-----

## **MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION**



### **2019- 22 Executive Committee Members**

**President:** Dr Eleanor Ann Nwadinobi  
**Secretary- General:** Prof Dr. Padmini Murthy  
**Treasurer:** Dr. Helen Goodyear  
**Past President:** Prof Dr. Bettina Pfleiderer

### **REGIONAL VICE PRESIDENTS**

**Central Europe:** Dr. Edith Vecsei (Austria)  
**Northern Europe:** Dr. Elisabeth Lichtenstein (Sweden)  
**Southern Europe:** Dr. Antonella Vezzani (Italy)  
**North America:** Dr. Vivien Brown (Canada)  
**Latin America:** Prof Dr. Magda Maria Sales Carneiro Sampaio (Brazil)  
**Near East & Africa:** Dr. Christine Sadia (Kenya)  
**Central Asia:** Dr. Mandakini Megh (India)  
**Western Pacific:** Dr. Desiree Yap (Australia)

## **1. PRESIDENT’S MESSAGE**

**Dr. Eleanor Nwadinobi, Nigeria**



### **A NEW DAWN**

I bring you warm greetings as the Substitute MWIA centennial President. This position has been entrusted to me following the resignation of Dr. Clarissa Fabre.

As you may be aware, Dr Clarissa Fabre was elected as President-elect in 2016 and inaugurated and decorated with our insignia of office, as President in July 2019 at The Centennial General Assembly in New York, USA. The Executive Committee, on receipt of Dr Fabre’s letter of resignation, convened a virtual extraordinary meeting on the 1<sup>st</sup> of December 2019, and in line with our Statutes and Bylaws unanimously endorsed me as the substitute President. Please join me in wishing Dr Fabre the best in her future endeavours.

2019 has been a historic year for MWIA as the year of our Centenary celebration. A new dawn is now here and there are great expectations. On my part, I pledge to adhere strictly to the provisions of our statutes and bylaws and to give of my best in ensuring an inclusive, impactful, open and responsive leadership in line with our motto ‘Matris Animo Curant’.

Since assuming the office of President on the 1<sup>st</sup> December 2019, I embarked on a short period of personal retreat and reflection and now feel ready to face the task entrusted to me to serve our esteemed Association as President.

We have started off well as an Executive Committee under new leadership and are addressing matters of urgent importance through Executive task teams for the sole purpose of determining our current state of affairs. We will be relying on the individual and collective strengths and on the enthusiasm, commitment and passion of you our valued members to take our Association, to great heights. We will work towards being very visible and recognised globally as the partner of choice on all women’s health issues. So, we are poised for an exciting and rewarding future into the next hundred years.

It was heartwarming to be celebrated by my national Association, the Medical Women’s Association of Nigeria (MWAN) at their recently concluded National Executive Council

meeting. I was celebrated with pomp and pageantry with a guard of honour mounted as I was ushered in with dancing and a standing ovation. I was also warmly received by the wife of the governor of my home state, Abia state, Her Excellency Mrs. Nkechi Ikpeazu.

I am looking forward to participating where possible, in our International and Regional meetings that bring members of our Association together and interacting in person with you. I am encouraging members to participate fully in activities of the Association. Please do take note and save the dates for our upcoming international and regional meetings as advertised in this December update.

I have received congratulatory letters and messages from our members all over the world and I am truly humbled by the outpouring of support. Thank you once again for the trust and confidence reposed in me.

Here is wishing everyone a Merry Christmas, Happy New Year and an enjoyable holiday.

Long live MWIA!

Dr. Eleanor Nwadinobi  
President  
Medical Women's International Association



MWIA President addressing the wife of the Abia State Governor, Her Excellency Mrs. Nkechi Ikpeazu



MWIA President being welcomed with dancing at the MWAN NEC

**2. Message from the Secretary-General:**  
**Dr. Padmini Murthy USA**



Dear Colleagues and global medical sisters,  
Season's Greetings!!!

It is truly an honor to be associated with this August Organization which just celebrated its 100<sup>th</sup> birthday in July 2019.

As we foray into the new decade, i.e. 2020's, the newsletter starting next year will have new look as well as will the face book pages and web site.

MWIA is continuing to be more active on social media. Since July I have had the privilege of representing MWIA along with other colleagues at the ICPD 25 meeting in Nairobi, Kenya. It was a momentous occasion where people from the four corners of the globe gathered to reaffirm their commitment to the well being of women, girls and the donor countries pledged USD 1 billion to support sexual and reproductive health and gender equality programs. The private sector has agreed to contribute 8 billion USD. This is exciting, but we as health care providers need to see that the promise is kept, especially among the socially disadvantaged populations we serve.

I would like to extend my thanks to current President of Kenyan Medical Women's Association and VP Near East and Africa Dr Christine Sadia, Past President of MWIA Dr Florence Manguyu and other Kenyan Medical Women colleagues for their warm hospitality.

I would like to express my personal anguish and dismay over the unfortunate incident where a young 15-year-old schoolgirl in Kenya committed suicide in September 2019 since she was humiliated by her teacher for staining her uniform as a result of her menstrual period. As a woman, a mother I ask myself what we can do as a global community and women physicians to work together to ensure that no young girl faces such humiliation which resulted in a tragedy.



*Wishing you all A Healthy and Happy Year of 2020  
In Health, Human Rights and Peace!  
Dr.Padmini (Mini) Murthy  
Secretary General MWIA.*



With UNFPA Executive Director Dr. Natalia Kanem and colleagues at the CEDAW 40<sup>th</sup> Anniversary Event (Dec 2019)



#### **4.Contact information for MWIA:**

Website: [www.mwia.net](http://www.mwia.net)

Email : [secretariatmwia@gmail.com](mailto:secretariatmwia@gmail.com)/ [secretariat@mwia.net](mailto:secretariat@mwia.net)

Phone/ what's app - [+1 917 841 4641](tel:+19178414641)

Facebook page <https://www.facebook.com/mwia.network>

Facebook group

<https://www.facebook.com/groups/mwia.network>

YMWIA facebook group

<https://www.facebook.com/groups/youngMWIA/>

Twitter @MedWIA Hashtag #MWIA100

## **5.Message from Treasurer**

### **Dr HelenGoodyear (U.K.)**



Firstly, a thank you to all those countries and individual members who have paid their dues or been in touch about them.

I will be sending out a reminder notice once we have sorted banking out further as we have had a block on one account due to change in Exco at our centennial meeting, almost sorted out and then a change of President has brought about further complexities.

I am grateful to all those members who have volunteered to be on the Finance committee, chaired by Dr Bettina Pfleiderer, Past President. The committee has already been hard at work inputting into the new travel rules for Exco which I had drawn up and discussing them.

Work on simplifying finances will continue in the New Year. Please contact me on [helengoodyear@btconnect.com](mailto:helengoodyear@btconnect.com) for any treasurer issues. Wishing you a Happy Christmas and New Year and hopefully some rest and relaxation

## **6. Message from MWIA Past President**

### **Prof. Dr. Bettina Pfleiderer (Germany)**

In 2019, we saw many exciting centennial activities celebrating medical women's achievements and history. While we move into 2020, our activities won't end and we continue our work as global network umbrella organization on global health issues by building upon what has been achieved so far.

Medical women are ambassadors of change and I have been serving as ambassador for MWIA in the last months- attending for example the 60<sup>th</sup> birthday celebration of the **standing committee of European doctors (CPME)** in Helsinki (Finland) as MWIA's representative. European Doctors coming from 36 National Medical Associations met in Helsinki at the biannual General Assembly and Board meeting.

During the meetings held on 16 November 2019 CPME delegates had fruitful exchanges on recent health policy developments at national and European levels. MWIA is a member of the work group on "healthy living" and refugee health. In the latter work group a **document on the Medical Treatment of Refugees was drafted** and MWIA was able to give input on issues which are of importance to MWIA ( please see report under publications section) In December I attended the **National Meeting of the Chinese Medical Women's Association in Beijing** and introduced as keynote speaker MWIA and the role MWIA plays in global women's and children's health to 3000 delegates.

**I want to take the opportunity now to wish you all a happy holiday season with best wishes for a peaceful and prosperous New Year 2020.**

**Thank you for  
supporting MWIA!**



## **7. NEWS FROM AROUND THE REGIONS**

### **A. Central Europe**

The centenary celebrations of the Austrian Medical Women's Association were held on October 12<sup>th</sup> 2019 in Vienna and was well attended.

The MWIA regional meeting is being planned by the members of the region from Austria, Germany and Switzerland in Spring of 2011 and the exact dates and venue will be announced next year.

Submitted by Dr. Edith Vecsei MWIA Regional Vice President for Central Europe



**Photos from centenary meeting**

## **B. Northern Europe**

### **Finland**

Finnish Medical Women Association hosts both professional and culturally focused events for members. Leading experts are invited to speak on pressing topics at meetings. The May meeting lecture was titled "Sleep Disorders" and given by Dr. Helena Aatsinki. A well-appreciated dinner followed. The December meeting will include a presentation on functional disorders. The number of participants is usually between 30-40 members. The clinical topics chosen are thought to be of interest to colleagues of different specialities.

In February 2019 FMWA elected Dr. Paula Pihlaja as the new President at the annual meeting held at the Parliament House. Dr. Mia Laiho, a MP, was the tour guide during the visit to the Parliament.

A recent guided tour to the new Children's Hospital in Helsinki turned out to be so popular that all those interested could not fit in and a new tour is being planned.

The association is a shareholder in Women's Bank. Women's Bank is a Finnish organization that operates in six most fragile countries by supporting development co-operation projects to improve the lives of women.

FMWA and the Swedish MWA are organizers of the 2020 Northern Europe Regional meeting (May 15.-17.2020). This Helsinki- Stockholm- Helsinki cruise meeting will be the focus of our activities during the next six months.

More information will be available on the MWIA webpage in the near future.

Tuula Saarela  
NC, FMWA

### **Ireland**

#### **Women in Medicine in Ireland Network (WiMIN) Update**

WiMIN was formed in December 2017 and became formally affiliated with MWIA at the Centennial Congress in June 2019.

We currently have over 500 members and continue to accrue more each week. There are approximately 9000 female doctors in Ireland and like in many other countries our undergraduate medical intake is predominantly female. However, as is the case worldwide also, our senior academic and clinical posts are filled mostly by men.

Since its inception, WiMIN has hosted two national conferences, and we are currently planning our third, which will take place in Belfast on March 21st 2020. Our theme is Diversity, and we will be hearing from women with disabilities who are working and studying in medicine, and also about the impact of religious faith on caregivers and their patients. We will discuss

biodiversity and climate justice, as well as pay inequality and the intersectionality of discrimination.

We recently held a social networking event for students, trainees, GPs and consultants and hope to replicate that event around the country in the coming months.

Each week we honour a different woman in medicine who has made an impact on colleagues or patients over the years, through a social media campaign entitled #SundayWiMIN. This has included historical figures as well as contemporary women, including medical students who have already exhibited extraordinary leadership and dedication to their future profession. We take nominations for this weekly award from other doctors and members of the public, and it has been very well received. The campaign has been shortlisted for an Irish Healthcare Award. The nominee's biography and achievements are posted on our Facebook, Twitter and Instagram accounts.

## **Sweden**

The Swedish Association has since September had two board meetings.

We have had a national meeting about Empathy where 50 women doctors gathered at a conference center the Old town of Stockholm on a rainy November Saturday. Empathy was discussed and highlighted from different angles. The first speaker was Johanna von Knorring MD from Umeå University who is writing a dissertation on Empathy. Empathy is an important concept within the medical profession and the definition is not always congruent. To experience and understand what other people feel is one way of defining it, empathy without an affective component can be defined as instrumental empathy, detached concern means that we as professionals are not affected so that we can still take neutral clinical decisions, kindness motivated by empathy often has bad effects. This latest theory was also highlighted by a philosopher who has a different context when looking at empathy than we as health providers. Empathy can sometimes lead to unproductive and even unsympathetic actions, for example feeling empathy for a beggar may result in taking a different route to avoid confronting the beggar. Finally, there was a discussion how literature can heighten our own empathetic abilities. The Swedish Medical Women's Association has also attended the Swedish Medical Associations annual meeting and proposed to them that they work towards equal pay for men and women doctors. This proposal was refused with the motivation that they are already in favor of this and does not need to work more actively or specifically with this item. The other proposal suggested by the Swedish Medical Women's Association was the possibility to not be on call during pregnancy even in the early stages of pregnancy. This was approved and the national association will now be working towards this so that every pregnant woman in future will not be forced to be on call during pregnancy.

Besides national work the Swedish Medical Women's Association is working actively towards the planning of Regional meeting in May 2020.

We have written an article to the press that has been published in the Swedish Medical Journal aimed at our Medical institutions to reinstate Gender Medicine and gender aspects into the medical curriculum.

Elizabeth Lichtenstein  
VP Northern Europe, NC Sweden

### **United Kingdom**

The Medical Women's Federation Autumn Conference was held at BMA House on Friday November 1st. Entitled - Working together: Overcoming Gender Bias in Medicine.

Dr Chand Nagpaul, Chair of BMA Council gave a welcome address.  
Topics included

- Tackling Unconscious Bias,
- Overcoming Challenges-exploring personal experiences of gender inequalities in the workplace.
- Enhancing delegates Knowledge of their career through Leadership Opportunities and Practice.

Speakers included Megan Reitz, a professor of leadership and dialogue.

Prerena Issar the first NHS Chief People officer, an expert in leadership development and diversity inclusion

Dr Jill Armstrong spoke on collaborating with men.

Dr Doyin Atewologun, Director of gender, leadership and Inclusion at Cranfield school of management.

Dr Indra Joshi, head of Digital health at NHSX.

Dr Hannah Barham Brown, an Ambassador of Disability charity 'My AFK' and one of only 3 BMA members on the steering group for addressing the Gender Pay gap in Medicine.

Dr Johnny Boylan, who is Women in medicine fellow at the Royal College of Physicians, has to look at challenging real and perceived barriers to women becoming Consultants in medicine.

Dr Phillipa Whitford an MP was unable to join us due to the announcement of the general Election.

In her absence, Professor Sir Simon Wessely, gave a talk on "The French have a name for it" A fascinating piece which included his experience on being invited to a Government cabinet meeting regarding mental health Policy.

Professor Wessely was made an honorary member of MWF!

The MWIA meeting was also held at this conference. We welcomed our new MWF President Professor Nina Modi and highlighted the work of the International Association. MWIA president



Dr Clarissa Fabre and Dr Helen Goodyear Treasurer, outlined their roles and mission of the organisation.

We look forward to the North European meeting in May 2020, following the MWF Spring meeting in April 2020

### **MWIA in Brussels at the European Union**

#### **Report from:” Gender in health: challenges for a healthier future for women in Europe” Monday, 9 December 2019 18:00-20:00 hours**

I had the honour of representing MWIA at the above mentioned event, held in Brussels. The event was hosted by MEP Elena Kontoura who also is president of Europa Donna Hellas. Among the other speakers were Camille Butlin from International Planned Parenthood and Blandine Mollard from the European Institute of Gender Equality. There were also representatives from the medical profession regarding specific women’s ailments such as gynecological health and breast cancer.

I decided to speak on” Why a gender perspective matters and emphasized that gender aspects are often missing in medicine today as we regard males as the norm and treat patients thereafter. I talked about Gender bias and how it affects the way think and how important it is to overcome our bias and see the patient beyond. Gender medicine is important and matters when it comes to the availability of health care for women and the outcome. There are still differences in women’s and men’s health and living conditions. To attain Gender equity in Health I finished with how important it is to:

Integrate a sex/gender analysis in medical science and health care

Improve structural attitudes/changes within research and educational systems.

Ensure that new research outcomes using sex/gender perspective have a measurable and tangible impact on policies, products, services and systems that improve health to everybody.

Make society aware of the inequities in women’s health and conditions and combat these inequities.

And finally, even up the numbers on leading positions in health.

Having only 10 minutes at my disposal this was all I had time to speak about. My impression was that it was well received and several of the attending came up to me afterwards saying that my speech was both interesting and educational.

I think it is important to take part in such events and put MWIA on the map as a natural source of knowledge and collaborator when it comes to gender and health and am very thankful to hve been given the opportunity to do this this time. I hope there will be many more such opportunities for us in the future.



Elizabeth Lorraine-Lichtenstein  
VP Northern Europe MWIA

## Southern Europe

### Belgium

The Medical Women's Association of Belgium organized the 25<sup>th</sup> scientific symposium on November 23<sup>rd</sup> in Brussels and was well attended. The program concluded with an awards ceremony and reception

The poster features a central graphic of two overlapping circles, one pink with a female symbol and one purple with a male symbol, separated by a question mark. Surrounding this are various medical conditions: Alzheimer, Breastcancer, Paramedical care, Heartdisease, Parkinson, Coma, Infertility, Multiple sclerosis, Epilepsy, and Depression. The text at the top reads '- 30 YEARS - Medical Women's Association of Belgium Saturday 23rd of November 2019 MWIA Southern Europe Regional Meeting'. The bottom section provides contact information and logos for sponsors like Artsen, SPECIALIST, and Medi Quality.

**- 30 YEARS -**  
**Medical Women's Association of Belgium**  
Saturday 23rd of November 2019  
MWIA Southern Europe Regional Meeting

Alzheimer  
Breastcancer  
Paramedical care  
Heartdisease  
Parkinson  
Coma  
Infertility  
Multiple sclerosis  
Epilepsy  
Depression

**GENDER PERCEPTION  
OF PATHOLOGY**

6 C.P.E&E  
**Organizer Prof. dr. Christine Van Broeckhoven**  
Auditorium Parliament  
Leuvenseweg 21  
1009 Brussels

Info & Registration  
[www.mwab.be](http://www.mwab.be)  
[info@mwab.be](mailto:info@mwab.be)

Artsen  
SPECIALIST  
Medi Quality

## **D. North America**

### **Canada**

The Federation of Medical Women and numerous supporting organizations and individuals who are committed to preventing the spread of Human Papilloma Virus (HPV) and the cancers it can cause.

The 3<sup>rd</sup> Annual HPV week was held from October 1- 7, 2019. The federation has been at the fore front in spearheading efforts to address the public health challenges as a result of HPV.

*HPV Prevention Week* is designed to bring Canadians together to engage in a series of events and initiatives to increase awareness of an infection that is estimated to affect more than 75% of sexually active men and women in their lifetime. The human papilloma virus causes genital warts, but persistent disease can cause 6 different types of cancer: Oropharyngeal, Penile, Anal, Vaginal, Cervical, and Vulvar.

#CANADAvsHPV, demonstrates international leadership in how we doctors, nurse practitioners, nurses, public health officials, NGOs, pharmacists, patients, government and industry – can work together to educate all Canadians to close the preventative care gap and encourage behaviour that could ultimately save lives.

The Federation call to Action on Climate Change statement, Article on Gun Violence and Blog: Abortion Myths can be found under the publications section of the newsletter.

### **United States of America**

This fall, AMWA...

- Was a partner for with the [Need Her Science](#) campaign to promote gender equity in medical publishing (please help us by signing the pledge at [bit.ly/needherscience](http://bit.ly/needherscience)).
- Piloted a new medical student program, [AMWA IGNITE](#), focusing on issues for women in medicine.
- Organized an [iGIANT design summit at Google](#).
- Partnered with the conference [HLTH](#) where Dr. Eliza Chin spoke about gender equity and leadership in medicine.
- Began organizing a task force on physician infertility.
- Launched a task force on [physician reentry](#).
- Became an organization associated with the United Nations Department of Global Communications.
- Secured grant funding from the Meehan Foundation for continued support of the American Women's Hospitals Service and Physicians Against the Trafficking of Humans.

- Secured grant funding for the program SeniorFusion to study technology aids to improve the health of seniors.

Coming up in 2020...

- AMWA will co-host [HPV Prevention Week](#) (January 25-31, 2020) with Global Initiative Against HPV and Cervical Cancer and Indiana University
- Launch of Media AMWA (film and medicine on-line exhibition).
- Launch of AMWA's Music and medicine on-line exhibition.
- Launch of on-line exhibition celebrating women physician suffragists. 2020 is the centennial of women's suffrage in the United States.



Dr Eliza Chin Past President AMWA with Dr. Vivian Harlin Past President AMWA in 1981



Attendees at the AMWA iGiant Design summit at google on November 21.

## **E. Latin America**

### **Brazil**

ABMM (Brazilian Association of Medical Women)

Meetings:

October 2019: “Gender Specific Considerations in Eye Disease” by Dr Ana Regina Vlainich of our executive. She is an ophthalmologist, and it seems that this is the first presentation about this important subject in Brazil.

November 2019: Election of the new executive for 2020-2022. President elect: Dr Elizabeth Alexandre cardiologist and past president of the session of Woman Cardiology of the Brazilian Society of Cardiology.

After the election there will be a cultural meeting with a presentation of “Leonardo da Vinci: 500 years after his death.”

Activities of members of our executive:

October and November 2019

Dr Marilene Melo, our vice president presented a speech during the XXIV Brazilian Congress of History of Medicine: “Brazilian Association of Medical Women- Victories and Challenges” Forum of Rheumatology-with the scientific organization of Dr Ivone Meinão, past president ABMM-SP at the Medicine Association of São Paulo (APM)

Dr Marilene Melo did a presentation about Differences in Diseases between Women and Men for an important group of Mayors and Secretaries of Health of cities of the State of São Paulo.

Nelci Zanon, of our executive and professor of Pediatric Neurosurgery, was reelected Vice President of the Education Committee of the International Society of Pediatric Neurosurgery.

Dr Fátima Alves, our President, presented a very successful speech at the III Meeting of Women Otorhinolaryngologist: “Gender Issues in otorhino laryngology” at the 49th Brazilian Congress of the specialty.

Dr Elizabeth Alexandre, our president elect, represented ABMM in a public manifest of APM about Health Insurance Companies.

Dr Elizabeth Alexandre, had an important participation in the XXIX North/Northeast Congress of Cardiology, debating conduct in hypertension in the office, heart and pregnancy, cardiology and women during they different phases of life. She presented also: “Difficulties in Managing Coronary Heart Disease in Women”.

Dr Nise Yamaguchi, a professor of Oncology and of the executive of MWIA, received the Joseph Cullen Award, of the Int. Association for the Study of Lung Cancer, for her work in prevention and early detection in lung cancer.

Participation of members of ABMM in the composition of committees and special interest groups:

Prof. Magda C Sampaio, a professor of pediatrics at University of São Paulo Medical School., Vice President MWIA for Latin America, President of São Paulo Section of ABMM, is Chair of Child Health Committee of MWIA

ABMM has several participants at Gender Medicine Special Interest Group: Marilene Melo, Elisa Garcez, Fatima Alves, Elizabeth Alexandre and Anna Maria Martits, as one of vice chairs of group. This is a very important subject for ABMM. As our organization is pioneering the introduction of Gender Medicine in Brazil and in introducing the subject in the curriculum of Medical Schools.

Dr Sonia Maria Rolim Sousa Lima., a professor of Gynecology, is the Menopause group.

Beijing+ 25 Meeting and ABMM participation:

Prof. Magda C Sampaio is in direct contact with Dr Mini Murthy Secretary General, about the possible participation at the Parallel Meeting of Beijing+25 in March 2020. The following members of ABMM: Fatima Alves president of ABMM, Nise Yamaguchi and Elisa Garcez, may participate.

Anna Maria Martits MD  
International Affairs ABMM  
Gender Medicine Group ABMM



## **F. Near East and Africa Region**

### **Democratic Republic of Congo**



**REPUBLIQUE DEMOCRATIQUE DU CONGO  
ASSOCIATION DES FEMMES MEDECINS**

**NORD KIVU**

Web Site : <http://afemed-nk.org>



It was a great disappointment for us not to have participated in the MWIA centenary congress. VISA was not granted to members of the delegation, the region being shaken during this period by the Ebola virus epidemic, which continues to claim victims in the eastern region of the DRC.

AFEMEDNK has made its hobbyhorse the fight against preventable maternal and newborn deaths in maternity hospitals. During this quarter, we continued our usual activities:

1. Supervise four maternities (CSR Albert Barthel, CSR Muunganno resurrection, CS Virunga, HGR Virunga), on the correct use of the partograph coupled with the WHO checklist for safe delivery. Our mission is to continue to strengthen the skills of providers but also to raise awareness for respectful childbirth. We have some positive testimonials on the need for support and awareness raising for healthcare providers, despite the limited working conditions to offer quality care
2. As part of the promotion of safer motherhood and to involve women more in their health, we conducted information and awareness-raising activities in the community and with providers in the health zones of Nyiragongo and Karisimbi. The thematic was: Preparing a delivery plan for safer motherhood. The Focus was put on the danger signs during pregnancy and the savings bank to favor a certain financial autonomy of women facing certain costs related to childbirth. It is said to Know to Act



3. As part of the celebration of the international day of the fight against HIV 2019, we organized voluntary HIV tests in the community, the week of December 1 to 7, 2019 in the city of Goma and its surroundings.



Coaching of providers at the Betsaida Hospital Center on the correct use of the partograph in monitoring labor and postpartum.  
Speaker: Dr Cathy gynecologist





Information and awareness sessions on the development of childbirth plans  
 Speaker: Dr Godelieve Badibanga

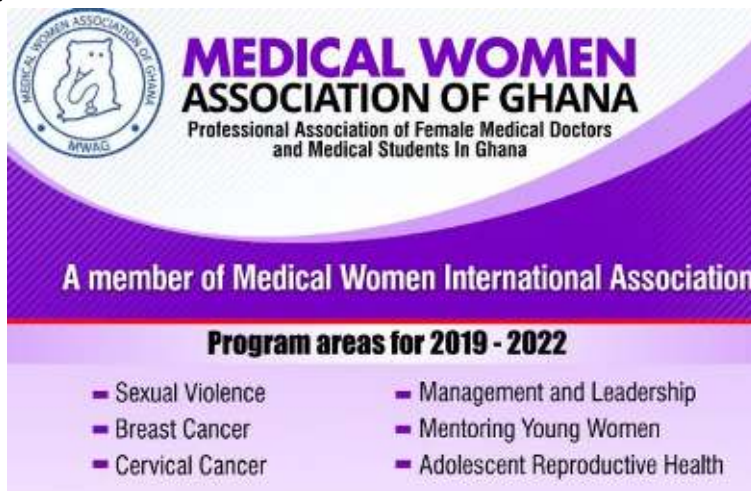


## **Ghana**

### **REPORT PART 1 (UPDATES FROM JULY TO DECEMBER 2019)**

#### **Post-Centennial Meeting in New York**

Approximately 30 MWAG ladies travelled to New York for the historic Centennial. Following the Centennial Celebration in New York, the Medical Women Association of Ghana settled on six thematic areas- Sexual Violence, Breast Cancer, Cervical Cancer, Mentoring, Leadership and Adolescent Health.



The following have received attention in all active regions so far and will be the focus for the 2019 - 2022 triennium

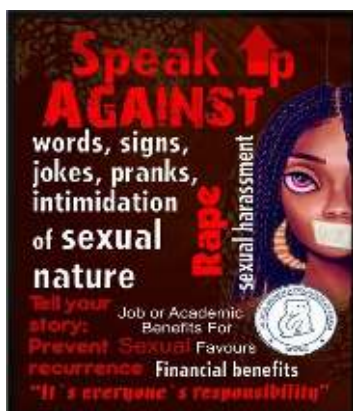
1. MWAG at 55 Celebration (January to December 2020)
2. Sexual Violence Prevention Campaign (2019-2022)
3. Management and Leadership training and Mentoring young women (2019-2022)
4. Cervical Cancer prevention campaign (2019-2022)
5. Other national-level or branch innovations

#### **MWAG at 55 Celebration (January to December 2020)**

We hope to organize activities on our thematic areas in all active branches from January to December 2020, according to regional capacity, to mark the anniversary.

##### **Sexual Violence**

The MWAG developed a flier on Sexual Harassment, to sensitize the general public on Sexual Violence. Social media were used and specifically chat groups with women, girls, adolescent boys and girls were targeted. Since this is an on-going campaign, we plan to call for activity reports, to enable the association to assess the reach and note important lessons to improve. This Social-Media focused campaign is largely championed by female doctors in Ghana. We are optimistic that as more people hear about Sexual Violence, identify with the issues and understand the concept, they will be able to engage in meaningful discussions that would ultimately lead to increased awareness and appropriate response to Sexual Violence in the Ghanaian society. A member, Dr Nana Esi Gaisie, a Child Health Specialist created a video which was circulated on Social media. The fliers are as follows:



### **Management and Leadership training and Mentoring young women**

As part of efforts to encourage women and female doctors to adequately prepare for and take up leadership roles at the policy-making level, MWAG has introduced this program as her contribution to developing the human resource base for good leadership in Ghana. Young MWIA- doctors age 40 and below is the focus of these leadership seminars, which is expected to be funded by attendees in the form of Continuous Professional Development (CPD) sessions or other sponsored events.

The Mentoring program for Medical Students is a special initiative suggested by our members to enable them to extend a helping hand to those who might need counseling and guidance on school-life balance or future career path planning. The program has already taken off in Greater Accra, Western, Central and Ashanti regional branches of the MWAG. A special CPD was held in Greater Accra in November 2019 as shown below:



### **Cervical Cancer prevention campaign**

This is an on-going sponsored activity, through an agreement with Lexta Ghana Limited. The campaign has been effectively run in Greater Accra region and is expected to take off in four other regions in Ghana.

Two regional meetings were held on the Cervical Cancer during the third quarter of 2019. The first was held at the Cape Coast Teaching Hospital on the theme, "Cervical Cancer in Ghana; Epidemiology and Primary Prevention" This event was accredited by the Medical and Dental Council of Ghana and was well attended by female doctors, nurses and other health staff. The report emphasized the need for a national Cervical Cancer Prevention Program with MWAG as key actor in the policy-making process. Below is a snapshot of the event:



Other meetings were held to draw up a strategy for enhanced awareness on screening and creating opportunities for high risk groups to be identified and screened for early detection and treatment.

A steering committee has been set up, with active participation by the national executive committee and Lexta Ghana Limited, to plan activities for January, which will be marked as a National Cervical Cancer Prevention Month in Ghana. The event is also expected to contribute to activities yet to be finalized as MWAG marks 55 years of positive impact on women and girls in Ghana.

### **Annual General Meetings 2019**

The Association held annual meetings in all active regions during the last quarter of 2019 as shown in the following photos:







### Other Social Activities

- The Western Regional branch of the MWAG together with the Ghana Medical Association organized the 5<sup>th</sup> Anniversary of the Regional Carols Service on 18<sup>th</sup> December 2019 as shown below:



- The Ashanti regional branch of MWAG organized a breakfast meeting for members.
- The Northern regional MWAG group comprising five regional branches, was inaugurated in November 2019. The members are considering setting up a secretariat at the Tamale Teaching Hospital to coordinate their activities. The elected chairperson and coordinator is Dr Hawa Malechi. Dr Linda Amarkai Vanotoo and Dr Elizabeth Esi Crentsil joined the formal inauguration. A group photo is shown below:



### **Dues Settlement at World Secretariat**

We will endeavour to collect the dues and pay the \$8 equivalent per member before the deadline of June 2020. The annual subscription per member is GHS 120.00, approximately, \$23.00 USD. At least, a third of the annual subscription directly support regional-level activities in Ghana.

### **Preparations for Abuja 2020 Meeting**

The communication shared by Dr Rosemary Ogu on the Regional WhatsApp page, has been circulated on all platforms in Ghana. Effective January 2<sup>nd</sup>, 2020 names of potential attendees will be compiled and updated monthly. The google doc link has also been shared and members have been encouraged to sign up and register early.

**END OF PART 1**



## **REPORT PART 2: NARRATIVE REPORT FOR JULY 2016 – JUNE 2019**

### **1. National (Meetings)**

- Annual General Meeting (AGM): Over the period under review, the MWAG organized 2 AGMs. The first was in November 2016, under the theme “Recognizing Mental Health Disorders in health care”. The second was in November 2018 under the theme “Achieving Wellness in Health Professionals”. For each AGM, there was a scientific session on the theme, which was attended by various health professionals (including males) with experts invited to make presentations on different aspects of the theme. This was followed by a business meeting for members of MWAG where we reviewed our activities and finances, planned the way forward in terms of activities and existing and potential projects and then we had elections and handing over to new national executives.
- Executive meetings: Most monthly executive meetings were held on WhatsApp platform as it was the convenient way of getting members who are located in different parts of the country.

### **2. National (Projects):** The Cervical cancer project, which is spearheaded by the Greater Accra branch, was expanded to cover the Central, Western and Volta regions. The project entails education on cervical cancer prevention amongst women groups (churches, market women and police officers’ wives) and senior high students. We also conduct cervical cancer screening amongst the women groups. This program is supported financially by Lexta Ghana Limited, a private business as part of its corporate social responsibility.

The Well woman clinic is also a national project hosted in the Greater Accra region and run by its members. We offer wellness services to women on appointment basis once a month. The women receive free services for primary health care, screened for various health conditions including cervical cancer, and get appropriate referrals where necessary.

### **3. National (Collaborations):** We collaborate with the Ministry of Gender, Children and Social Protection in many of its programs and policy development. Key amongst these is the 16 (sixteen) days of activism against Gender-Based Violence in November every year.

### **4. Local (branches):** We currently have three active branches, Greater Accra, Western and Ashanti.

- Greater Accra: The branch has regular monthly meetings. Although attendance is rather not always encouraging, there are discussions on ongoing activities and how to get more people interested and involved. The branch had one AGM over the period under the theme “Child Abuse – Recognition and management”. There was a scientific session followed by a business meeting.

There was a medical outreach program where an average of 400 adults and children received free medical and dental services, including medication, cervical cancer screening, screening for HIV/AIDS etc. This was done in conjunction with the member of Parliament for the constituency.

The branch continues to spearhead the Cervical cancer and Well woman Clinic projects described above. It is currently working on starting a new project on Menstrual Hygiene among school children and other vulnerable groups.

Finally, the branch worked with the National Blood Service in 2018 to drive a Blood Donation Campaign in the University of Ghana.

- Ashanti: The Ashanti branch conducted a Well woman fair in November 2017 at which they provided health education, screening and medical consultation to many participants. Other events organized include a talk on investment opportunities for its members, corporate wellbeing and health event with a local company meeting with newly qualified medical officers to introduce MWAG to them as well as an end of year ball in December 2017.
- Western: The branch organized monthly online meetings and quarterly face-to-face meetings.

They organized a medical outreach at market square where about 300 women, men and children received free medical care for various conditions. They organized one AGM which was well attended. They marked different international health days at identified workplaces, districts or localities. These included World TB Day, Child Health Week, Mental health week, World Menstrual Hygiene day, amongst others.

Lastly the branch contributed to the Cervical cancer campaign through talks to varied audience.

5. Near East and Africa: Ghana participated in the Regional conference of the Near East and Africa region which took place in Nairobi, Kenya in November 2018. The Conference was under the theme “Accelerating women’s Health Agenda: Priorities and opportunities through UN SDGs and AU Agenda 2063”. Six (6) members of MWAG, including the current Vice President for the region, Dr. Mabel Aboah attended the 3-day conference which was also attended by some executives of MWIA, including the President, Dr. Bettina Pfleiderer. Dr. Christine Sadia was elected as the incoming regional Vice President.
6. The Ghana National Group of the yMWIA: The Young Medical Women International Association in Ghana comprises all doctors age 40 years and below as well as female medical students. The young forum represents approximately 50 percent of the total membership. The main topics discussed and supported by members during the period 2016 to 2018 included Adolescent reproductive health, Cervical Cancer, domestic violence, gender-based violence, leadership and women empowerment.

- Individual members of the group actively campaigned in Sexual and Gender-based violence during the period 2016 to 2018. Activities included focused group discussions on sexual violence and how physicians can support affected persons, especially fellow women.
- Dr Marion Okoh-Owusu, who is the yMWIA secretary general has spearheaded adolescent health services in yMWIA, most significantly, on Adolescent Reproductive Health matters. Services included reaching out-of-school and in-school adolescents and young people with information on contraception, Sexually Transmitted Infections (STI's), through outreaches to schools, churches, youth groups and via social media campaigns. She participated in the development of the Ghana National Adolescent Health service policy and strategy and has since used her position to organize young female medical doctors to advocate for the rights of adolescents. This strong advocacy role has sustained the interest of young doctors in adolescent health issues.
- In 2018, the yMWIA in Ghana celebrated the World Menstrual Health Hygiene Day in style in Ellembelle district of Ghana where the first president of Ghana, Dr Nkrumah hails from. Health consultations and counseling sessions as well as free supplies of sanitary towels were provided for girls between the ages of 10 and 19 years.
- The World prematurity day was celebrated by young female lady doctors in the child health unit of the western regional hospital in Ghana. They distributed the safe childbirth messages to mothers, and the general population.
- An important event spearheaded by the yMWIA is the leadership and women empowerment campaign for lady doctors. Female doctors were encouraged to participate in national policy development seminars and stay up to date on the policy processes in order to positively influence policy decisions.
- Success Story: Following the call for women into leadership, Dr Marion Okoh-Owusu mentored a young female professional and supported her to take up a position as head of a health facility overseeing the health and well-being of approximately 40,000 inhabitants. This young lady doctor excelled in her role and was loved by all.

Compiled by:  
Dr Marion Okoh-Owusu  
(President, MWAG 2019-2022)

Dr. Mary Amoakoh-Coleman  
(National Coordinator, 2019-2022)

## **Kenya**

### **REPORT FOR KENYA MEDICAL WOMEN'S ASSOCIATION OCT TO DEC 2019**

In the last quarter of the year 2019, KMWA engaged in preparatory activities toward participation of the ICPD25. KMWA joined in the national event to mark the International Contraceptive Day and underscored the unmet need of contraceptives not only among women in reproductive age, but more critically among the young women and adolescents. This event addressed one of the themes of the ICPD25. Though KMWA is an advocate of adolescent reproductive health, it was heartbreaking to note the emerging trend and practice of the misuse of the 'Morning After Pill' which KMWA advocated for in a project that produced a booklet named "In Partnership" during the project period from 1994 – 1996 and ensured that the Ministry of Health allowed the pill to be availed to the market. It therefore challenges us as women in medicine to review the evidence and mount an educational and awareness campaign to avert the misuse and any adverse effects which may arise out of the emerging misuse.



Another concern was the teen pregnancy and the role of support system to allow girls from vulnerable families re-engage and continue with education as a critical enabler of gender equality and empowerment. KMWA serves in the Steering Committee of the State Department of Gender Affairs and contributes its expertise on these concerns with others.

#### **ICPD 25 – NAIROBI -KENYA:**



KMWA is proud to have the Co-Chair of the Steering Committee Dr. Josephine Kibaru-Mbae as a member who is also the Director General of the National Council on Population Development.

KMWA hosted the MWIA team at the Conference and participated in the various topics of interest. The conference provided various menu and we trust some of these concerns will be taken by MWIA and others by KMWA at the local level. We appreciated being given opportunity and joined by President, SG and Dr. Beverly Johnson. KMWA had several pre-event activities – of importance was the Africa Union convened meeting to review ICPD Cairo to date and what the interconnections that the region can make and advocate to better make the aspirations of ICPD Plan of Action (PoA) be practical and change the outcomes for the people in the continent. KMWA was called upon to describe the aspiration of ICPD 1994 as a participant then. Again, KMWA again participated in another side event and was a key speaker on the issue of NCDs especially the scourge of Cancer in the Continent, through a partner Africa Cancer Foundation.



KMWA participated in the various ICPD25 concurrent sessions through individual members and we are grateful that our founder and the First Africa President for MWIA who was one such prominent speaker.





Though many members participated in their own professional capacities representing various organisations where they are employed or provide technical support. It is worth noting that Prof. Miriam Were was the Founder Chairperson of KMWA and currently a Champion and Board member of Africa AIDS Free Foundation featured very prominently representing the Foundation. (see photo below)



KMWA was privileged to received various medical commodities courtesy of Prof. Dr.Padmini (Mini) Murthy as her personal contribution to the Well Woman Clinic run by KMWA. We are grateful to this gesture which was witnessed by some members of the Association. These items will be put in good use at the WWC at Kodi Road – Nairobi West



KMWA was invited to a launch of a research study where we participated on electoral gender violence. This was spearheaded by UNOCHR, UNWOMEN and KNCHR. This document addresses the gaps and concerns around the gender violations during elections and electoral processes in Kenya. The areas of critical concerns of women and girls who were raped and underwent various atrocities occasioned by elections in 2007 and 2017 in Kenya. To date not much has been done to secure justice for such women and response including psychological support has been delayed. *Now it is the time to act against electoral gender violence.*



## NATIONAL CONSULTATION ON CONFIDENTIAL ENQUIRY ON MATERNAL DEATH

On the 23<sup>rd</sup> December 2019 KMWA convened a national multi-stakeholder consultation on the Confidential Enquiry on Maternal Death (CEMD) Report launched in 2017. The consultation



was to review the recommendations in terms of implementation in order to provide useful contribution to the MDSR Process in Kenya. We are grateful and appreciate the support to this event and support received from UNFPA. The participants were drawn from diverse stakeholders who mainly work in the field of Maternal Neonatal and Child Health. There was a consensus and participants agreed that there are still many gaps yet to be addressed so that maternal deaths could be reduced and attain the zero target as envisioned in the SDG 3. After the deliberations, KMWA anticipates convening a Social and Accountability platform to advocate and address these capacity gaps while at the same time work with partners to ensure data and evidence availability that would assist meaningful support and efforts towards the reduction of maternal, perinatal and children's mortality and wellbeing. *(See pictures below)*



**Hon. Senator Sijeny performing Official Opening**







## **Nigeria**

Medical Women's Association of Nigeria (MWAN) carried out the following activities from September to December 2019. IDGC Celebration of International Day of the Girl Child (IDGC). This was co-sponsored by the National Secretariat by providing funds the production of Information Education Materials for three States viz Delta, Oyo and FCT. The activity was carried out by Young Doctors Forum (YDF) in the 3 states on behalf of MWAN in conjunction with Nigerian Medical Students Association (NIMSA) in October.

## **WORTH**

Women's Rights to Health Information (WORTH) Project was launched in the month of October (Commemoration of Breast Cancer Awareness Month) and focused on Breast-self Examination for Early Detection of Breast Cancer for a period of 6 months. Six States namely Delta, Kogi, Kebbi, Ogun, Ondo, and Kaduna States met criteria for sponsorship by the National Secretariat to produce fliers for the project.

<http://www.politicsgovernance.com/breast-cancer-awareness-mwan-leadership-launches-project-on-self-examination/>

## **ADVOCACY**

The National President, Dr. Minnie Oseji held a Press Conference on 14<sup>th</sup> October 2019 involving six (6) media outfits to mark the first one month in office. The MWAN 2019 Biennial Conference communique was publicized and the National President intimated the public of the plans for the Biennium with emphasis on Tetanus Toxoid vaccination for all women of childbearing age, and Male involvement in Maternal and Child Health. <https://thepointernewsOnline.com/?p=67325>

The website is also being updated with new information. The Face Book page is also active.

## **TECHNICAL ADVOCACY AND LEGISLATIVE WORKING GROUP (TALWG)**

Members have volunteered to be part of the Technical, Advocacy and Legislative Working Group (TALWG) from all States with Dr. Muna Wokocha as the Chair. The group coordinates MWAN activities at the Commission on the Status of Women (CSW). MWAN has received approval to host a parallel event titled "Empowering Women, Adolescent Girls against violent practices, stigma and stereotypes" at the 64th Session of the Commission on the Status of Women which is taking place in from 9th to 20th March 2020 at the United Nations, New York. MWAN was granted special consultative status with United Nations (UN) Economic and Social Council (ECOSOC) in 2017.

## **NIGERIAN MEDICAL ASSOCIATION NATIONAL HEALTH SUMMIT**

This took place from 4th to 8th November 2019. In attendance were the National

President Dr. Minnie Oseji, National President-Elect Dr. Lilian Otolorin, National Publicity Secretary Dr. Vivian Omo-Aghoja, and National Internal Auditor Dr. Onyi Owa-Nwabuzo among other members. During the summit strategic meetings of MWAN members held daily starting at about 8am for 30 to 45 minutes with different dress codes before day's programme. The MWAN flier was distributed to all NHS delegates.

### **MEETING WITH THE PRESIDENT OF THE 74TH SESSION OF UNGA**

About 10 Medical Women represented MWAN on 25th November 2019 at a meeting with the President of the 74th session of the United Nations General Assembly, Prof. Tijjani Muhammad-Bande. The objective was to brainstorm on how to eliminate gender-based violence (GBV).

### **MWIA PRESIDENCY**

On 1st December 2019, after Dr. Clarissa Fabre resigned as President of MWIA, Dr. Nwadinobi became President of MWIA. This is the first time in 100 years that a Nigerian is occupying the position.

### **MWAN 1ST NEC MEETING**

The first National Executive Council (NEC) meeting of MWAN held on 6 to 7 December 2019 at Aba, Abia State and 20 out of 34 States attended with 48 members present. The theme was Security issues: the Nigerian woman in focus. The meeting was preceded by a Medical Outreach for residents in Aba. Ten States were given plaques for the adopted health facilities by the National Secretariat. Members had Blood pressure and BMI checked. MWIA President, Dr. Eleanor Nwadinobi was a Guest Speaker at the event <http://www.newspagetoday.com/2019/12/09/ikpeazu-flags-off-mwans-first-national-executive-council-meeting-in-aba/>

### **J-MWAN EDITORIAL BOARD**

The Journal of the Medical Women's Association of Nigeria (J-MWAN) Editorial Board was re-constituted at the National Executive Council meeting in Aba, Abia State with Prof. Ifeoma Okoye as the Editor-in-Chief. J-MWAN will give priority to articles on experimental studies such as clinical trials. There will also be high consideration for the publishing of presentations given during the 2019 Biennial Conference and other Scientific Sessions organised by MWAN.

### **NMA NEC MEETING**

MWAN was represented by the National Coordinator Dr. Bobola Agbonle at the National Executive Council Meeting of the Nigerian Medical Association which held in Kano from 8 to 15 December 2019. The Theme of the meeting was Specialization and sub-specialization in Medical Practice: Bridging skills and technology gap in Nigeria.

## **Uganda**

### **1. Background**

The Association of Uganda Women Medical Doctors (AUWMD) is a national organization affiliated to MWIA under the coordination of the Office of the Regional Vice President – Near East and Africa.

The Association has been carrying on with its annual planned activities and below is a brief report of what has been accomplished in the last quarter of 2019 under the stewardship of the current executive.

#### **The current office bearers are;**

Prof. Sarah Kiguli	President
Dr. Catherine Odenyo-Ndekera	Vice President
Dr. Annet Alenyo-Ngabirano	General Secretary
Dr. Jane Bosa	Treasurer
Dr. Brenda Kawala	Publicity Secretary
Dr. Hanifa Namaala Ssengendo	Ex-Official

#### **Committee Members;**

Dr. Monica Namuli  
Dr. Betsy Kasumba  
Dr. Rose Alenyo  
Dr. Proscovia Mugaba

### **2. Activities in the last three months**

- The executive has held two meetings chaired by the President of the Association.
- Members in conjunction with the Mungherera Foundation, participated in ‘The annual Memorial Lecturer’ to commemorate our fallen colleague, Dr. Margret Mungherera. This was followed by a fundraising to continue with the girl child education trust fund.
- Mentorship talks to both primary and secondary schools. Sexual health talks have been carried out for out-of-school youths organized by several youths’ groups in one of Kampala City divisions.
- Radio talk shows on topical health issues are ongoing in the Eastern region on Smart FM 89.0 Thursday 8-9pm.
- Advocacy campaigns on increased uptake of vaccines e.g. HPV is ongoing.
- Career guidance for female medical students in the different medical schools. Still on career guidance and growth, female doctors were part of AWiSH, a platform for mentorship, networking, support, advocacy and education to ensure that women and girls in science reach their true potential and receive equal compensation for their skills. The launch of the platform was in November 2019 at the first annual conference for women in science, more than half of the keynote speakers and panelists were women medical doctors.
- Grant writing especially in the area of care for the elderly has been done, at least 3 proposals have been accepted for funding.
- Preparations for renewal of NGO permit with the National bureau is ongoing.

### **3. Plans moving into 2020**

- Career Fare in conjunction with The Kadama Association
- Continued sensitization of girls in school about career guidance, HPV, related sexual issues, puberty/adolescence and oral health
- Engaging women in communities on prevention of Non communicable diseases
- Developing an AUWMD guideline to both mentorship and general health talks.
- Continued grant writing
- TV and more robust radio programs in all the regions
- Partnering with other likeminded organizations to improve on our advocacy strategies e.g FIDA, AOGU, FAWE, UPA, etc.
- A robust Association website to improve on visibility

Prepared by the Ag. General Secretary, Association of Uganda Women Medical Doctors,  
December 2019.Dr. Jane Frances Namatovu (Ag. General Secretary)

## **Zimbabwe**

### **1.Launch of the ZWDA Mentorship program - 1 November 2019**

In response to a survey of women doctors in Zimbabwe conducted in May 2019 in which 75% of the 114 respondents indicated that they would like to participate in a mentoring program, the ZWDA Executive Committee assisted by the Department of Health Professions Education and Department of Psychiatry at the University of Zimbabwe has developed a structured mentoring program for women doctors.

The program was launched at a meeting on 1<sup>st</sup> November. There were 66 attendees, a third of whom were medical students. Dr Nomsa Tsikai gave a presentation outlining how the program will be run as well as a lecture on how to develop a successful mentee-mentor relationship.

Women doctors and medical students were then invited to participate in the program by applying. It is anticipated that mentors and mentees will then undergo intensive training at Mentorship Workshop to be held early next year and will then be matched based on common interests and skills.

### **2.Free Financial Literacy Course for Women Doctors and Medical Students hosted by Stanbic Bank Zimbabwe - 22 November 2019**

A 3-hour financial literacy course for Women Doctors and Medical Students was held on 22 November 2019 and hosted by Stanbic Bank. There were 44 participants including medical students. Topics covered included Employee Value Banking, Taxes, Loans, Investments, Insurance and Debt Management. The Executive Committee is currently working together with Stanbic Bank to develop a comprehensive financial literacy curriculum for women doctors as it was felt that financial literacy was generally poor in the medical profession.

### **3.ZWDA Christmas Dinner – 6 December 2019**

The first annual Christmas dinner was held on Friday 6 December 2019. It was a successful event with 67 women doctors and medical students in attendance. Junior doctors in Zimbabwe have been on strike without pay for the last 3 months, therefore the Executive Committee initiated a #AdoptAnIntern scheme where senior doctors were encouraged to buy extra tickets for those junior doctors who could not afford to buy the tickets. Almost a third of tickets were bought through the scheme.

The guest of honour was **Madeline Nyamwanza-Makonese**, the first black female doctor in Zimbabwe and second black female doctor on the African continent.

### **4.Communication and Social Media Subcommittee**



It was felt by the executive committee that there was need for a subcommittee to develop the social media accounts of the Association so as to increase our profile and encourage more women doctors to join the Association. A call for volunteers was made on Friday 1 November and 5 applicants were successful. The Subcommittee held its first meeting on Tuesday 17<sup>th</sup> December.

### **5.Application for ZWDA Membership**

The Executive Committee has finalised the process to determine annual membership fees for association and started accepting applications for official membership from Monday 16 December 2019. The annual membership fee includes a 20% discount for women wellness checks (mammography, breast ultrasound and bone densitometry) at the Well Woman Clinic in Harare which was negotiated by the Executive Committee.

### **6.New Logo**

After much deliberation, the executive committee agreed on a logo design to represent the Zimbabwe Women Doctors Association. The purple dahlia flower was chosen as it has a feminine energy, unique appearance and is known to symbolise grace, elegance, inner strength, creativity, change and dignity. The smaller flower represents medical students and the larger flower represents the qualified doctors. The multi-layered petals represent the individual women doctors and medical students coming together in unity, support and friendship.



Dr Maitazvenyu Mvere-Chatora  
Chairperson of the Zimbabwe Women Doctors Association



## **G. Central – Asia**

### **India**

Association of Medical woman of India has Organised two days National Conference AMWICON-2019 on 14th& 15th December 2019 at Hotel Center Point, Ramdaspath, Nagpur, India. It was a scientific feast & a successful conference.

Thanks to Office bearers of AMWI President Dr Vandana Walvekar, Vice President Dr Yamini Alsi & Dr Mandakini Megh ,Secretary Dr Manorama Purwar , Dr Nalini Kurvey for guiding and motivating.

AMWN Nagpur branch office bearer, President Dr Mrudul Chande, Dr Alka Mukherjee Secretary and Dr Kshama Kedar treasurer and organizing team for their untiring efforts to make the conference success.



Prestigious Jhirad Oration was delivered by Dr Usha Saraiya( recipient) on “Woman Dr on planet Venous “ and other orations delivered by Dr. Sushila Shripad, Kolkata, Dr Uma Singh on Cervical cancer & Dr Sarita Bhalerao on PCOS.

Dr Mandakini Megh VP Central Asia delivered Keynote address on “Adolescent health -A global health priority “



MWIAy session by Vice President MWIA, Central Asia on the theme “**Young Women Young Doctors - our Inspiration our Future**”

Young medical members took part in Panel discussion on very important topic “Teenage pregnancy.” Numerous topics from Medicine, Surgery, Gynaecology ,Dental & lifestyle diseases deliberated in symposia, debates and plenary sessions.

PGs also get an opportunity to showcase their talent in free papers & poster sessions.

On 14th evening there was cultural bonanza and DJ. A scintillating show, experiencing is believing!!

#### **Activities of Mumbai branch (AMWI), President Dr Geetha Balasarkar**

- **45th Annual Colposcopy course arranged by Cytology clinic (AMWI) was held from 4th – 6th December 2019 at Mumbai .**

Around 20 OBGYN physicians attended the training course from Maharashtra state. 8 doctors were deputed by Govt of Maharashtra. India

Dr Winifred Fernandes Symposium was held for creating **Awareness about Cancer. HPV infection & Cervical cancer.**

Dr S.Aptekar memorial visiting Professorship is awarded to Dr Saritha Shamsunder.

**MWIA special session on HPV Vaccination** was held on 7<sup>th</sup> December in Colposcopy course under the guidance of Dr Usha Saraiya & Dr Mandakini Megh VP Central Asia. Newsletter was released on 7th December.





Sherin Mehtaji Competition for Post graduate students was held in on 20th December at Jaslok Hospital on 20th December. Dr Poornima Satoskar conducted the Programme.

Prevention of Post partum Hemorrhage workshop was held on 24 th November 2019 was organized by organizing chairperson Dr Kshama Kedar , Dr Alka Mukherjee organizing secretary under the guidance of Project in charge. Dr Mandakini Megh in Nagpur. Around 100 Gynecologist attended this workshop. Hands on given for B Lynch, NASG, UBT, Estimation of blood loss & PPH drill.



Inaugurated the PPH Workshop Org Chairperson Dr. Kshama Kedar, Org Secretary Dr. Alka Mukherjee, Dr. Nirmita Vaze along with speakers

Delegates applying NASG Garment

MWIA Central Asia VP Dr Mandakini Megh & member of AMWI Dr Kshama Kedar, conducted one day workshop along with NARCHI on 24<sup>th</sup> November at Nagpur on “Prevention & management of PPH” .

This is the first workshop of this project from India. It's a day long workshop. In the morning session detailed discussion on etiopathogenesis of PPH, Atonic & Traumatic PPH. Monitoring of PPH, Emergency Response team & quality improvement along with NOTSS were discussed in detail by Dr.Kedar. Newer surgical technique in prevention of PPH were shown. In the afternoon from 2pm to 5pm. Hands on training were given on assessment of blood loss, Uterine Balloon Tamponade, Blynch compression suture, NASG Garment, PPH Drill were taken. High light of this workshop is around 100 delegates attended this workshop & they tried to sharpen their skill at each station. Dr Alka Mukherjee was organizing secretary for this successful workshop. Most importantly **Free Uterine Balloon Tamponade & NASG Garment** were distributed to 5 charitable hospitals who were having around 4000 to 5000 deliveries per year. Project Group is expecting many more workshop on this crucial topic in MWIA member countries.

NATIONAL ASSOCIATION FOR REPRODUCTIVE & CHILD HEALTH OF INDIA (NARCHI) - Nagpur Chapter	
<p>President: Dr. Kshama Kedar, AMWI, Nagpur          Vice President: Dr. Mandakini Megh, MWIA, Nagpur          Secretary: Dr. Alka Mukherjee, MWIA, Nagpur          Treasurer: Dr. Kshama Kedar, AMWI, Nagpur          Joint Secretary: Dr. Mandakini Megh, MWIA, Nagpur          Joint Treasurer: Dr. Alka Mukherjee, MWIA, Nagpur          Members: Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur          Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur</p>	
<p>Members: Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur          Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur</p>	
<p>Members: Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur          Dr. Kshama Kedar, AMWI, Nagpur          Dr. Mandakini Megh, MWIA, Nagpur          Dr. Alka Mukherjee, MWIA, Nagpur</p>	





## **Thailand**

### **Report from Thai Medical Women's Association (TMWA)**

On October 6, 2019 TMWA hosted the Annual General Meeting with over 100 attendances.



Encouraging news this year; TMWA congratulated 2 Idol Medical Women awards and 3 Out Standing Medical Women awards with 20 Medical Women who granted awards or recognition from institutions.



On October 7-8, 2019 The Teenage pregnancy subcommittee of TMWA

On October 12, 2019 the 3<sup>rd</sup> Leadership program arranged workshop of 'Dealing with Sentinel Event'

On November 25, 2019, Dr. Jantra Chennavasin (President of TMWA) attended 'Thai Medical Association' meeting

## **H. Western Pacific**

### **VP WPR Dr Desiree Yap MWIA Update Dec 2019**

In the last quarter the Western Pacific Region were very sad to hear of the natural disasters experienced in Japan. We offered our support and condolences.

I have undertaken a survey of the Western Pacific nations to understand better what their vision for MWIA is and its relevance for our region. This report will be ready for presentation to the region in the New Year.

We are very excited about our forthcoming Regional Meeting on Korea to which I hope many MWIA will come:

- Meeting Date: October 8-10, 2020
- Venue: Imperial Palace Seoul, Korea (<https://www.imperialpalace.co.kr/eng/>)
- Meeting Website: [www.mwia\\_wprc2020.com](http://www.mwia_wprc2020.com) (This page will be opened in the middle of December.)

## **Australia**

### **MWIA Update: AFMW (AUSTRALIAN FEDERATION OF MEDICAL WOMEN)**

#### **National Council members:**

#### **Current representatives: President Deb Colville**

- Vice President Lydia Pitcher
- Immediate past President Sharon Tivey
- Secretary Marjorie Cross
- Treasurer Marissa Daniels
- National Coordinator Magdalena Simonis
- yAFMW Chair Jacqueline Deens
- VP WPMWIA Desiree Yap
- AFMW Reps from Victoria Magdalena Simonis, Kate Duncan
- AFMW Reps from NSW Gabrielle Caspar, Monique Atkinson
- AFMW Reps from Qld Anita Sharma, Lydia Pitcher
- AFMW Reps from ACT Melanie Dorrington, Marjorie Cross

#### **News of members/ membership activities:**

Since our last report to MWIA, we have held our Face to Face Meeting and the outcomes from that are summarized in this document. Our States based activities appear in our Newsletter, and

the Spring Newsletter was forwarded to the Secretary General and the Summer Newsletter will be forwarded when completed in December

### **National meetings:**

**The AFMW annual Face to Face meeting was held on 9<sup>th</sup> and 10<sup>th</sup> November 2019.**

- Our triennial General Council Meeting will be in November 2020:
- The motions carried at this Face to Face were:
  1. To reconstitute our Governance subcommittee
  2. To commence a Reconciliation Action Plan – to provide a formal statement of commitment to improve relationships and respect between Aboriginal and Torres Strait Islander people and other Australians.
  3. To support the health and wellbeing of Aboriginal women doctors and medical students through our scarf project with the intention of providing scholarships.
  4. To endorse and support the Working Party of yAFMW
  5. AFMW has committee investigating cost effective

### **National Advocacy Priorities:**

1. Climate Crisis and its impact on women and children's health
2. Advocating for issues relating to prevention of bullying and harassment in health workplaces
3. Health decisions regarding needs of asylum seekers in detention in PNG, Manus Island and Nauru are made by doctors.

We continue to actively advocate on a range of national and state issues on a case by case basis

### **National Projects and Research:**

1. AFMW 's National Project – Scarf project/ supporting Aboriginal Medical Women with fundraising from sale of scarves
2. As a result of the Scarf project, we are to start a Reconciliation Action Plan - itself a national (AFMW) plan
3. There is a State based research project underway in the ACT to their workplaces.
4. Our ongoing project is to find the finances through membership and grants to continue to develop and maintain our website and to develop a video conferencing platform suitable to all

### **National association MWIA activities:**

1. Development of a Resolution for MWIA Congress 2022 to constitutionally recognise yMWIA – by developing yAFMW and working to extend the concept to our region
2. Support the Committees and Projects of MWIA as members and Chairs
3. Support the Committees and Projects of MWIA as members and Chairs

### **National Plans for CSW/Other UN meetings:**

Planning attendance and have applied for a Parallel event at CSW in NYC in March 2020

### **National Plans for WHO:**

We always have inquiries from members interested in being involved in WHO events - so we are expecting active involvement and feedback about meetings

### **National Photographs:**

Members of AFMW Council who attended our Annual Face to Face Meeting on 10<sup>th</sup> November 2020

From left to right : Gabrielle Casper, Marjorie Cross, Marissa Daniels, Rosalind Terry, Kate Duncan, Rosalie Cooper, Magdalena Simonis, Anita Sharma, Deb Colville, Desiree Yap, Melanie Dorrington, Lydia Pitcher



### **China**

#### **The 5th China Medical Women's Congress of CMWA and the 6th Award Ceremony of CMWA Wuzhou Women Science & Technology Award were held in Beijing**

With the theme of “remain true to the original aspiration and keep going forward”, the 5th China Medical Women's Congress of CMWA and the 6th Award Ceremony of CMWA Wuzhou Women Science & Technology Award were held in Beijing, on Dec 7, 2019. All medical women’s special committees of the country held academic forums to discuss hot issues and transformative researches in various fields. During this congress, 3 professional committees held the general election meetings, and 4 new professional committees held the inaugural meetings.





Opening Ceremony of the 5th China Medical Women's Congress

1200 participants attended the opening ceremony, including Qiao Jie, academician of Chinese Academy of Engineering, chairman of CMWA; Bettina Pfleiderer, former chairman of Medical Women's International Association; Yu Shisi, former chairman in western pacific region of Medical Women's International Association, chairman of Hong Kong Medical Women's Association; Wang Hanfeng and Gu Yun, supervisors of CMWA; assessment experts of CMWA Wuzhou Women Science & Technology Award; chairman of all professional committees of the country and representatives.



1200 participants attended the opening ceremony of CMWA

The congress started with the MV “remain true to the original aspiration” performed by academician Chen Xiangmei, academician Qiao Jie, professor Zhu Lan, professor Zhang Weiwei, professor Wang Linhong, Professor Liao Qinqing and representatives of special committees.

Academician Qiao Jie said in her speech that medical women had made remarkable achievements in innovation of scientific research, talent cultivation, and health science popularization and publicity to the grassroots with their unique female characteristics of meticulousness and courage and superb medical skills. CMWA would continue to build a platform on the purpose of setting examples and helping medical women to learn from each other and communicate with each other. Chairman Qiao Jie thanked Lin Jiamei and He Jiesheng, two former chairmen, for laying a solid foundation for the career of Chinese medical women. Bettina Pfleiderer, former chairman of Medical Women’s International Association, said in her speech that she was very honored to be invited to attend the conference. On July 28 of this year, at the celebration conference of the 100th anniversary of the establishment of the Medical Women’s International Association (MWIA), CMWA officially became a member of MWIA. Chinese medical women are

warmly welcomed to integrate into the MWIA family and contribute to the development of international medical women.



Speech of the CMWA President, Academician Qiao Jie

At the opening ceremony, the guests attending the conference held a grand awarding ceremony for the 25 winners of the 6th “CMWA Wuzhou Women Science & Technology Award”, 6 winners of “the most beautiful family in China” and “national heroine model” in 2019, and 3 units of “national heroine civilization post”, and awarded certificates and trophies to the winners. They are the model of medical women, and their spirits would be passed down from generation to generation to guide all medical women to keep going forward.





After the opening ceremony, 3 professional committees held the general election meeting, 4 new professional committees held the inaugural meetings, and the academic keynote report meeting opened.

Academician Han Qide praised medical women in his speech for their role in national construction and national health protection and expressed that more care and support should be given to medical women. He called on all of us to pay attention to women's physical and mental health and wished the medical women to achieve more success in their career.

Academician Xia Zhaofan, a burn expert who had been fighting for a long time in the front line of clinical practice and participated in rescue and relief work many a time, explained to us “the application of cell therapy in the treatment of burn patients”.

Academician Chen Xiangmei shared the topic about “lead the normalized and innovative development of diagnosis and treatment of kidney disease with big data intelligence”.

Academician Qiao Jie described “how to protect health scientifically from the source of life” in vivid words. Finally, Bettina Pfleiderer, former chairman of MWIA, took us back to the centenary development of the MWIA and stated how to play the positive role of women in medical treatment.



Bettina Pfleiderer, former chairman of MWIA has the presentation back to the centennial development of the MWIA

During the two-and-a-half-day meeting, experts from the parallel sessions of the professional committees fully exchanged and shared their researches in various fields of Chinese medicine, application of cutting-edge technology and clinical experience.

The meeting emphasized that the "Healthy China 2030" plan placed health on the development agenda as a priority, and people's health should be cared for and guaranteed in an all-round and full cycle way. With the overall idea of “integrating health into all”, we should continue to unite and train young and middle-aged medical women and experts to contribute to the career development of medical women in China and the world





Healthy China 2030" plan placed health on the development agenda as a priority

China Medical Women's Association decided to hold the 25th Anniversary Conference in September 2020, looking forward to meeting again next year!

## **Hong Kong**

***National members: Hong Kong Women Doctors Association (HKWDA)***

### **Current representatives:**

Dr Cissy YU, President

Dr IP Wing Yuk, National Coordinator

Dr Amy KEUNG, National Coordinator

### ***News of members/ membership activities:***

- Free health check services for ethnic minorities was conducted on 11 and 25 August 2019. It included cervical smear examination, BP, BMI, mental health screening and health talk.
- Dr WONG Siu Yu Joyce, a Specialist in Clinical Oncology, was our guest speaker for our health seminar held on 17 October 2019. The topic for the talk was Management of Locally Advanced or Metastatic Non-small Cell Lung Cancer.
- A career talk for medical students was held at Queen Mary Hospital on 19 October 2019. The focused specialty is Anaesthesiology.
- Last but not the least, the 13th Annual General Meeting cum Annual Dinner of the Hong Kong Women Doctors Association was successfully held on 25 October 2019. Dr Norman CHAN delivered a talk on “Updates on Diabetes Management “. It was a night full of huge fun: many winners were able to take home spectacular prizes from our lucky draw, and we enjoyed performances from Dr Samuel KWOK, Dr Nancy YUEN and medical students.

### **Next annual national meeting:**

Nothing to report in December 2019

### **National Advocacy Priorities:**

Nothing to report in December 2019

### **National Projects and Research:**

Nothing to report in December 2019

### **National association MWIA activities:**

Nothing to report in December 2019

National Plans for CSW/Other UN meetings: Nothing to report in December 2019

### **National Plans for WHO:**

Nothing to report in December 2019

### **National Photographs:**

(1) Volunteers for the health check for ethnic minorities



(2) Dr Joyce WONG delivered a talk on Management of Locally Advanced or Metastatic Non-small Cell Lung Cancer.



(3) The 13th Annual General Meeting cum Annual Dinner of the Hong Kong Women Doctors Association



## **Japan**

### **Japan Medical Women's Association (JMWA):**

#### **Current representatives:**

Yoshiko Maeda, M.D.

#### **News of members/ membership activities:**

The 12th JMWA Seminar in Karuizawa was held on Oct. 5th in Nagano Prefecture. Karuizawa is a Japanese summer resort famous for having John Lennon living with Yoko Ono. This time, a member of JMWA, Professor Naoko Iwasaki gave a lecture on the frontline treatment of diabetes.

#### **News from Japan:**

Japan has been severely damaged by natural disasters since August this year. I would like to express my heartfelt condolences to those who have been damaged by several typhoons.

In August, a heavy rain in western Japan, mainly in Kyushu, caused a heavy damage when a record heavy rain was observed once every 50 years.

In September, Typhoon No. 15 (Faxai) landed in Chiba Prefecture, and due to the storm, blackouts continued in various places around Chiba Prefecture, and some areas took more than a month to recover. Narita Airport was also temporarily closed, and more than 10,000 people were stopped. The number of housing damages in Chiba Prefecture has risen to over 57,000, but the restoration has not progressed, and many people are still forced to live in damaged houses.

On October 12, Typhoon No. 19 (Hagibis) landed in the Kanto region and traversed. It caused heavy rain not only in Kanto, but also in Nagano and the Tohoku region, and flooding occurred in many rivers. This typhoon was recorded as a rain typhoon with a record level of rainfall. According to AMeDAS torrential rain, a past heavy rain ranking based on AMeDAS observation data for 43 years since 1976, it was a record heavy rain, which was the highest in every place. As of November 15th, 93 people were killed, 3 people were missing, and housing damage was reported to be over 87,400.

While the claw marks of Typhoon No.15 and No.19 still remain large, on October 25, the cyclone moved eastward along the southern coast of Honshu, and in addition, Typhoon No.21 (Bualoi) moved north of the east of Japan. It became a record heavy rain in the center. The record heavy rains were especially in Chiba and Fukushima Prefectures. Reported to be 10 dead and 2 missing.

Fortunately, no member of JMWA was severely damaged.

Next annual national meeting: The 65<sup>th</sup> annual meeting of JMWA is scheduled at Arcadia Ichigaya in Tokyo on May 17<sup>th</sup>, 2020.

#### **National Advocacy Priorities:**

Nothing to report in December 2019

#### **National Projects and Research:**

National association MWIA activities: Yoshiko Maeda is a Co-Chair of Work-life Balance Project. Yoshiko Maeda is a member of MWIA

#### **Committees 2019-2022,**

ETHICS AND RESOLUTIONS, SOCIAL MEDIA AND COMMUNICATIONS, WHO SPECIAL INTEREST GROUP.



**National Plans for CSW/Other UN meetings:**

President of JMWA Yoshiko Maeda is going to attend CSW64 (Beijin+25) in 2020.

**National Plans for WHO:**

Nothing to report in December 2019

**National Photographs:**



The life of Ginko Ogino, the first Japanese licensed female doctor, was made into a movie, and the President Yoshiko Maeda was invited to the commemoration preview on Sep. 7<sup>th</sup>. Japan's oldest active film director Hisako Yamada (87 years old) and President Maeda





“JMWA Seminar in Karuizawa” was held in Nagano prefecture on Oct. 5<sup>th</sup>.

## **Republic of Korea**

### **1. Medical services in Philippines during Thanksgiving**

The KMWA provided volunteer medical services at Navotas, Philippines, from September 11th, 2019, to September 15th, 2019. Twelve members volunteered for the service including President Hyang Aie Lee and Dr. Kyung-Sook Choi, Chairperson of the Volunteer Service Committee. The team was composed of 25 members including laboratory technicians, nurses, office staffs, and other volunteers from pharmaceutical companies, medical schools, and clinical laboratory medicine clinics. Ten specialists from various clinical subspecialties took part in the service, and the most high-tech equipment for diagnosis and treatment were provided, imparting an impression of a general hospital with the most up-to-date facilities. The members served 1500 locals with nearly 3400 diagnostic labs, treatments, and medicines for three full days.



## **2. A meeting of the organizing committee for the 2020 MWIA Western Pacific International Academic Conference**

On October 16<sup>th</sup> (Wednesday), 2019, a meeting of the organizing committee for the 2020 MWIA Western Pacific International Academic Conference was held in Restaurant Hanilkwan. A total of 23 including Dr. Hyang Aie Lee (President), Dr. Suk Wan Yoon (President-elect), Dr. Kyung Ah Park (Former President of the MWIA), Dr. Bong-Ok Kim (Chief of the Advisory Committee), Dr. Hyun Wook Paik (Chief Director of the organizing committee for the 2020 MWIA Western Pacific International Academic Conference), Dr. Soon Won Hong (Secretary General of the organizing committee for the 2020 MWIA Western Pacific International Academic Conference), Dr. Eun Joo Paik (Chief Accountant), Chairperson and Vice-chairperson of each subcommittee (academic, publication, young generation, display, communicational information, proceedings, cultural events, finance, registration, and public relations) and subcommittee members.



### **3. Participation in the 36<sup>th</sup> Annual Conference of the Korean Medical Association by setting up a booth for ‘Experiencing the right ways to wash hands and measure blood pressure and body temperature’.**

The KMWA participated in the 36th Annual Conference of the Korean Medical Association by setting up a booth for ‘Experiencing the right ways to wash hands and measure blood pressure and body temperature’ at the Dongdaemun Design Plaza, Seoul, Korea, from Saturday, November 2<sup>nd</sup>, 2019, to Sunday, November 3<sup>rd</sup>, 2019. This year, the Conference was held with an agenda of taking a step closer to the citizens by merging medicine and culture. Dr. Hyang Aie Lee (President), Dr. Suk Wan Yoon (President-elect), Dr. Young Sook Joo (Director in charge of Financial Affairs), Dr. Seon Yeong Rim (Director in charge of Financial Affairs), Dr. Young Mi Jeon (Director in charge of Business Affairs), Dr. Joo Young Kim (Director in charge of Academic Committee), and Dr. Soo Won Hong (Director in charge of Foreign Affairs).





## Philippines

Report from PMWA The Philippine Medical Women's Association 70th Annual Convention  
November 16 - 17, 2019 Marco Polo Hotel, Ortigas Metro Manila

### ELECTED NEW OFFICERS FOR 2020

President: Carmencita C. Lo M.D.  
Vice President: Vivina C. Chiu M.D.  
Secretary: Maria Victoria Villarica M.D.  
Treasurer: Marilyn G. Federico M.D.  
National Coordinator: Vivina C. Chiu M.D.

### SCIENTIFIC TOPICS NATIONAL CONVENTION

- \* Osteoporosis.
- \* Breast Feeding in times of disaster challenges to survival.
- \* Gender health issues and concerns the doctor's role facilitating transition and understanding.
- \* Optimizing hypertension management.

- \* Promoting resilience our children what to say to parents.
- \* Updates on smoking cessations: Setting sights on success.
- \* Health issues arising from cyber bullying and social media.
- \* Updates on the HPV vaccination has it made and impact.
- \* Comprehensive approach to female pelvic infections: focus on enhancing the immune system.
- \* Genetic in modern medicine
- \* Promoting wellness among the youth

## **INTERNATIONAL ACTIVITIES**

### **WHO Western Pacific Regional Meeting held in Manila October 7 - 11, 2019**

Attended by PMWA officers led by Drs. Carmencita C. Lo, Marilyn G. Federico, Elizabeth A. Milanes, and Lea F. Fajutagana (Report Attached in news letter under WHO report )  
Dissemination of MWIA Centennial Congress Report which was printed in the annual conventions souvenir program Updates on the incoming congress of Western Pacific Region in Korea.

### **Taiwan**

Update of TMWA – Taiwan Medical Women’s Association

1. TMWA (9 women physicians and 20 medical students) attended MWIA meeting in July 2019.
2. TMWA will held 2022 MWIA meeting in Taiwan
3. Local Organizing Committee of 2022 MWIA has been set up.  
Dr Chyong-Huey Lai is the chair of LOC.  
We have held two LOC meetings.
4. TMWA has cooperation with Rotary for anti-drug project in students
5. Dr Chyong-Huey Lai and Dr Chien-Dai Chiang are honored as Taiwan Medical Models in November 2019.



Dr Chyong-Huey Lai receiving an award from The Health Minister of Taiwan H.E. Dr Chen Shih-chung

---



Dr Chien-Dai Chiang receiving an award from Health Minister of Taiwan H.E. Dr Chen Shih-chung



### **Individual Member Dr Margaret Maxwell, M.B.Ch.B ( N.Z.) New Zealand**

Dr Margaret Maxwell was Vice-president for Western Pacific region from 1998- 2001 and writes:

‘I took that opportunity to visit (at my own expense) all the countries where there was an Association that had membership in MWIA. I visited Japan, Korea, Philippines, Australia and our meeting was in New Zealand. (At that time Hong Kong didn't have any membership) [She cannot attend any more meetings because]... my mobility is not so good, and since I live alone now, I am being very careful to avoid situations when I might fall...

At the entrance to my home, I have replaced some steps with a wooden ramp for the same reason.

Now I can only hope that some of my overseas colleagues might like a trip to include New Zealand - Auckland in particular. I can offer accommodation for two, and if I did not drive my friends to see the area, there is a bus service that also includes my road!

At the MWIA meeting, would you please extend an invitation to anyone interested, to come to NZ and put them in touch with me.’

Kind regards,

Margaret Maxwell

### **Individual Member Dr Robyn Hewland New Zealand**

Dr Robyn Hewland has written:

My report as an NZ Individual Member is my link to ASMS (Assoc Salaried Medical Staff) survey report on Burn Out in most, but more in female doctors.

That report is available.

I cannot summarise that report because of my pancreatic symptoms of jaundice, itching, nausea, fatigue, pain, and Panadol.

I had a bile duct stent inserted in Hosp this week.

Regards, Robyn H

**8. REPORT FROM MWIA'S REPRESENTATIVES TO THE UN**  
**Dr. Satty Gill Keswani and Dr. Padmini Murthy, USA**

Drs Keswani and Murthy are making sure that they list MWIA and AMWA when they attend meetings which they have been invited to not as AMWA members but as physicians, community leaders and academia members.

Dr Murthy represented MWIA at the 40<sup>th</sup> anniversary celebration of CEDAW in December 2019 at the United Nations. She has regularly been representing MWIA by attending the UN briefings and events for the NGOs. Dr Keswani has represented MWIA and AMWA at regional medical meetings in New Jersey. Dr Murthy is representing AMWA / MWIA as a member of the NGO committee. For upcoming activities for UN 2020 and UN @75.

Drs Keswani and Murthy are also following the Beijing Plus 25 activities and plans for CSW. Please see the CSW MWIA parallel event details under the meetings. We look forward to welcoming our MWIA fraternity during the CSW in March 2020 in New York.

## **9.WHO Report:**

### **WHO REGIONAL COMMITTEE FOR THE WESTERN PACIFIC**

#### **WHO Committee for the Western Pacific**

Seventh Session  
October 7-11, 2019  
Manila, Philippines

The Philippine Medical Women's Association (PMWA)/Medical Women's International Association (MWIA) were invited to represent the Philippines in the World Health Organization (WHO) Regional Committee for the Western Pacific's 70th session held in Manila October 7-11, 2019. In attendance were Drs. Carmencita Lo, Elizabeth Milanes, Leah Fajutagana and Marilyn Federico. All member states represented are the following: Cambodia, China, Lao People's Republic, Malaysia, Brunei Darussalam, Singapore, Mongolia, Papua New Guinea, Philippines, Samoa (American Samoa, Cook Islands, Niue, Samoa and Tokelau), Solomon Islands, Fiji, French Polynesia, Kiribati, Marshall Islands, Federated States of Micronesia, Northern Mariana Islands, Nauru, New Caledonia, New Zealand, Palau, Tonga, Tuvalu, Vanuatu, Wallis, Futuna, Vietnam, and Taiwan.

On the first day commenced the opening of the session, adoption of the agenda, an address by the outgoing Chairperson, and election of new officers: Chairman, Vice Chairman, and Rapporteurs. The Department of Health (DOH) Secretary Francisco Duque nominated the Minister of Health from South Korea as the new chairperson. The preceding activities were followed by the keynote address and report by Dr. Takeshi Kasai, WHO-WPRO Regional Director. This is his first report to the member states regarding WHO achievements attained alongside the previous regional director, Dr. Shin Young-Soo. The report covered the period from July 2018-June 2019, the highlights of which were the progress of the delivery of health services to 1.9 B people over a 12-month period and the challenges to be faced in the future. An interim report on the program budget for 2018-2019 was presented as well as the update on the 2020-2021 program budget. Later in the afternoon, there was a panel discussion on aging and health.

Each of the 37 member states represented by ministers of health throughout the proceedings gave their position statements, achievements, laws and ordinances passed, resolutions drafted, statistics, and financial needs.

The policies and direction for the future of WHO-WPR were also discussed as follows: tobacco control, protecting children from the harmful impact of food marketing, antimicrobial resistance, progress reports on technical programs like health security (emerging diseases and public health emergencies and the framework for action for disaster risk management for health), noncommunicable diseases, mental health, climate change, environment and health, action plans for healthy newborn infants and communicable diseases (measles and rubella elimination), HIV, viral Hepatitis, sexually transmitted infections, and the implementation of the End TB strategy.

**10. Report by MWIA representative to CIOMS – Council of International Organization of Medical Sciences -Dr Christine Wieland, Switzerland**

On December 18, I attended the 86th CIOMS Executive Committee Meeting and 23rd CIOMS General Assembly in Geneva, Switzerland.

**A summary**

CIOMS and its mission is not enough known (small survey by Mark Kays from Interclarity)!

Mission Statement: “CIOMS mission is to advance public health through guidance on health research including ethics, medical product development and safety“.

CIOMS is in official relations with WHO and UNESCO associated partner and ICH Observer since 2016

CIOMS is located in Geneva, international, non-governmental and not-for-profit.

CIOMS is an umbrella organisation of medical science organisations

CIOMS had its 70th anniversary this year and celebrated it with an Open Meeting in April in Geneva.

**Working groups (WG):**

WG on Implementation of Standardised MedDRA Queries (will end 2019)

CIOMS WG on Drug Induced Liver Injury

CIOMS WG on Clinical Research in Resource Limited Settings

CIOMS WG Patient Involvement in Development and Safe Use of Medicines

CIOMS Expert Working Group on MedDRA Labeling Groups (new, April 2019)

Revision of CIOMS IV: Benefit-Risk Balance for Marketed Drugs: Evaluating Safety Signals (new, Sept 2019)

Working groups under discussion :Real World Data and Real World Evidence in drug safety and regulatory decision making

Severe Cutaneous Adverse Reactions (SCARs)

CIOMS is still interested in new working groups. If there are any ideas: please submit a concept paper.

## **11.CALENDAR OF FORTHCOMING EVENTS MWIA AND INTERNATIONAL ORGANIZATIONS – CONGRESSES AND MEETINGS**

### **2010-2021**

#### **2020**

#### **64<sup>th</sup> Commission on The Status of Women United Nations New York March 9- 20 th 2020**

1.MWIA Parallel Event- Medical Women: Promoting The Beijing Platform for Action. Date March 13<sup>th</sup> Time 10.30 am- 12 noon, Venue Vartan Hall, Armenian Convention Center

2.Australian Federation of Medical Women Parallel Event – Reaching Forward, Looking Back: Experiences of Australian Medical Women  
Date March 13<sup>th</sup> Time – 12.30 – 2 pm, Venue Guild Hall, Armenian Convention Center

3.American Medical Women’s Association Parallel Event- Progress and Challenges in Women’s Health from 1995 to Present. Date March 11<sup>th</sup> Time 230-4pm. Venue 4 West 43<sup>rd</sup> Street, Green Room

4.Medical Women’s Association of Nigeria. Parallel Event -Empowering Women, Adolescent Girls against violent practices, stigma and stereotypes. Date: 14 March. Time 10 30 am Venue: Church Center for the United Nations Room: Second Floor

#### **Northern Europe MWIA Regional meeting**

**May 15th - May 17th, 2020**

**Women Doctors – A Source of Inspiration and Resources**

<http://www.cvent.com/d/8hqdw3> - Link for registration





## **North America**

1. AMWA's 105 Anniversary Meeting (March 26-29, 2020) will launch a new professional development program, [AMWA LEADS \(Leadership, Empowerment, Advancement, Diversity, Scholarship\) Program](#). Join us in Indianapolis, Indiana! All MWIA members can register at the AMWA member rate.

2. [2020 Sex and Gender Health Education Summit](#) (September 11-13, 2020) with Laura W. Bush Institute for Women's Health, Mayo Clinic, and Jefferson University (website password is sghe2020). Registration opens soon. Call for posters open. [Sghesummit.com](http://Sghesummit.com)

### **August 17-28, 2020, Mediterranean cruise – Italy, Malta and Greece**

North American Regional Meeting hosted by the Federation of Medical Women of Canada  
Theme is Women's Health: Aging Well. For all of the details, including how to register, visit <https://fmwc.ca/events/mwia-north-american-event-2020-mediterranean-cruise/>

# New Horizons in Women's Health

**Dr. Nahid Azad, Dr. Vivien Brown, Dr. Harriet MacMillan  
& Dr. Connie Newman**



Companion  
cruises  
FREE

Celebrity **X** Cruises®

**11-Night Italy, Malta &  
Best of Greece CME  
AWAY™ Cruise**

August 17–28, 2020  
Onboard the Celebrity Edge



**CME  
away™**  
by Sea Cruises



**Federation of Medical  
Women of Canada**





[www.fmwc.ca](http://www.fmwc.ca)

## **Near East and Africa**

### **Nigeria**

MWAN will be hosting the Medical Women's International Association (MWIA) NEAR Regional Congress from 16th to 19th September 2020.

The Congress Planning Committee has Dr. Claribel Abam as Chair and Dr. Eleanor Nwadinobi as the MWIA Liaison officer. MWIA Near East and Africa Congress tagged "Abuja 2020" with theme Accelerating Universal Health Coverage: Priorities, opportunities and Challenges will take place

at the International Conference Centre, Abuja. Delegates are being encouraged to pay early to facilitate action.

Please copy and paste the url [mwan.org.ng/mwianearc2020/](http://mwan.org.ng/mwianearc2020/) for more details.



### **Western Pacific**

Republic of Korea will host the Western Pacific Regional Conference of MWIA will be held on 8-10 the October 2020 Venue: Imperial Palace Seoul, Korea (<https://www.imperialpalace.co.kr/eng/>)  
Meeting Website: [www.mwia\\_wprc2020.com](http://www.mwia_wprc2020.com) (This page will be opened shortly .)

### **2021**

#### **Central Asia**

Mumbai  
Regional conference will be held on 27<sup>TH</sup>-28<sup>TH</sup> March 2021 at Trident Hotel Nariman Point, Mumbai



## India's 5 E's for achieving SDGs

- **E**radication of Domestic Violence
- **E**nhancing skills
- **E**nvironment Safety
- **E**liminating Life style diseases
- **E**mpowering Women

Organised by AMWI India





## **12.Publications**

### **1.CIOMS**

The newsletter from 19th of December 2019:

[https://cioms.ch/wp-content/uploads/2019/12/CIOMS-December-2019-Newsletter\\_19Dec2019\\_Final.pdf](https://cioms.ch/wp-content/uploads/2019/12/CIOMS-December-2019-Newsletter_19Dec2019_Final.pdf)

(with a picture of all participants).

The “International Ethical Guidelines for Health-Related Research Involving Humans” is now available in all UN languages and more: <https://cioms.ch/shop/>

Free Online training For Ethical guidelines <https://cioms.ch/>

### **2.CPME**

Committee of European Doctors Report on medical treatment of refugees- MWIA gave input

[http://doc.cpme.eu:591/adopted/2019/CPME\\_BoardNov19\\_071.medical.treatment.refugees.pdf](http://doc.cpme.eu:591/adopted/2019/CPME_BoardNov19_071.medical.treatment.refugees.pdf)

## **Canada**

### **Federation of Medical Women of Canada**

#### **3.Gun Control**

**The Federation of Medical Women of Canada, as concerned physicians for public health and safety, in context of increasing firearm-related homicides and injuries, supports the position of the Canadian Doctors for Protection from Guns, and calls for action from the Federal Government to: .**

- 1) Enforce stricter handgun-control,
- 2) Perform stronger handgun background checks,
- 3) Require comprehensive handgun record keeping requirements, and
- 4) Increase research into the epidemiological causes and impacts of gun violence.

The statistics are troubling. Within a context of decreasing crime in Canada, gun violence is increasing. [1] Of the 611 homicides in Canada in 2016, 223 involved firearms, with 130 (58%) of these involving handguns. The problem worsened in 2017, with 660 homicides, 266 involving



firearms, and 145 (55%) involving handguns. Handguns continue to be the most frequently used type of firearm for homicide. Sadly, this the 4th consecutive-year increase in these cases and Overall, there has been a 42% increase in gun violence since 2013 in Canada. [1][2]

Although, at 1.8 homicides per 100,000 population, we compare favourably to the USA at 5.3, other western countries are doing much better (France at 1.3, Germany at 1.0, and UK at 1.0). Even in 2016 in the USA, 47% of firearm-related homicides involved handguns. [3][4] In summer of 2018, physicians in Canada and the US engaged in an impromptu social media campaign against gun violence in response to a tweet from the American National Rifle Association telling them to “stay in their own lane” regarding gun control. In no time at all, heart wrenching stories of gunshot injuries and deaths flooded the internet from physicians who have seen all they can take of the senseless gun violence sweeping North America. Check out the Twitter account @ThisIsOurLane and #ThisIsOurLane to keep up with the discussion.

And while gun-related crime has been dropping in Edmonton, Ottawa, and Vancouver, it is on the rise in Calgary and Toronto. [5] Regina has the highest gun-related crime at 59/100,000, while the rate of gun-related crime in northern communities is double that in southern communities. [1] The recently published report, Femicide in Canada 2018, found that 34% of femicides were committed using a firearm.[6] The recent call by the United Nations for countries to create femicide observatories is a significant and urgent signal. Despite research done to date, and advances made, this issue remains a very serious and critical issue for women and girls in Canada and around the world.

Missing in the calls to restrict gun bans to cities is the reality that gun violence, per capita, is higher in rural Canada than urban. Such measures are also strongly supported by medical research which consistently shows a clear correlation between restrictions on access to guns and improved public health and safety.

Gun control is a public health issue for individuals, their families, and the communities they live in. Most gun-related injuries are entirely preventable with policies that restrict access to guns. Even though a growing majority (69%) of Canadians support control of handguns and assault weapons legislation, it remains a contentious issue pitting gun enthusiasts and hunters against almost everyone else. [7]

Physician advocates have a role to play in effecting change.

Canadian Doctors for Protection from Guns (CDPFG) was formed in response to the summer 2018 Danforth shooting in Toronto where two young people were killed, thirteen were wounded and an entire city horrified by the actions of a lone shooter who went on a rampage one warm summer night. CDPG is a grassroots organization concerned about the increasing public health impact of firearms. [8] They represent physicians working in collaboration with nurses, paramedics, rehabilitation specialists, psychologists, researchers and other front-line health care professionals. These physicians have all witnessed first-hand the emotional and physical trauma and devastation caused by guns. CDPG calls for a comprehensive public policy in response to this crisis in our communities, including preventative tools to reduce gun use and its consequences on youth violence, domestic abuse, and suicide.

This year on April 3<sup>rd</sup>, more than 1,000 health professionals and medical students in 16 cities participated in a National Day of Action in support of Bill C-71 and a ban on assault weapons and handguns. At the same time, the Canadian Medical Association Journal endorsed advocating for a public health approach to guns. The medical community is broadly united on this issue and Canadian Doctors for Protection from Guns intends to ensure gun control is an issue in the upcoming federal election through a variety of campaign interventions.

While election time is for giving promises, but Canadians need action on gun control now. The new government cannot maintain inadequate compromise on effective gun control legislation.

#### References:

[1] Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey, Firearm-Related Violent Crime, 2009-2017. <https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM>

[2] <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54980/tbl/tbl05-eng.htm>

[3] [https://en.wikipedia.org/wiki/List\\_of\\_countries\\_by\\_intentional\\_homicide\\_rate](https://en.wikipedia.org/wiki/List_of_countries_by_intentional_homicide_rate)

[4] <https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM>

[5] Robison Fletcher. CBC Report on Gun Violence in Canada, August 30, 2018. <https://www.cbc.ca/news/canada/calgary/canada-gun-facts-crime-accidental-shootings-suicides-1.4803378>

[6] Canadian Femicide Observatory for Justice and Accountability, #CallItFemicide: Understanding Gender-Related Killings of Women and Girls in Canada, 2018. <https://femicideincanada.ca/callitfemicide.pdf>

[7] Ekos Politics. Here's a Simple Idea: Most Canadians Want a Strict Ban on Guns in Our Cities, December 4, 2017. <http://www.ekospolitics.com/index.php/2017/12/heres-a-simple-idea-most-canadians-want-a-strict-ban-on-guns-in-our-cities/>

[8] <http://www.doctorsforprotectionfromguns.ca>

#### **4. Climate Crises**

**The Federation of Medical Women of Canada supports the Canadian government in its declaration of a Climate Emergency, and we call for urgent action in reducing carbon emissions and in mitigating the negative impacts of climate and environmental changes.**

We urge political leaders to listen to the voices and experiences of women in addressing the changes we are all facing (1). In particular, women must be consulted concerning how Canada should prepare and support its health care workforce (of which the majority are women) in dealing with climate change-related health care emergencies. In addition, by utilizing gender-based analysis, policy makers can discover how climate and environmental changes adversely impact the well-being of women and girls.

#### **FMWC call to action on Climate crises: Is our healthcare workforce ready?**

##### **Background**

The Canadian government, in June 2019, passed a motion declaring that Canada, and indeed, the world, is in a climate emergency. This was in response to a report released by Environment and Climate Change Canada (ECCC) that Canada is warming at twice the average rate globally. According to Canada's Changing Climate Report (2), since 1948, the annual temperature in Canada has increased 1.7C, with an even greater increase in the North, average of 2.3C. The report states that the effects will include increased rates of precipitation, disappearing permafrost and the challenge of released carbon and transportation issues as roads decay, intensification of heatwaves, increased drought and forest fires, flooding and extreme weather events such as tornados and hail.

The Intergovernmental Panel on Climate Change (IPCC) is the international body (3) charged by the United Nations to provide up-to-date and accurate information on the state of climate change across the globe. In their most recent report, The Special Report on Global Warming of 1.5C (2.7F), they warn that a reduction of 1.5 is possible, but only with significant changes to how we all live, no matter where we live. The importance of 1.5 degrees is the amount needed to stave off even greater destruction and the negative effects of excess carbon emissions.

##### **Impact on women**

Climate experts warn that the effects of climate crises will highlight and further exacerbate existing inequalities. Marginalized people live in precarious environments that will first feel the effects of changing climate patterns, particularly people living in rural and lower lands areas or who are connected more intimately to the land: fishing, hunting, harvesting. Racism, sexism, ableism, will intersect to impact access to mitigation and adaptation resources.

Climate crises are already affecting many communities and countries around the world, creating climate migrants, calculated at 17.2 million in 2018 alone, displaced by the devastation of

droughts, floods, forest fires, natural disasters, extreme weather events and eroding coastlines. According to the UN, 80% of climate migrants are women.

As local rivers and lakes that sustain communities dry up and disappear, women are forced to walk further to find water. In flooded areas, women are most likely to die from simply not being able to swim. During food shortages, women eat last. Female headed households are less likely to recover after natural disasters and extreme weather events. Women farmers have the most difficulty in recovery due to lack of access to recovery resources. Women are the invisible producers of food and they are specially positioned to use their intimate experiences with the land to help mitigate and adapt to climate change.

#### The Situation in Canada

Women and Climate Change Impacts and Action: Feminist, Indigenous and Intersectional Perspectives, a joint report by the Canadian Research Institute for the Advancement of Women and the Alliance for Intergenerational Resilience (4) states that women, particularly Indigenous women, are being left out of the climate crisis equation, with little to no analysis of the impacts on women before, during and after climate emergency situations. They charge that climate change solutions are viewed through a Eurowestern lens, favouring neoliberal, masculinized technology that perpetuate existing economic inequities over the “deep cultural shift” in corporate behaviour needed to effect real change. In addition, they assert that the economic and social wellbeing of women in “Fourth World” communities, such as Canadian Indigenous communities, are particularly impacted as their relationship to the environment shifts. It is imperative for policy makers and researchers to use a gender-based and intersectional analysis in understanding the impacts of climate crises on all Canadian women.

#### The Situation in Health Care

The health care services through their practices, is the largest carbon emitter in the public services sector and most health care workers are women. Again, women are under-represented in health care climate change leadership, yet policy decisions impact women’s employment and processes. In June, Physician Mothers of Canada (5), initiated a petition to the federal government calling for support for the Call to Action on Climate Change, a report produced by the Canadian Association of Physicians for the Environment (CAPE) (6). This includes prioritizing elimination of emissions across all government portfolios, adopting a carbon pricing strategy, eliminating fossil fuels, incorporation of green energy, and eliminating single-use plastics. The petition is open until October 4, 2019. You can access it here.  
<https://petitions.ourcommons.ca/en/Petition/Details?Petition=e-2180>

Importantly, health care providers need to understand the health impacts of climate crises and how to help and prepare their patients for changes in the future. CAPE has created an online toolkit consisting of 8 modules designed for health professionals to help understand the science and impacts of climate change for themselves and their patients.

**FMWC is committed to advocate for and be involved in actions combating climate and environmental changes.**

**References:**

1. CRIWA report  
[https://www.criaw-icref.ca/images/userfiles/files/Women%20and%20Climate%20Change\\_FINAL.pdf](https://www.criaw-icref.ca/images/userfiles/files/Women%20and%20Climate%20Change_FINAL.pdf)
2. Canada's Changing Climate Report
3. The Intergovernmental Panel on Climate Change (IPCC)
4. Feminist, Indigenous and Intersectional Perspectives, a joint report by the Canadian Research Institute for the Advancement of Women and the Alliance for Intergenerational Resilience states
5. Physician Mothers of Canada
6. Canadian Association of Physicians for the Environment.  
<https://cape.ca/campaigns/climate-health-policy/climate-change-toolkit-for-health-professionals/>

**5.MYTHS AND STEREOTYPES INDUCED ABORTION AND MEDICAL ABORTION**

Canadian women facing an unplanned pregnancy may now obtain surgical or medical abortion. Since July 2015, Health Canada approved the use of the therapeutic combination of mifepristone and misoprostol for the medical termination of a pregnancy up to 63 days (up to 70 days according to evidence).

Several myths and stereotypes NOT supported by scientific evidence are transmitted in the population. This fact sheet aims to bring facts and put these myths and stereotypes in perspective. It is intended to assist health care professionals in their counseling of people who have concerns with induced abortion.

#	Myths and stereotypes	Facts
1	"Abortion can lead to breast cancer."	Abortion does not increase a woman's subsequent risk of developing breast cancer.
2	"Abortion can lead to infertility. The risks of becoming infertile are greater with medical abortion."	Medical and surgical abortions have no impact on future fertility. Sexually transmitted diseases are the number one factor responsible for infertility and must be ruled out before any type of gynecological procedure.
3	"Abortion is more dangerous than childbirth."	Abortion is between 10 and 14 times safer than childbirth, regarding the risk of death and overall morbidity. Abortion is very safe when it is provided by registered health care professionals.



4	"Abortion causes emotional distress that leads to a mental illness such as post-abortion syndrome."	No such syndrome is scientifically or medically recognized. Since 1989, the psychological and medical communities have not found any evidence of the existence of a "post-abortion syndrome".
5	"Women use abortion as a contraceptive."	One in three Canadian women will have an abortion by the age of 45. You don't have to be "irresponsible" to need an abortion. The number of induced abortions performed yearly in Canada has been declining over the last 20 years. Studies show that better access to contraceptives and adequate sexual education are key factors in decreasing the number of unplanned pregnancies.
6	"Risks associated with medical abortion are significantly higher than those associated with surgical abortion."	First trimester medical abortion is as safe as first-trimester surgical abortion as shown by studies conducted over the last 30 years.
7	"Fetus feels pain during a medical or surgical abortion."	Studies show that the fetus is unable to feel pain before the third trimester of the pregnancy. Close to 90% of abortions are performed in the first trimester when the fetus is incapable of feeling pain.
8	"Medical abortion can be reversed."	Medical and surgical abortions are irreversible.
9	"Women can abort whenever they want and kill a perfectly healthy baby."	Late termination of pregnancy in the third trimester (28 weeks +) are performed for medical reasons (viability of the pregnancy or health risks for the woman).

While surgical abortion is performed with instruments in a specialized facility, medical abortion is induced by two medications. It is a process similar to a natural miscarriage that a woman experience in the discretion of her home. These medications are mifepristone and misoprostol. Mifepristone blocks progesterone which supports of the early pregnancy. It is taken first, orally. Then, 24 to 48 hours later, misoprostol is absorbed between the gum and the inner cheek. Misoprostol stimulates uterine contractions and expulsion of the products of conception.

This therapeutic combination has few contraindications that must be ruled out by a health professional before use. Its effectiveness is 95% to 98% up to 63 days of gestation. The most notable side-effects are short-lived bleeding and cramping. Complications, such as hemorrhage or infection, are rare. They may require emergency care. It can be provided in primary care and most provincial government insurance plans cover it.

More information on Induced Abortion, Medical Abortion and unplanned pregnancy can be obtained on:

- <https://www.sexandu.ca/pregnancy/unplanned-pregnancy/>
- <http://www.arcc-cdac.ca/publications.html>

## References

Abortion Rights Coalition of Canada. "Statistics – Abortion in Canada", 2019, Online: <http://www.arcc-cdac.ca/backrounders/statistics-abortion-in-canada.pdf>

American Congress of Obstetricians and Gynecologists. "Facts Are Important: Medication Abortion 'Reversal' Is Not Supported by Science", Press Release, 2017, Online: <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/FactsAreImportantMedicationAbortionReversal.pdf>

American College of Obstetricians and Gynecologists (ACOG) Committee on Gynecologic Practice. ACOG Committee Opinion, No. 434: "Induced Abortion and Breast Cancer Risk", *Obstet Gynecol*; 2009, 113: 1417-1418.

Major B, Appelbaum M, Beckman L, Dutton MA, Russo NF, West C. American Psychological Association Task Force on mental Health and Abortion. 1989. Retrieved from <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

Grossman D & al. "Continuing Pregnancy After Mifepristone and 'Reversal' of First-Trimester Medical Abortion: A Systematic Review," *Contraception*; 2015, 92 : 206–11.

HSia JK, Lohr PA, Taylor J, Creinin MD. Medical abortion with mifepristone and vaginal misoprostol between 64 and 70 days' gestation. *Contraception*; 2019;100 :178-81.

Raymond EG & Grimes DA. "The comparative safety of legal induced abortion and childbirth in the United States", *Obstetrics and Gynecology*; 2012, 119: 215-19.

Royal College of Obstetricians and Gynecologists. "Fetal Awareness: Review of Research and Recommendations for Practice", *Report of a Working Party*; 2010, Online: <http://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf>

Lee SJ & al. "Fetal Pain: A Systematic Multidisciplinary Review of the Evidence", *Journal of American Medical Association*; 2005, 294 (8): 947-954.

Steinberg J.R., McCulloch C.E., & Adler N.E. "Abortion and Mental Health: Findings from the National Comorbidity Survey-Replication", *Obstetrics & Gynecology*; 2014, Volume 123: 263–270.

Virk J, Zhang J & Olsen J. "Medical Abortion and the Risk of Subsequent Adverse Pregnancy Outcomes", *The New England Journal of Medicine*; 2007, 357: 648-653.

#### **Authorship :**

Pronovost V, PhD Doctoral student in Sociology, University of Quebec in Montreal, Montreal, Quebec, Canada.  
Guilbert E. Scientific medical advisor, National Institute of Public Health of Quebec, Quebec, Canada.

6. Please find below an article regarding Abortion Reversal. You can also check the article by clicking on this

link: [http://epaper.vancouver.sun.com/@Patricia\\_Warshawski/csb\\_s1dtZHlNhfSskdaSDLYjGPU0oX4LuA0vn3HhxoamBnzLLyutP1pOwLP6Bfwk8E1AKyle5ykm2uJyLzrAkA](http://epaper.vancouver.sun.com/@Patricia_Warshawski/csb_s1dtZHlNhfSskdaSDLYjGPU0oX4LuA0vn3HhxoamBnzLLyutP1pOwLP6Bfwk8E1AKyle5ykm2uJyLzrAkA)

## **II. OTHER ORGANIZATIONS**

### **A. World Health Organization (WHO)**

#### **1. WHO prequalifies first biosimilar medicine to increase worldwide access to life-saving breast cancer treatment**

18 December 2019  
News release

Geneva

Today the World Health Organization (WHO) prequalified its first biosimilar medicine – trastuzumab – in a move that could make this expensive, life-saving treatment more affordable and available to women globally.

Breast cancer is the most common form of cancer in women. 2.1 million women contracted breast cancer in 2018. 630 000 of them died from the disease, many because of late diagnosis and lack of access to affordable treatment.

Trastuzumab – a monoclonal antibody – was included in the WHO Essential Medicines List in 2015 as an essential treatment for about 20% of breast cancers. It has shown high efficacy in curing early stage breast cancer and in some cases more advanced forms of the disease.

“WHO prequalification of biosimilar trastuzumab is good news for women everywhere,” says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “Women in many cultures suffer from gender disparity when it comes to accessing health services. In poor countries, there is the added burden of a lack of access to treatment for many, and the high cost of medicines. Effective, affordable breast cancer treatment should be a right for all women, not the privilege of a few.”

The global average cost of trastuzumab from originator companies is \$20 000, a price that puts it out of reach of many women and healthcare systems in most countries. The biosimilar version of trastuzumab is generally 65% cheaper than the originator. With this WHO listing, and more products expected in the prequalification pipeline, prices should decrease even further.

The medicine, supplied by Samsung Bioepis NL B.V. (Netherlands), was assessed by WHO and found comparable to the originator product in terms of efficacy, safety and quality. That means it is eligible for procurement by United Nations agencies and for national tenders.

Biotherapeutic medicines, which are produced from biological sources such as cells rather than synthesized chemicals, are important treatments for some cancers and other non-communicable diseases. Like generic medicines, biosimilars can be much less expensive versions of innovator biotherapeutics while keeping the same effectiveness. They are usually manufactured by other companies once the patent on the original product has expired.

A few biosimilars of trastuzumab have come to market in the last five years, but none had been prequalified by WHO before today. WHO prequalification gives countries the assurance that they are purchasing quality health products.

A recent [study](#) of breast cancer in sub-Saharan Africa found that of 1325 women surveyed in three countries, cancer treatment had not been initiated within one year of diagnosis for 227 (17%) women and for 185 (14%) women with stage I-III disease. Self-reported treatment barriers confirmed treatment costs as a major contributor to not receiving treatment.

WHO's International Agency for Research on Cancer estimates that by 2040 the number of diagnosed breast cancers will reach 3.1 million, with the greatest increase in low- and middle-income countries.

“We need to act now and try to avoid more preventable deaths,” says Dr Mariângela Simão, WHO Assistant Director General for Medicines and Health Products. “The availability of biosimilars has decreased prices, making even innovative treatments more affordable and hopefully available to more people.”

### ***Note to editors***

### ***Biotherapeutics***

Biotherapeutics are pharmaceutical products derived from biological and living sources. They include therapeutic vaccines, blood, blood components, cells, gene therapies, tissues and other materials.

Several biologic medicines are ‘specialty drugs’, highly priced and effective in treating medical conditions for which no other treatments are available. Gene- and cell-based therapies are among these pharmaceuticals.

Some biotherapeutics are effective treatments for certain forms of cancer, chronic diseases such as diabetes, Crohn’s disease and other autoimmune conditions, including lupus, and various forms of rheumatoid arthritis.

### ***WHO Prequalification***

Every year, billions of dollars’ worth of medicines and other health products are purchased by international procurement agencies for distribution in low-income countries. Prequalification is a service provided by WHO to assess the quality, safety and efficacy of those products that address global public health priorities. If the products meet international standards, they are listed on the WHO web site as eligible for procurement, giving purchasing agencies a range of quality-assured diagnostics, medicines and vaccines from which to choose. Many low-income countries also use WHO’s lists of prequalified products to guide their selection of medicines, vaccines and technologies for national procurement.

In July 2018, [WHO launched a pilot project](#) expanding the scope of prequalification to two biotherapeutic medicines, as a step towards making some of the most expensive treatments for cancer more widely available in low- and middle-income countries. This is the first biotherapeutic to be prequalified as part of the pilot.



## **2. More than one in three low- and middle-income countries face both extremes of malnutrition**

16 December 2019  
News release

### ***Twin presence of obesity and undernutrition reflects shifts in food systems***

**16 December 2019 – Geneva.** A new approach is needed to help reduce undernutrition and obesity at the same time, as the issues become increasingly connected due to rapid changes in countries' food systems. This is especially important in low- and middle-income countries, according to a new four-paper report published in *The Lancet*. More than a third of such countries had overlapping forms of malnutrition (45 of 123 countries in the 1990s, and 48 of 126 countries in the 2010s), particularly in sub-Saharan Africa, south Asia, and east Asia and the Pacific.

Undernutrition and obesity can lead to effects across generations as both maternal undernutrition and obesity are associated with poor health in offspring. However, because of the speed of change in food systems, more people are being exposed to both forms of malnutrition at different points in their lifetimes, which further increases harmful health effects.

“We are facing a new nutrition reality,” said lead author of the report Dr Francesco Branca, Director of the Department of Nutrition for Health and Development, World Health Organization. “We can no longer characterize countries as low-income and undernourished, or high-income and only concerned with obesity. All forms of malnutrition have a common denominator – food systems that fail to provide all people with healthy, safe, affordable, and sustainable diets. Changing this will require action across food systems – from production and processing, through trade and distribution, pricing, marketing, and labelling, to consumption and waste. All relevant policies and investments must be radically re-examined.”

In a *Lancet* editorial accompanying the report, Dr Richard Horton, Editor-in-Chief of *The Lancet*, says: “Today’s publication of the WHO Series on the Double Burden of Malnutrition comes after 12 months of *Lancet* articles exploring nutrition in all its forms... With these and other articles across *Lancet* journals throughout 2019, it has become clear that nutrition and malnutrition need to be approached from multiple perspectives, and although findings have sometimes converged, there is still work to be done to understand malnutrition’s multiple manifestations... With 6 years remaining in the UN Decade of Action on Nutrition (2016-2025),

this Series and Comment define the future direction required to achieve the global goal of eradicating hunger and preventing malnutrition in all its forms.”

Globally, estimates suggest that almost 2.3 billion children and adults are overweight, and more than 150 million children are stunted. However, in low- and middle-income countries these emerging issues overlap in individuals, families, communities and countries. The new report explores the trends behind this intersection – known as the double burden of malnutrition – as well as the societal and food system changes that may be causing it, its biological explanation and effects, and policy measures that may help address malnutrition in all its forms.

The authors used survey data from low- and middle-income countries in the 1990s and 2010s to estimate which countries faced a double burden of malnutrition (ie, in the population, more than 15% of people had wasting, more than 30% were stunted, more than 20% of women had thinness, and more than 20% of people were overweight).

In the 2010s, 14 countries with some of the lowest incomes in the world had newly developed a double burden of malnutrition, compared with the 1990s. However, fewer low- and middle-income countries with the highest incomes were affected than in the 1990s. The authors say that this reflects the increasing prevalence of being overweight in the poorest countries, where populations still face stunting, wasting and thinness.

High-quality diets reduce the risk of malnutrition in all its forms by promoting healthy growth, development, and immunity, and preventing obesity and non-communicable diseases (NCDs) throughout life. The components of healthy diets are: optimal breastfeeding practices in the first two years; a diversity and abundance of fruits and vegetables, wholegrains, fibre, nuts, and seeds; modest amounts of animal source foods; minimal amounts of processed meats, and minimal amounts of foods and beverages high in energy and added amounts of sugar, saturated fat, trans fat, and salt.

“Emerging malnutrition issues are a stark indicator of the people who are not protected from the factors that drive poor diets. The poorest low- and middle-income countries are seeing a rapid transformation in the way people eat, drink, and move at work, home, in transport and in leisure,” said report author Professor Barry Popkin, University of North Carolina, USA. “The new nutrition reality is driven by changes to the food system, which have increased availability of ultra-processed foods that are linked to increased weight gain, while also adversely affecting infant and pre-schooler diets. These changes include disappearing fresh food markets, increasing

supermarkets, and the control of the food chain by supermarkets, and global food, catering and agriculture companies in many countries.”

Exposure to undernutrition early in life followed by becoming overweight from childhood onwards increases the risk of a range of non-communicable diseases – making the double burden of malnutrition a key factor driving the emerging global epidemics of type 2 diabetes, high blood pressure, stroke, and cardiovascular disease. Negative effects can also pass across generations – for example, the effect of maternal obesity on the likelihood of the child having obesity may be exacerbated if the mother was undernourished in early life.

Despite physiological links, actions to address all forms of malnutrition have historically not taken account of these or other key factors, including early-life nutrition, diet quality, socioeconomic factors, and food environments. In addition, there is some evidence that programmes addressing undernutrition have unintentionally increased risks for obesity and diet related NCDs in low-income and middle-income countries where food environments are changing rapidly.

While it is critical to maintain these programmes for undernutrition, they need to be redesigned to do no harm. Existing undernutrition programmes delivered through health services, social safety nets, educational settings, and agriculture and food systems present opportunities to address obesity and diet-related NCDs.

The report identifies a set of ‘double-duty actions’ that simultaneously prevent or reduce the risk of nutritional deficiencies leading to underweight, wasting, stunting or micronutrient deficiencies, and obesity or NCDs, with the same intervention, programme, or policy. These range from improved antenatal care and breastfeeding practices, to social welfare, and to new agricultural and food system policies with healthy diets as their primary goal.

“Continuing with business-as-usual is not fit for purpose in the new nutrition reality. The good news is that there are some powerful opportunities to use the same platforms to address different forms of malnutrition. The time is now to seize these opportunities for ‘double duty action’ to get results” said Professor Corinna Hawkes, Centre for Food Policy, City, University of London, UK.

To create the systemic changes needed to end malnutrition in all its forms, the authors call on governments, the UN, civil society, academics, the media, donors, the private sector and economic platforms to address the double burden of malnutrition and bring in new actors, such as grass-roots organizations, farmers and their unions, faith-based leaders, advocates for

planetary health, innovators and investors who are financing fair and green companies, city mayors and consumer associations.

“Given the political economy of food, the commodification of food systems, and growing patterns of inequality worldwide, the new nutrition reality calls for a broadened community of actors who work in mutually reinforcing and interconnected ways on a global scale,” says Dr Branca. “Without a profound food system transformation, the economic, social, and environmental costs of inaction will hinder the growth and development of individuals and societies for decades to come.”

### **Notes to editors**

Funding for the preparation of the Series was provided by WHO, through a grant from the Bill & Melinda Gates Foundation, as well as some additional funding through the National Institutes of Health, the CGIAR Research Program on Agriculture for Nutrition and Health led by the International Food Policy Research Institute, and from RTI International.

## **B. UNFPA**

### **1.A look back at the 2010s: A decade of voices and choices**

Please access the information by clicking on the link below.

<https://www.unfpa.org/news/look-back-2010s-decade-voices-and-choices>

### **2.Nairobi Statement on ICPD 25 Accelerating The Promise**

Please access the information by clicking on the link below.

<https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascgs%3AUS%3A2b2b0fa9-a6aa-472c-99c4-753cc2f1f5ad>



## **C.UN Women**

### **1. Fifteen defining moments for women in 2019**

Please access the information by clicking on the link below

**<https://www.unwomen.org/en/news/stories/2019/12/compilation-2019-defining-moments-for-women>**

### **III. Announcements**

AMWA has a new campaign, please share with your physician colleagues for support. info on this webpage: [amwa-doc.org/need-her-science](http://amwa-doc.org/need-her-science)

Join the #NeedHerScience Campaign to address gender bias in publishing. Learn more <https://tinyurl.com/y2uh2tot>. Take the pledge (1 min & anonymous) <https://tinyurl.com/y64lq7ne> #BeEthical