

M.W.I.A. RESOLUTIONS 1929 – 2019

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ABORTION

See also: Family and Child Health; Ethics; Family Planning; Gender-Related Data/ Statistic; Human Rights; Reproductive Health; Women and Development.

1980.1

Every individual woman in every country should have the right to decide for herself if she wishes not to become pregnant. Reliable information and safe means to prevent pregnancy should be at her disposal.

1995.18

The **MWIA** believes an effective way to reduce the number of abortions is to prevent unwanted pregnancies by provision of appropriate family planning services and family life planning.

The **MWIA** urges that:

- 1.safe and legal abortion services are available, affordable and accessible in all family planning services worldwide promotion of women's health safe abortion services are seen as an important issue.
- 2.Women should be encouraged to take leadership in advocating the legal and other changes, which may be required.

2007 Amendment It Is Further Resolved That safe abortion be available to all women to provide safe motherhood.

2019.15

Whereas it is recognized that there are two vastly different options for safe abortion: surgical abortion and medical abortion, medical abortion is not widely available throughout the world. The long established surgical procedure is instrument based tissue aspiration abortion. The use of medication to achieve safe abortion is well established and does not require instruments or surgery.

And Whereas, particularly where fragile or unstable political situations are present, conditions where the normal humanitarian services, or formal medical care systems may be disrupted or overwhelmed, **and Whereas** in conflict settings, where systemic rapes are occurring, medical abortion is an important alternative option to clinic based surgical abortions.

MWIA resolves that the term “abortion” is specifically inclusive of both a surgical/aspiration procedure for abortion and medication abortion.

ACCESS TO SERVICES

See also: Community Health; Development; Family Planning; Human Rights; Maternal and Child Health; Prevention/Health Promotion; Sex Education.

1974.2

1.Attention is drawn to the importance of Family Planning at all levels concerned with maternal and child welfare.

2.Family Planning should be accessible to the entire population, independent of their social standing, and should include the necessary medical care, medication and devices, free of charge.

1974.3

Whereas world-wide information about human re-production and birth-control is absolutely necessary

Be it resolved that: Relevant information be imparted from childhood onwards, appropriate to each age group and to include the parents as well.

1982.2 MWIA expresses the need for the extension in remote areas of good medical and paramedical services.

MWIA believes that the costs of technological advances in medicine are such that they cannot be universally available.

MWIA supports technological advance and the appropriate use of technology but believes that general community health care should be given a higher priority than expensive technology in medicine when considering cost containment.

2010.1

Retired Doctors as an International Resource.

Whereas Doctors in their own country are credentialed to practice, this accreditation often involves rigorous continuing educational requirements.

And **Whereas** there is a shortage of qualified doctors,

It is resolved that: MWIA supports the ability for suitably qualified doctors, to be able to practice in developing countries, where those nations request or accept such assistance.

2010.9 Regional Funding

In order to accelerate the attainment of health-related Millennium Development Goals in Sub-Saharan Africa,

MWIA Resolves that community level interventions should be the priority for allocation of donor funds in that region. Donors should ensure that at least 60 % of funds go to community-based projects.

In addition, these interventions should be evidence-based.

ADOLESCENTS

See also: Child Abuse; Community Health; Health Education; Human Rights; Prevention/Health Promotion; Sex Education; Tobacco; Violence.

1974.6

Whereas world-wide information about human re-production and birth-control is absolutely necessary, be it resolved that:

The educational system be recommended to provide equal opportunity for girls and boys for study and for all forms of vocational and higher education.

1995.5

MWIA believes all young people are entitled to liberty, dignity, adequate nutrition, protection, health care, education, and the opportunity for employment, which will enable them to become integrated into their society.

MWIA believes that these rights should be protected without discrimination by race, religion, sex, disability or any reason whatsoever.

MWIA believes that it is the responsibility of every nation to ensure these rights. Further, **MWIA** urges that the promotion and monitoring of these rights for all young peoples a global responsibility.

2001.16

In recognising that adolescence is a stage of life with specific tasks and challenges, **MWIA** has identified the fact that the health and health education of adolescents have been largely neglected.

In addition, **MWIA** recognises the need for education of health service providers in the area of adolescent health care.

MWIA urges Adolescents be provided with specific, accessible and confidential health services, especially in the area of reproductive and sexual health.

2004.3

MWIA encourages physicians to acquire the knowledge, examine their own attitudes around sexuality and develop the professional approach and skills necessary to take an active role in providing education and care for adolescents in the area of sexuality.

2007.1

Whereas today's adolescents and young people constitute the largest ever cohort of this group the world has ever seen, and their sexual and reproductive health needs fail to be addressed, exemplified by the fact that half of all new HIV infections occur among children, and young people under the age of 25. A lack of information, skills and knowledge regarding sexual and reproductive health including scientifically accurate information about HIV/AIDS continues to be the case among young people.

It Is Resolved That: MWIA commit to addressing the rising rates of HIV among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based, youth specific HIV education, mass media interventions and the provision of youth friendly health services.

AGEING

See also: Community Health; Ethics; Medical Education and Training Sex Education; Women and Development.

1980.2

That all the member associations are very aware of the importance of the elderly. Everything should be done for their maintenance in their accustomed environment. House help and centres for activities should be accessible. There must be an avoidance of isolation in specialist hospitals. The segregation, however comfortable and expensive, does not solve the problem of the elderly. Old age is a time of life with rights, as have the stages of youth and maturity.

1982.12

Whereas modern technology tends to interfere with the doctor-patient relationship, especially in regard to the care of the elderly,

MWIA recommends that the role of the family doctor be emphasized.

1984.9

The **MWIA** recommends to National Associations that health care providers be given the educational opportunities for developing the knowledge, attitudes and skills necessary for dealing with sexual issues in the elderly as part of their total health care.

1984.10

Be it resolved that the **MWIA** recommends that the sexual needs and concerns of the elderly be recognized by the individuals and the institutions that care for them.

1998.4

MWIA, recognizing the importance of quality of life to women during and after the menopause, is however concerned about the lack of information and informed choices about HRT.

MWIA reiterates the need to promote education of women and health care providers about the menopause.

MWIA believes that patients and health care providers need to be informed about the advantages and disadvantages of various methods of management which may include lifestyle change and Hormone Replacement Therapy-(HRT). This information must come from evidence-based medicine.

2001.12

MWIA supports ongoing research and education into issues affecting postmenopausal good health, which includes lifestyle and psychosocial issues as well as the possible need for hormone replacement therapy (HRT).

2001.13

MWIA recognizes Osteoporosis as a disabling condition **and Resolves** to encourage all countries to provide education, early diagnosis and management as well as research for its prevention.

BREAST-FEEDING

See also: Health Education; Medical Education and Training; Nutrition.

1968.4

Breast-feeding should be encouraged and promoted in all countries and more importance given to it in the training of doctors and nurses. This is particularly important in developing countries where other methods of feeding carry a serious hazard to infants.

1974.1

Be it is resolved that: the women doctors of **MWIA** assembled for their 14th Meeting in Rio de Janeiro in

October 1974, convey to all the women in their native countries during the forthcoming International Women's Year 1975 their determination to continue the educational programme concerning the inestimable advantages to the child and mother of breast-feeding.

1982.10

The **MWIA** 18th Congress wishes to stress the importance of the Promotion of Breast-Feeding. There should be:

1. Strict implementation of the WHO Code of Practice for Marketing of Breast Milk Substitutes
2. Intensive motivation through education of health personnel and of the population
3. Provision of rooming in and breast-feeding facilities in obstetric wards
4. Schemes for evaluating the efficacy of breast-feeding promotion at primary health care level.

2010.4

Whereas MWIA values choice and responsibility, breastfeeding in the community must allow women to breastfeed in any place or time of their choice, be it the street, place of worship, or the parliament, with confidence and without fear,

It is resolved that: MWIA advocates protection of breastfeeding, which ensures that mothers and their children are able to breastfeed anywhere with confidence and without fear of harassment.

2019.13 Whereas many health care facilities, including hospitals, state they are breastfeeding friendly, there are many health workers who find on returning to work from maternity leave that they have nowhere to express breast milk, and are often left to do this in bathrooms or toilets.

And whereas breastfeeding mothers who return to paid work are still able to provide breast-milk safely for their children, the support of their workplace to maintain breastfeeding is required.

MWIA resolves that:

Workplaces, particularly health care facilities and hospitals, provide support by the provision of Lactation Breaks each shift, together with, clean, hygienic and appropriate space for workers to express breast milk. Medical conferences should consider if attendees are breastfeeding and allocate space that is clean, hygienic and appropriate for women to express breast milk.

CHILD ABUSE

See also: Adolescents; Child Health; Ethics; Gender-Related Data/Statistics; Human Rights; Maternal and Child Health; Medical Education and Training; Sex Education; Tobacco; Violence.

1976.3

Whereas children are the world's greatest asset, and

Whereas it has always been the responsibility of PARENTS to protect the health, safety and well-being of children,

Whereas there is much suffering among the world's children from abuse, neglect and deprivation,

Whereas children are powerless to speak for themselves and have no access to legal redress of wrongs,

Be it resolved that: MWIA, through its members representing National Associations and Individual Members, urge each national government to be concerned with the interests and protection of children and coordinate efforts on behalf of children.

1978.1

1. Mass media should encourage the reporting of child abuse to police or to social agencies etc. by anyone who suspects it, especially neighbours.

2. Those reporting suspected child abuse must be immune from liability and their names must not be disclosed to the public.

3. Laws should be adopted in all countries to implement the above.

1984.12

Whereas sexual behaviour between adults and children has far-reaching medical and psychological consequences for its victims, the **MWIA**:

1. deplures such behaviour,

2. supports the introduction of education on this subject into medical school curricula,

3² and calls for the development of social and legal resources to protect children against sexual exploitation.

1995.19

MWIA strongly condemns traffic in children, child prostitution and the exploitation of children by sex tourists. **MWIA** urges every effort to prevent it.

CHILD HEALTH

Child Abuse; Human Rights; Maternal and Child Health; Prevention/ Health Promotion.

1980.8

1. Parents should be warned of dangers to children inherent in commonly-used household items and educated in appropriate safety measures. There should be enforceable safety standards for the manufacture of household appliances.
2. Medications should be supplied in child-proof containers.
3. Poison Reference Centres should be easily available for advice.
4. The media should be involved in publicising measures for the increased safety of children.

1995.2

MWIA believes that infant mortality is a concern of the whole community and that a reduction in mortality requires the whole-hearted support of the community;

MWIA therefore urges its members to lobby for that support.

1995.3

MWIA urges that adequate nutrition for all children, particularly children under three, be promoted as a global responsibility, recognizing that it is essential for their optimal development.

1995.4

MWIA condemns child neglect and all forms of child abuse, including but not only, physical, psychological and sexual, and urges every effort to identify and prevent it.

MWIA particularly recommends:

Raising the awareness of the medical profession regarding their responsibility to recognize and to report child abuse in order that they may accept the significant and proper role physicians should play in reducing child abuse.

Raising community awareness of the prevalence of child abuse and its many forms.

Community provision of resources to families to prevent child abuse, in particular the provision of child protection and family support.

Education of all child care providers to recognize all forms of child abuse and to be aware of the community resources to combat it.

1998.9 Street (homeless) Children.

MWIA notes with concern the increasing numbers of street children globally within the last decade. This phenomenon is occurring in spite of the fact that most countries have ratified the United Nations Convention on the Rights of the Child.

MWIA urges governments and other agencies to allocate funding for research into causation of this phenomenon as well as finding sustainable solutions for the problem.

1998.10 Child Health Care.

MWIA notes with concern that in many countries child health care tends to be delivered in a fragmented fashion.

MWIA supports the call by WHO and UNICEF for the integrated management in the health care of the child.

MWIA recommends that its members advocate for this method in their countries so as to ensure that children get the best possible comprehensive and total health care whenever possible.

2001.22

Recent human developmental research has shown that the period from conception to age six years is the most critical for optimal physical, mental and behavioural development.

MWIA supports the integration of all delivery systems for family and child services and programs for parents to be active participants in their children's early development and learning.

COMMUNITY HEALTH

See also: Access to Services; Adolescents; Ageing; Cancer; Ethics; Family Planning; Female Genital Mutilation; Health Education; Human Rights; Immunization; Maternal and Child Health; Medical Education and Training; Nutrition; Prevention/Health Promotion; Sex Education; Substance Abuse and Addiction; Tobacco; Women and Development.

1968.10

Help from outside should be on the basis of providing stimulation by action and example, so that the women will themselves become involved in seeking better health for their children.

1978.4

Mother and child care clinics should be expanded to reach the widest segment of the population. These clinics should stress the preventive care of mother and child with special regard to nutrition, immunization and family planning.

2007.4

Whereas Accessible, appropriate, gender sensitive Primary Health Care (PHC), is a right of all individuals and communities, where PHC can reduce poverty due to illness:

It Is Resolved That: Innovative strategies be implemented to address the provision of adequate human resources, and other resources essential to universal access.

Girls be educated in the sciences, to prepare them for education in the health sciences at all levels, Provide flexible, adaptable working conditions, including part time work, in order to recruit and retain the numbers of health care workers needed to provide care, under safe and appropriate conditions,

Value and support unremunerated work at the household and community levels, by providing scientifically correct information, and access to appropriate resources which will improve health outcomes.

2007.6

Whereas our patients experience ongoing poor sexual and reproductive health with their suffering, contributing to a large burden of disease for women aged 15 - 49 years, and for the majority of countries where this is the situation, services continue to be constrained by lack of commodities and supplies.

and **Whereas** men continue to have the final say in decisions about health and use of resources in families, communities and governments, and are often inadequately involved in the provision and use of services, particularly reproductive health services,

It Is Resolved That: Health Policy of all governments must provide for reproductive health commodities such as condoms, contraceptives and maternal health drugs and equipment to be provided on a steady and reliable basis, and

It Is Resolved That: Public Health Policies and interventions are implemented to provide more effective support and participation from men in promoting and protecting sexual and reproductive health.

2016.5

Whereas, the plan by the UN Commission on Narcotics to schedule (place on the restricted drug list) ketamine due to its use as a recreational drug, has been strongly advised against by the WHO, this has been supported by the World Medical Association (WMA) and the World Veterinary injectable combined anaesthetic and analgesic for animals.

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

MWIA resolves that: it rejects the scheduling of ketamine because of the health, agricultural and economic implications.

CONFLICT AND ARMS

1998.8

Anti-personnel landmines (APMS) are indiscriminate weapons recognizing no cease-fire and continuing to maim adults, children or animals that trigger them. APMs have severe long-term effects on post-war economic reconstruction and the social integration of refugees and internally displaced persons.

MWIA notes that in many parts of the world, facilities to adequately treat and rehabilitate victims of landmines are lacking.

MWIA calls for increased resource allocation for provision of facilities for treatment and rehabilitation of these victims.

MWIA also calls for an international ban on the production, sale, transfer, stockpiling and use of antipersonnel landmines and expresses strong support for the many international initiatives taken on landmines.

MWIA supports the call by WHO for countries that have been responsible for planting APMs to be active in their removal.

2016.6 Health workers and war.

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

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

2019.5 Women Peace and Security

Whereas the United Nations Security Council Resolution 1325 on Women, Peace, and Security passed in October 2000 reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response, and in post-conflict reconstruction.

And Whereas the UN resolution 1325 stresses the importance of women's equal participation, and full involvement in all efforts for the maintenance and promotion of

peace and security, consulting women in shaping political or humanitarian responses in countries and ensuring women's and girl's needs are not overlooked.

And Whereas sustainable peace is more likely to be achieved when women are involved at all levels of civil society and government work, women are under-represented both as official negotiators and as technical advisors, despite clear evidence that they have often been crucial in these roles,

MWIA resolves that the national associations of the MWIA establish Women Peace and Security (WPS) committees to:

- 1) Explore and educate members regarding UN Security Council Resolution 1325 on Women, Peace, and Security;
- 2) Communicate opportunities to members to promote the development and implementation of their nations Women, Peace and Security Agenda;
- 3) Promote peace through Women's Political and Economic Empowerment

MWIA further resolves that A MWIA WPS committee is formed to act as a community of practice to collate and coordinate the activities of the various national WPS committees. All national WPS committees contribute, monitor and report to the MWIA WPS committee on all activities completed in support of the UN Security Council resolution 1325.

DEVELOPMENT

See also: Access to Services; Prevention/Health Promotion.

1968.7

In developing countries, co-operation between health workers and others in the field of community development, education, agriculture etc. is of vital importance to make the best use of limited resources.

1995.16

MWIA believes that the health of an individual and a community is much more than just the prevention and relief of disease. The health of an individual also requires emotional, environmental and economic security.

MWIA believes that the costs of technological advances in medicine are such that they cannot be universally available.

MWIA supports technological advance and the appropriate use of technology but believes that general community health care should be given a higher priority than expensive technology in medicine when considering cost containment.

2007.11

Whereas MWIA recognizes that Primary Health Care (PHC), is an integral part of strengthening the health care system, and essential to meeting the needs of women, this is an important element in reducing poverty.

It Is Resolved That: All health care must be planned and delivered in a gender sensitive manner. Primary Health Care (PHC) provide quality care at the local community level with a functioning referral system to well-resourced and appropriate higher level medical care. PHC for women must go beyond reproductive health matters and encompass their overall health, including the full life cycle.

There must be adequate funding to ensure easy access of all communities to PHC, in order to make improvements in health care, and help prevent impoverishment due to illness.

DISABILITY

See also: Health Education

1929.4

That a doctor's special sphere, apart from the teaching of physiology and anatomy, should be to deal with the pathological side of the question, namely the giving of advice as to the treatment and care of difficult or abnormal children, and instruction on the subject of social diseases.

1982.7

It is Resolved that: MWIA encourage programs of public information on the disabled, in order to promote self-esteem on the disabled person and to emphasize to the general public ability rather than disability.

1982.8

It is Resolved that: MWIA recommend to National Associations to press for the Allocation of Adequate Public Funds within their country for the improvement of the condition of the disabled.

1982.9

It is Resolved that: MWIA support and that, where possible, National Associations implement the architectural barrier code to enable all those with physical and/or sensory handicaps to enjoy maximum access and the best quality of life in both the private and work sphere.

DISEASES -COMMUNICABLE

See also: Environmental Medicine; Prevention/ Health Promotion.

1995.8

MWIA expresses concern at the resurgence of Tuberculosis over the past decade and the high present death rate.

MWIA notes this is in part due to the development of new strains and drug resistance by the Mycobacterium tuberculosis and also due to the spread of AIDS which contributes to the spread among the general population.

MWIA points to the dismantling of surveillance programs in developed countries as a further cause and calls for the re-education of Doctors and Governments regarding the need for such programs.

1998.13

MWIA recognizes that re-emerging infectious diseases such as malaria and tuberculosis remain the world's leading cause of death, accounting for 33% (17 million) of the 52 million people who die every year (WHO 1997).

The struggle for control has reached a critical stage as previous cautious optimism has turned into a fatal complacency which is costing millions of lives every year.

MWIA believes that the only answer to this global threat is a global response and global solidarity in seeking permanent solutions for these diseases, in order to make this world safe and healthy for all, rich or poor, male or female, young or old.

MWIA therefore supports the action plans of WHO from 1998, aimed at controlling re-emerging infectious diseases.

1998.17 Sexually Transmitted Diseases (STD's).

MWIA reaffirms that: The risk of contracting an STD is increased by multiple sexual partners and by the kind of sexual practices. The interaction between HIV infection and other STDs is so significant that HIV control can best be achieved by well organized and universally available STD prevention, control and management programmes.

Therefore, MWIA recommends:

1. That sustainable STD prevention, education and management services should be offered by Primary Health Care Services at all levels, e.g. family planning, ante-natal, maternal and child health care.

2. The provision of information regarding contraception, STDs and safe sexual practices to all adolescent girls and boys, since STDs increase the risk of HIV infection. Moreover, neglected STDs may cause sterility.
3. That STD consultation and examination should be confidential.
4. That the treatment of STDs should always be accompanied by information and counselling about safe sex practices, partner notification and related issues such as contraception and pregnancy.
5. That services for partner treatment should be pursued as vigorously as possible.

2007.10

Whereas there is widespread vulnerability of women to Human Papilloma Virus (HPV) infection, which plays a recognized role in the development of cervical cancer, and **Whereas** there is a lack of primary screening and appropriately resourced assessment and treatment options of screen positive women,

It Is Resolved That: Public health policies make cervical cancer prevention a priority and ensure that all people are educated about cervical cancer, and promote universal protection of women from cervical, vulval, vaginal and anal cancer with the inclusion of vaccines shown to be safe and effective for its prevention. That these vaccines be available to men, for the prevention of anal and penile cancer, and to reduce transmission of HPV.

It is further Resolved that Health Policy of all governments must enable access to scientifically validated, affordable interventions, including this prevention, condoms, and other treatments, and appropriate services.

EATING DISORDERS

1998.2

MWIA recognizes that eating disorders, which cover a wide spectrum, are a health care problem.

MWIA therefore recommends that National Associations encourage education, research, prevention, early recognition and intervention for these disorders.

ENVIRONMENTAL MEDICINE

See also: Diseases -Communicable; Medical Education and Training; Occupational Health; Prevention/Health Promotion.

1972.2

Whereas Toxoplasmosis is a widespread disease affecting the socio-economic condition at all levels,

MWIA recommends:

1. that the public, as well as the medical profession, be informed of the frequency, origins, and effects of Toxoplasmosis in their areas;
2. that testing and re-testing of the pregnant women and the new-born babies be done to assist in the early diagnosis and treatment;
3. that committees be established for the further study of all environmental factors that contribute to the development, dissemination and treatment of Toxoplasmosis.

1974.10

In view of the increasing requirements for adequate supply of water for all population groups, and the increase in pollution in the available supplies,

MWIA Recommends to all countries that the necessary technical and administrative measures, appropriate to each region, be intensified to conserve water supplies and to counteract pollution.

1974.11

Although we are conscious of the necessity of industrial and technical development and the benefit that may result,

MWIA Recommends to all it may concern:

1. to give the first importance to human health instead of technical and industrial development to prevent disturbance in the biocycle;
2. to introduce new industrial techniques only when through research the necessary protective measures are defined.

1974.12

MWIA recommends to restrict the extensive diagnostic use of X-rays and other ionizing radiations to a minimum for medical indication under adequate control.

2007.5

Whereas MWIA acknowledges that climate change and environmental degradation is occurring as a result of human activity, particularly in the use of fossil fuels, and

MWIA recognizes the reports of the United Nations' Intergovernmental Panel on Climate Change, including the resulting widespread negative health and social impacts on many people,

It Is Resolved That: MWIA urges a radical reduction in greenhouse gas emission in accordance with the Kyoto Protocol, and that industrialized countries have the responsibility to assist other nations, both financially and technically, in their response to climate change and environmental degradation.

It Is Further Resolved That: governments be held accountable for compliance with the Kyoto Protocol, and that industrialised countries have the responsibility to assist other nations, both financially and technically, in their response to climate change and environmental degradation.

2010.2

Whereas MWIA recognizes that as a result of climate change, sea levels will rise, and this will internally displace certain populations,

It is resolved That: MWIA advocates for people who are displaced as a result of climate change, be granted refugee status.

ETHICS

See also: Abortion; Ageing; Child Abuse; Community Health; Female Genital Mutilation; Gender-Related Data/Statistics; Health Education; HIV/AIDS; Human Rights; In-Vitro Fertilization; Maternal and Child Health; Medical Education and Training; Prevention/Health Promotion; Research; Terminal Care; Violence; Women and Development.

1947.1

Since in rebuilding the World, it is evident that physical and mental health are inseparable from the social, economic and moral status of the people,

The Women Doctors Meeting in International Congress in Amsterdam, June 1947, resolve that: As physicians, they must not only qualify themselves in the best traditions in all specialities of their profession, but they must also participate efficiently in those activities which are concerned with the social, economic and moral betterment of society at local, national and international levels.

1976.4

MWIA requests all National Associations to affirm that the role of the doctor in the community is to care for the sick, to prevent and relieve suffering and that the health needs of the community are kept as a principle aim of professional and government planning.

1978.5

In order to stress and further the purposes and aims of **MWIA**, as laid down in our Statutes, the following five recommendations with regards to medical ethics should be observed by our members:

1. You shall not countenance, condone, or participate in torture or other forms of cruel, inhuman or degrading treatment of a fellow human being under any circumstances.
2. You shall not provide any means or knowledge to facilitate torture or other forms of cruel, inhuman or degrading treatment.

You shall not apply your knowledge and skills to assist in methods of interrogation or to certify prisoners or detainees as fit for any form of punishment that may adversely affect physical or mental health.

3. Your medical relationship with prisoners or detainees must only be for the purpose of protection or improvement of their health and would be accepted as such outside the prison environment.
4. You will be supported by the World Health Organization, the World Medical Association, the Council for Organizations of the Medical Sciences, the **MWIA**, and fellow doctors throughout the world in the face of threats or reprisals resulting from your refusal to condone the use of torture or other forms of cruel, inhuman or degrading treatment.

1980.7

Resolve that **MWIA** supports all positive action to:

1. Educate women around the world about matters of health.
2. Protect women against unduly aggressive medical and surgical practices.
3. Defend women's rights in health matters.
4. Increase women's participation in decision-making concerning their own care.

1982.1

Resolve that: **MWIA** promote more effective information to patients concerning their health and what to expect from their doctors.

1982.3

Whereas pregnancy and childbirth may be dehumanized by unthinking use of technology, although many scientific interventions have been found to be useful in cases of abnormalities in pregnancy and labour,

It is resolved that: these interventions not be used routinely or without carefully reviewed indications.

1982.14

MWIA recommends that the training of the caring profession should include the study of Gerontology (the normal process of aging) and of Geriatrics (the pathology of aging) but as separate entities so that all elderly people are not treated as sickly, disabled or unfit people because of their chronological age.

1992.7

Recognizing that the right to access to the benefits of scientific progress is an universal right protected by the International Covenant on Economic, Social and Cultural Rights, and that this is the unalienable right of every individual,

MWIA calls upon the manufacture of RU 486 to:

1. Move with all appropriate speed to submit applications for approval of RU486 to the drug regulatory authorities, in those countries where the drug is at present not available.
2. Conduct clinical trials for those indications which are scientifically promising.
3. In addition, the **MWIA** supports continued research and access to similar drugs which may be produced by other manufacturers.

1992.14

MWIA recognises that termination of pregnancy is requested by some women. Where that procedure is culturally acceptable, **MWIA** believes women should be offered the method which is safest, least invasive, and most acceptable to them.

1995.15

Physicians have the obligation to ensure that their patients are fully informed regarding their condition, its management options, their risks and the probable outcome, in order that the patient may participate in treatment choice, including refusal.

The patients' wishes to limit treatment, when clearly expressed, must be respected by the treating physician.

1995.21

MWIA condemns prenatal sex-determination done with the aims of aborting a female foetus because of son preference.

MWIA also condemns female infanticide and every discrimination against the girl child because of her gender.

2007.7

Whereas today, human rights are violated by socially dictated gender discriminatory selective feticide, and the non-voluntary, that is, absent fully informed consent, as defined

by the Nuremberg Code Article 1, human organs are being harvested and sold internationally for transplantation or other use, which is ethically forbidden, even to save a life,

And **Whereas** medical practitioners who adhere to this ethical requirement will be protected from retaliation and reprisal for their steadfast adherence to ethical principal even in contradiction of acts of law and government by the World Health Organization, the World Medical Association, the Council for Organizations of the Medical Sciences, the **MWIA**, and their fellow doctors throughout the world,

It Is Resolved That: a medical practitioner is prohibited by medical ethics from the use of their skills and knowledge in participation, facilitation and any contribution to acts that violate human rights.

2013.6

Whereas many nations advocate against Human Trafficking, and the International Sex Trade, which includes Sex Workers and Participants in the Pornography Industry, Not all nations support women and other victims who have been subjected to such degradation.

MWIA Resolves to: encourage the elimination of all Human Trafficking, and to support the fight against the International Sex Trade.

MWIA Resolves to: support any program that improves the social and financial issues leading to victims who are Trafficked, or forced to participate in the International Sex Trade.

In Addition, **MWIA** supports the provision of education, and opportunities for those who have been subject to this degradation.

FAMILY PLANNING

See also: Abortion; Access to Services; Community Health; Health Education; Human Rights; Immunization; Maternal and Child Health; Medical Education and Training; Nutrition; Prevention/Health Promotion; Sex Education; Women and Development.

1968.1

Improved and expanded maternal and child health clinics should include family planning advice and service in the context of total family care without waiting for developments in this field at a national level.

1968.13

It is recommended that the **MWIA** concern itself not only with better and safer techniques of contraception but with the psychological and moral effects of easily available contraceptions.

1968.14

It is recommended that since safe contraceptive methods must be supervised by physicians, that this Congress go on record as urging medical educators throughout the world to train medical students in this important branch of medicine with the object of developing in their own countries, a responsible attitude to parenthood, and that medical students be trained for medical service in their own countries.

It is further recommended that: physicians be urged to devote their energies to solving basic medical problems before developing spectacular highly specialized techniques like heart transplantations and that priorities for medical goals be established through international medical organizations.

1968.15

It is recommended that this organization urge its members to educate their patients about the sensible spacing of children in order to benefit mother, baby and all the members of the family.

1970.1

Whereas the members of the Family Planning Group, recognizing the importance to all women of the opportunity to have family planning advice,

MWIA resolve that: more information and education be made available at the places of work, such as factories and business offices, and the group reaffirms the resolutions on Family Planning passed at the XIth Congress of **MWIA** in Vienna, 1968.

1974.3

Be it resolved that the women doctors of **MWIA**, assembled for their 14th Meeting in Rio de Janeiro in October 1974, which is World Population Year, convey to all the women in their native countries during the forthcoming International Women's Year, 1975, their determination to continue the educational programme concerning Family Planning.

1974.7

The task of medical women in Family Planning imply: information and counselling in family planning to be considered an integral part of the advice given by all women doctors

independent of their speciality; full advantage of any opportunity in human contact to be used to the utmost by medical women in order to motivate individuals in that subject.

1974.8

Conscious of their medical responsibility, medical women reaffirm that family planning be the concern of the individual and the family only, and that under no circumstances should family planning be misused as a political instrument.

1992.15

MWIA believes that women and their partners should be fully informed concerning methods of contraception, including their side-effects, benefits and risks, in order that they may choose the safest method acceptable to them and to their culture.

2001.5

MWIA supports the recommendation of the World Health Organisation (WHO), that emergency contraception be available widely. In areas where there are barriers to obtaining a physician's prescription in the required time, we recommend that emergency contraception be available without such prescription, and preferably through other health professionals.

FEMALE GENITAL MUTILATION

See also: Community Health; Ethics; Health Education; Human Rights; Prevention/-Health Promotion; Violence; Women and Development.

1960.1

The **MWIA** deeply deprecates the practice of female circumcision on medical and humane grounds, but feels that any action for prevention must come from within the countries concerned. At the present time the only practical action possible for the **MWIA** consists in influencing doctors, midwives and nurses who come on visits, for training, or for research from those countries where the practice prevails.

MWIA wishes to actively support the Inter-African Committee on Traditional Practices in their endeavour to eliminate such practices and offers to provide the committee with professional medical expertise.

1984.14

Be it resolved that **MWIA** give support to all member countries in which female genital mutilation is practised, in their efforts to educate the public regarding the health hazards involved, and the eventual elimination of this harmful traditional practice.

1992.3

MWIA condemns all forms of female genital mutilation and recommends health education of the communities concerning the health hazards of this practice.

MWIA wishes to actively support the Inter-African Committee on Traditional Practices in their endeavour to eliminate such practices and offers to provide the committee with professional medical expertise.

1995.9

MWIA condemns all forms of female genital mutilation and other harmful practices wherever they occur, and actively supports organisations in Africa and elsewhere who work for the elimination of these harmful practices.

MWIA recommends health education of both men and women of the communities where harmful practices occur, concerning the health hazards of such practices in order to combat their deeply held adherence to, and the value they attribute to these practices.

MWIA urges support for programs providing education and information on the health hazards of harmful practices in all countries where those practices occur.

2016.3

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

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

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

MWIA acknowledges that FGM is not a prescribed medical practice.

MWIA resolves:

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

GENDER-RELATED DATA/STATISTICS

See also: Child Abuse; Ethics; Human Rights; Maternal and Child Health.

1968.6

There is an urgent need for maternal and child health statistics in developing countries. Both health and vital statistics can be improved whenever maternal and child health services are available. Statistics are essential to policy making and to assessment of results of work.

1995.17

MWIA recognizes that medical care, including investigation, management and outcome, received by women is less than that received by men.

MWIA recognizes also that medical care provided by women physicians differs from that provided by men.

MWIA demands the elimination of all gender bias in medicine which is not biologically determined and demands the education of medical students and of practising physicians to this end.

MWIA demands that gender-related biological differences should be recognized in drug evaluation.

MWIA points out that drug evaluation conducted using a male population may not be directly transferable to a female population.

MWIA recommends that all health workers in fields such as education, research and clinical practice be stimulated to become sensitive to gender differences and use this knowledge and attitude appropriately.

2001.2

MWIA recognises that gender inequities expose the urgent need to further empower women and supports global progress in the status of women.

MWIA urges affirmative action so that women, who represent half of the population, are given an equivalent share of appointed positions at all levels.

MWIA calls on all member governments to introduce a gender perspective into all health policies, health budgets and provision of health care. This should extend further than sex

differences in morbidity and mortality rates and includes those gendered behaviours damaging to health.

MWIA also urges all countries to recognize gender specificity in all medical research and education.

2019.12 Sex and Gender in Research

Whereas The potential implications of sex and gender on research results and analyses should be discussed, and if a sex and gender analysis was not conducted, the rationale should be given. Further, authors should discuss the implications of the lack of such analysis on the interpretation of the results,

And Whereas sex and gender differences affect disease incidence, diagnosis and treatment, while recognizing the current low levels of female participation in research, and welcome cultural pressures on gender diversity recognition;

MWIA resolves that: The definitions of sex and gender, according to the WHO, be adopted within the MWIA and that consistent definitions should be promoted in all academic writing. Whenever planning research or publication the Sex and Gender Equity in Research (SAGER) guidelines should be followed; and that these guidelines, or similar be adopted by all journals. Where data on sex and gender of participants is collected, that the methods should articulate how these demographics were identified.

GENETICS

See also: Health Education; Medical Education.

1974.9

We recommend that physicians as well as society in general, including children and adolescents, be educated in the facts of familial genetic disorders and the availability of genetic counselling.

1995.12

MWIA recognizes that somatic gene therapy has the potential to improve the lives of those families suffering from severe hereditary diseases including some cancers. Germ cell therapy has the potential to be used in ways detrimental to humanity.

MWIA therefore supports current research in gene therapy where it is not at the expense of basic community health provision and reserves judgement on its ultimate place in health care.

MWIA supports the use of somatic gene therapy, after it has been shown to be safe and effective. **MWIA** supports equity in access to somatic gene therapy.

1995.13

Genetic diagnosis of an individual or family can provide valuable information for family or life planning.

MWIA supports the use of genetic diagnosis of an individual or family when requested for this purpose when they have not been subjected to any pressure to have the test.

MWIA believes:

1. Counselling should always precede and follow chromosome or gene examination.
2. The results should always be confidential to the individual or the parents of a foetus or child.
3. Genetic examination for any other purpose such as employment or insurance is unacceptable.

2001.9

MWIA recognizes that technological advances in medical science have led to advances in human genetics, but urges caution.

MWIA calls for wider public discussion with accurate and objective information of the ethical and scientific issues involved and research into the potential impact on individuals and society.

HEALTH EDUCATION

See also: Adolescents; Breast-Feeding; Cancer; Community Health; Disability; Family Planning; Female Genital Mutilation; Genetics; HIV/AIDS; Human Rights; Medical Education and Training; Prevention/Health Promotion; Sex Education; Substance Abuse and Addiction; Women and Development.

1929.3

That in the case of adolescents, in as much as more physiological knowledge, however wisely imparted, does not necessarily influence sex conduct, it should be supplemented by

instruction in ethics and social morality, to ensure control of the instinctive impulses and their subordination to a definite ideal.

1968.12

That since this is neither a local nor a national but a world problem, attempts must be made to educate all countries as to the imminent and serious world crisis.

However, education on the meaning of responsible parenthood, not imposition of a program from higher authorities should be the goal - education of individuals and of governments. A particular effort should be made to convince the developed countries of the seriousness of the situation.

1978.2

The **MWIA** supports all efforts to improve and strengthen the means of dissemination of health information and stresses the proven value of radio and television for wide dissemination of health material.

MWIA would encourage governments to provide such centres for early detection of cancer.

1995.20

MWIA recognizes health education to be essential to improving women's health.

MWIA believes that education should be

1. Provided by persons well-trained in the provision of health education and fully informed on the subject of their education program.
2. Directed particularly to health issues as they affect women.

2001.23

Health in our global environment has become more complex with increasing movement of persons within and between countries.

MWIA calls for:

1. Inclusion of cultural diversity in curricula of health training institutions.
2. Sensitisation of health care personnel in order to provide culturally appropriate care.

2001.25

MWIA believes that access to accurate, timely and current health information facilitates patient empowerment.

MWIA recognises that there are many sources of patient health information, e.g. on the Internet, only some of which is accurate.

Therefore, **MWIA** supports and encourages health care providers to fully inform patients about how to access, understand and critically appraise health information in order to enable patients' informed decision making. Additionally, health care organisations should actively provide patients with the health information they require.

2019.7 Gender in Medicine

Whereas a gender in medicine perspective has been included in many presentations at Medical Women's meetings,

MWIA resolves that a gender in medicine perspective is formally included in the themes of Medical Women's meetings in all regions.

2019 14: Work life balance for Medical Professionals

Whereas work life balance is crucial to all doctors' professional lives and careers, many Women Doctors are disproportionately affected by the greater time women currently spend in non-paid roles such as parenting, housekeeping, and as carers.

MWIA resolves that: Education about work life balance be included in all medical curricula including undergraduate, postgraduate and continuing professional development educational activities.

HIV/AIDS

See also: Ethics; Health Education; Prevention/Health Promotion; Sex Education.

1992.11

MWIA urges all nations to provide community education about the transmission of HIV and about safe sexual practices which will diminish the spread of this pandemic.

1998.14

MWIA recognizes the escalating HIV/AIDS pandemic and its devastating effects on the populations of many countries.

MWIA recognizes that by the year 2000, 95% of the estimated 30 million people infected by HIV, will live in developing countries.

MWIA recognizes that HIV/AIDS is a public health problem with far reaching demographic, economic and social impact.

MWIA believes that all countries have a moral obligation to develop appropriate education and treatment programmes that address the real needs of a country and its population considering cost-effectiveness.

MWIA strongly urges that ethical standards for research be applied and that participants in such research be fully informed.

MWIA states that in addition, benefits of scientific discoveries tested and developed in developing countries, must be made available to the populations of those countries.

MWIA urges countries to develop and disseminate well-defined policy guidelines for the management of all patients, so as to ensure that they are not subject to negative discrimination in any form.

WOMEN, GIRLS AND HIV/AIDS

MWIA POSITION STATEMENT 2004

MWIA recognizes that the worldwide pandemic of HIV/AIDS is a threat to every sphere of human society.

MWIA recognises HIV/AIDS as a global health emergency. Gender-based discrimination against women and girls, de facto and de jure, renders them extraordinarily vulnerable, and disproportionately at risk from this condition. This hazard to the physical and mental health of girls and women arises from gendered social, political and economic determinants, as well as biologic differences. Moreover, HIV/AIDS multiplies the burden of caring imposed on women and girls by their traditional roles.

MWIA recognizes that in the context of the crisis of HIV, the human rights and health of girls and women clearly converge, and that inequalities fuel this epidemic.

MWIA believes that health is a human right, and that girls and women must have full human rights and freedoms, in equality with boys and men, in order to exercise their right to protect themselves from HIV infection and the devastating effects of the epidemic.

MWIA notes with alarm, that violence against girls and women is both cause and effect of HIV, and that poverty is both cause and effect of HIV for girls and women.

MWIA believes that an emphasis on human rights is central to effective work and policies dealing with

HIV/AIDS and imposes an obligation on both state and non-state actors to ensure that the human rights of girls and women are fully respected and protected and that gender

inequalities are eradicated in both the public and private spheres of their lives. Promotion and protection of the sexual and reproductive rights of girls and women is critical to confronting the HIV/AIDS pandemic.

Therefore, **MWIA** calls on governments, the UN System, civil society and individuals, to:

1. Implement at all levels the international guidelines on HIV/AIDS and Human Rights, with particular attention to the rights of girls and women, and
2. Empower girls and women by ensuring, de facto and de jure, that they are free from discrimination and enjoy access to education, sex education including education on sexual and reproductive rights and responsibilities, and life skills, beginning in the primary grades, to employment, to economic independence, to health information and services to ensure informed health choices, and the benefits of scientific progress, in equality with boys and men, and
3. Ensure that all data gathered from science, research and public health, clinical practice and other relevant sources is gender and age disaggregated, in order to accurately and visibly represent the situation experience and needs of girls and women in the context of HIV/AIDS, and
4. Enable early access for individuals with HIV/AIDS, especially women and girls, to scientifically validated, affordable interventions, including preventions, treatments, and services.
5. Guarantee access to clean water and infrastructure, allowing the exercise of alternatives for prevention and treatment of HIV infection.
6. Begin active campaigns involving the media directly, to eradicate myths and stigma and stereotypes, that degrade and dehumanize girls and women, and so increases the hazards to their mental and physical health, and
7. Review, revise and reform laws, policies, and practices to make them consistent with human rights and fundamental freedoms for girls and women, in equality with boys and men, and implement these health promoting changes on an urgent basis.

2007.9

Whereas the global pandemic of Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV) is becoming progressively feminized, shown by the fact that women now represent 50 percent of people living with HIV worldwide and nearly 60 percent of people living with HIV in Africa. It is also recognized that three fourths of all new HIV infections are transmitted through sexual activity, childbirth and breast-feeding.

Whereas the services intended to deal with the HIV/AIDS pandemic are at present separate from the services for Sexual and Reproductive Health, and the existing services are inadequate, this separation is continuing to waste resources and aggravate the inefficiency of the existing services.

MWIA Resolves That: there is stronger integration of HIV/AIDS and Sexual and Reproductive Health information and services, without replication.

HUMAN RIGHTS

See also: Abortion; Access to Services; Adolescents; Child Abuse; Child Health; Community Health;

Ethics; Family Planning; Female Genital Mutilation; Gender-Related Data/Statistics; Health Education;

Maternal and Child Health; Medical Education; Occupational Health; Prevention/Health Promotion; Research; Sex Education; Violence; Women and Development.

1931.1

In the interests of prophylaxis, the **MWIA** recommends particularly:

1. That workers should be examined regularly by medical men and women appointed for the purpose and specially competent in industrial hygiene.
2. That courses in industrial hygiene should be organised in Medical Faculties.
3. That home work, which is comparatively unhealthy, should be submitted to regular sanitary inspection.
4. That principal 7 of the general principles of the Pact of the League of Nations concerning labour, should be applied, viz: "equal pay for equal work, without discrimination of sex", for the low salaries paid to women, generally disproportionate to the work performed, are harmful to their standard as workers and injurious to the health.
5. That maternity should be covered by insurance laws, to the end that pregnant women and nursing mothers may have, at their disposal, practical means for obtaining the care and the rest necessary for the safeguard of their health.

1931.2

The appointment or dismissal of medical officers should be based solely on the efficiency of their work and that marriage should not be a bar to employment.

1953.1

Endorsement of resolution from ECOSOC on female circumcision.

The resolution put forward to the Economic and Social Council of the United Nations, as follows: 'Invites the Trusteeship Council, under Article 87 of the Charter, and member states of the United Nations, which assume responsibility for the administration of Non-Self-Governing Territories, to take immediate action with a view to abolishing, in Trust and Non-Self-Governing Territories, all customs which violate the dignity and security of persons, as proclaimed in the Charter and in the Universal Declaration of Human Rights.' was unanimously endorsed by the Council.

1970.2

Whereas the XIIth Congress of the **MWIA** held in Melbourne, Australia, February 14 to 20, 1970 discussed the topic of The Health of Women in Industry and

Whereas the participation of women workers is necessary for the economic growth of all nations as well as for the status of women and

Whereas most women workers carry the double duty for caring for a home as well as working in industry,

Be it therefore resolved that: all governmental, industrial, professional, and labour organizations be urged to increase the opportunities offered to women to work, as well as for post-graduate training and be it further resolved that more opportunities be offered to women to be retrained to their original skills, if it has been necessary for them to drop out of the labour field.

1974.5

Be it resolved that: In view of the progress towards equality of rights, women be made aware of their rights in their particular countries;

1980.6

It should be emphasised in programs of Health Education that an individual's knowledge of their own bodies, information as to their diseases and sharing the responsibility for decision making in their treatments, will promote the health status of that individual.

1980.7

Resolve that **MWIA** supports all positive action to:

1. Educate women around the world about matters of health.
2. Protect women against unduly aggressive medical and surgical practices.
3. Defend women's rights in health matters.
4. Increase women's participation in decision-making concerning their own care.

1982.13

MWIA recommends to National Associations that respect for the elderly and acknowledgement of their contribution over the years to the community should be emphasised in the profession, the family and throughout society.

1987.4

The **MWIA** stresses upon the UN, to take all possible measures to prevent that children and adolescents:

- 1 are imprisoned on open or hidden political grounds;
- 2 participate involuntarily in military actions.

1992.2

The **MWIA** opposes commercial live donor transplant across international borders on the following grounds:

It is:

1. Against medical ethics;
2. A procedure for which there is no medical indication;
3. The exploitation of the poor by the wealthy often it is women who sell their organs to secure food and medical care for their children.
4. It produces two standards of humanity. The wealthy who purchase health at the expense of the loss of health of the under-privileged.
5. The concept of children as live donors of organs for transplantation is unacceptable.

1992.10

MWIA affirms that all persons who have HIV/AIDS should be given, without discrimination, the same respect, care and treatment afforded all other members of their society who are in need of medical care.

1992.8

MWIA recognizes that in many countries there is increasing regulation of medical treatment for economic, political or other non-medical reasons.

MWIA is very concerned with this trend because it threatens to limit medical treatment which is both medically indicated and legal.

The **MWIA** calls upon its members to resist limitation of medical care for non-medical reasons.

1995.6

The **MWIA**:

1. Affirms that women are equally entitled with men to all human rights, freedoms, and opportunities.
2. Abhors all gender discrimination.
3. Is concerned that many groups of women throughout the world continue to be denied their basic rights and freedoms.

4. Condemns all forms of violence against women as it is a violation of their right to security.
5. Recognizes that violence against women is not confined to women who are otherwise deprived and that domestic violence is widespread.

The **MWIA** urges that:

1. Every effort be made to change community attitudes to achieve a greater intolerance of violence against women.
2. Every effort be made to empower women against violence.
3. In the event of domestic violence women should be provided with alternative, protective and secure accommodation and support.
4. **MWIA** urges all States, organizations and individuals to work for the elimination of violence against women.
5. Further, **MWIA** supports the Draft Declaration on the elimination of violence against women by the World Conference to review the achievements of the United Nations "Decade of Women".

1995.10

MWIA accepts that intimate body searches sometimes are necessary However, **MWIA** insists that:

1. The necessity should be clearly established.
2. All intimate body searches are a form of physical assault.
3. In every case, they should be conducted by a person of the same gender who has been properly trained in carrying out intimate searches.
4. The individual searched has the right to a witness of their choice.
5. Authorities conducting such searches should keep a record of the search and the reason the search was made, and should provide a copy of the report to the individual searched.

1995.11

MWIA recognizes the United Nations' work on human rights and the progress that has been achieved over recent years.

However, **MWIA** is deeply concerned that the achievement of human rights has not been equally shared by men and women. Basic human rights continue to be denied to large numbers of half the human population the female half. This gender inequality is still seen in all parts of the world and at all ages.

MWIA witnesses:

1. Gender-based unequal respect, health care and nutrition for female babies

2. Less education for girls
3. Less economic opportunities for young women
4. Less health care for women
5. Inadequate reproductive education, advice and care
6. Less security from violence and abuse of all sorts
7. Less economic security and health care in age

All members of **MWIA** call upon the United Nations and all its member states to redress these gender based inequalities and ensure basic human rights for all women of all ages.

November 1998 Urgent Statement For The Condemnation Of Traditional And Cultural Practices Harmful To Widows, Particularly In Africa And Asia:

MWIA strongly condemns the cultural and traditional practices that harm widows.

MWIA reviews these violations of human rights as cruel, dehumanizing and repugnant.

MWIA strongly recommends honest, accurate research mainstreaming the gender perspective, into the extent of these practices in countries where they exist.

MWIA further calls on governments to discharge their duties to protect widows from such practices and to abolish totally these violations of the human rights of women. The perpetrators must be prosecuted.

2001.1

MWIA recognizes health as a fundamental human right, and therefore urges all countries to provide basic medical and emergency care to all citizens, without gender-based discrimination.

2001.15MWIA regards marriage as a partnership between equally empowered and freely consenting adults.

MWIA condemns all inequality, discrimination and exploitation relevant to the marital status of girls and women. Women in marriage can be exposed to physical, sexual, and psychological abuse and also financial and legal exploitation.

MWIA completely condemns 'temporary', forced, and pseudo marriages as disguises for deliberate exploitation of girls and women and calls for legislation and enforcement as required to eradicate physical, sexual, financial and legal exploitation.

MWIA calls on governments to enact and enforce laws that set the legal age of marriage at 18 years of age, as marriage earlier than age 18 can cause reproductive health problems arising from early intercourse and childbirth.

2001.18

MWIA condemns all forms of Female Genital Mutilation (FGM) as a violation of human rights and calls on all governments to legislate against FGM. Further,

MWIA supports all organisations working for elimination of this harmful practice.

MWIA urges that information that FGM is not a religious duty, be widely dispersed.

MWIA urges the formation of health measures that effectively address the emotional, psychological and physical damage experienced by women who have undergone FGM and help them to understand why other females should not be subjected to the same practices.

2001.20

MWIA recognises that lesbian doctors face discrimination, homophobia and the assumption of heterosexuality within medical systems and that this has a negative impact.

MWIA acknowledges that it is a basic human right to live and work, free from such discrimination and asserts lesbian rights as human rights.

Therefore, **MWIA** encourages: the integration of lesbian, gay, bisexual and transgender issues in medical education that active steps be taken to prevent discrimination and harassment on the basis of sexual orientation, including development of specific antidiscrimination policies in all educational institutes and workplaces.

2001.21

MWIA recognises that comprehensive economic sanctions can have devastating consequences for the health and human rights of civilians.

MWIA urges governments, the UN system, multi-nationals and all stakeholders to further examine the use and effects of economic sanctions, to ensure that sanctions do not violate the rights of civilians.

2010.6

Human Rights and Gender Identity

Whereas some governments have legislation that proscribe freedom for individuals on the basis of perceived or actual sexual orientation, and gender identity, those people who identify as Homosexual, Gays, Lesbians, Bisexuals, Transgender, and Intersex. (GLBTI).

It is resolved That MWIA acknowledges it is a basic human right to live and work free from persecution and discrimination based on sexual orientation and gender identity.

MWIA urges governments to remove legislation that discriminates against people who identify as homosexual, gays, lesbians, bisexual, transgender and intersex (GLBTI).

Whereas MWIA recognizes that in many countries GLBTI people face discrimination in the form of violence and persecution within their community,

MWIA Resolves: That where there is substantial threat or actual persecution and discrimination on the basis of sexual orientation or gender identity, that this be grounds for refugee status being granted when applied for.

2016.8

Refugees and Asylum Seekers

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

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

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

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

IMMUNIZATION

See also: Community Health; Family Planning; Maternal and Child Health; Nutrition; Prevention/Health Promotion.

1976.1

1. That every national government should be asked, as part of its national health program, to reconsider its immunization program,
2. That immunization programs should be continuously re-evaluated;
3. That polio immunization programs should be developed in all countries and the aim should be 100 percent protection,
4. That a maximum effort should be made to immunize school children and women at high risk of exposure to rubella.

2013.3 Promotion of HPV Vaccination.

Whereas Vaccinations have become subject to rigorous scientific development, with assessment of safety and efficacy, the resourcing and equity of vaccination programs vary across the globe. The major challenge is to ensure vaccination in the developing world where up to 250,000 women each year die of cervical cancer (due to human papilloma virus). Education of communities on the benefits of immunization is essential to maintaining a high immunization rate.

MWIA Resolves to continue to address the prevention of cervical cancer globally through education and prevention measures such as the promotion of universal vaccination of girls and boys against HPV.

2016.9 Vaccination/immunisation

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

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

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

MWIA

1. Supports that vaccines should continue to be subject to rigorous scientific development, with all necessary assessment of safety and efficacy.

2. Condemns the use of vaccination programmes for any other purpose, be it research or experimentation that is not fully consented to by the individuals involved.
3. Condemns the use of vaccine data for intelligence gathering.

IN-VITRO-FERTILIZATION

See also: Ethics; Maternal and Child Health; Research.

1992.13

MWIA has considered in-vitro-fertilization. It recognises:

1. The desire of infertile couples to have children.
2. The high cost of I.V.F. programmes;
3. and the contributions such programmes have made to research and scientific knowledge of early pregnancy.

MWIA therefore supports such programmes, where the ethics of the community accept it and where the community can afford such a programme after providing a proper standard of medical care to all its members. Long term medical follow-up of mothers and children should be part of the programme.

2016.10 Surrogacy

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

MWIA resolves that: Commercial surrogacy must be eliminated as it often involves racism, and the women who are most financially disadvantaged.

LEADERSHIP

2001.3

MWIA encourages Medical colleges, universities and other medical organizations to promote and support mentoring networks for junior medical women to encourage new female leadership.

2004.2

MWIA proposes that leadership for medical women include:

1. skills in mentoring,
2. advocacy for women doctors' occupational health
3. understanding sex discrimination legislation,
4. teaching gender mainstreaming in health and international human rights,

5. openness to gender-Equity and culture - Respectful definitions of medical leadership, education and medical politics and
6. sharing workable solutions to the issues faced by women doctors, such as barriers to training, child care and flexible working arrangements.

2007.12

Whereas the global pandemic of Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immunodeficiency Virus (HIV) is becoming progressively feminized, shown by the fact that women now represent 50 percent of people living with HIV worldwide and nearly 60 percent of people living with HIV in Africa. It is also recognized that three fourths of all new HIV infections are transmitted through sexual activity, childbirth and breast-feeding.

Whereas the services intended to deal with the HIV/AIDS pandemic are at present separate from the services for Sexual and Reproductive Health, and the existing services are inadequate, this separation is continuing to waste resources and aggravate the inefficiency of the existing services.

It Is Resolved That: we support leadership, which is inclusive and incorporates women's values and perspectives and easily promotes and mentors others. A form of Leadership that is continually ethically re evaluating, and is committed to a liberating, rather than oppressive, style of leadership, which will draw on the strengths of women.

2019.8: Advocacy

Whereas engagement with the mainstream government and advocacy processes makes links between women doctors internationally, and is highly effective in achieving health gains in our own countries,

MWIA Resolves that Women doctors' strong and extensive engagement in these processes is not only encouraged and supported by colleagues, but also recognized and affirmed by being published and included in nominations for awards.

2019.16

MWIA Position on Gender Parity in UN Leadership Positions

Whereas Despite many years of talking about the empowerment of women and gender equity at the UN, there has been little impact on council composition and there needs to be gender parity in the UN agencies leadership positions.

Whereas higher level UN leadership continues to be male dominated,

MWIA resolves that: the UN institute a policy that calls for gender parity in the higher leadership positions within the UN.

MEDIA

2010.5 Whereas civil crimes occur particularly against women and children, and **Whereas** the media, in print, radio, television and the internet, is a powerful communication tool, there is bias of content that prevents reporting of these crimes.

MWIA Resolves That: Each of us take action in our own communities to encourage truthful, fearless reporting by the media so injustices against women and children are highlighted, not ignored.

MATERNAL AND CHILD HEALTH

See also: Access to Services; Child Abuse; Child Health; Community Health; Ethics; Family Planning; Gender-Related Data/Statistics; Human Rights; Immunization; In-Vitro Fertilization; Maternal and Child Health; Medical Education and Training; Nutrition; Occupational Health; Prevention/Health Promotion; Reproductive Health; Research; Substance Abuse and Addiction; Tobacco; Women and Development.

1978.3

1. We propose that **MWIA** requests National Associations in all countries to encourage the use of the mass media to reduce maternal and infant mortality rates and to improve health education.

2. We propose that **MWIA** views with great concern the persisting poor standards of maternal and child care and bring this to the attentions of appropriate international and national organizations.

1995.1

MWIA strongly supports the following strategies to reduce peri-natal and infant mortality:

1. Community health education, including Hygiene, Nutrition and Sex education, for the whole community,
2. A strong focus on the education of women, particularly regarding reproduction and family health,
3. Family planning education, counselling and service options which are culturally appropriate, available to, and affordable by, all women and their partners,
4. Prenatal care for all mothers,
5. Trained birthing assistance -whether traditional midwife or medical -in order to provide clean safe delivery,

6. Encouragement and support for total breast feeding,
7. Postnatal care for all mothers and children so that early diagnosis and management of congenital or acquired disease may be assured,
8. Immunization programs available to all children against preventable infectious diseases. Such programs should include community education regarding the importance of immunization to both the child and the community.

1995.7

As malaria constitutes a major threat to the health and lives of 40% of the world population causing high mortality and morbidity rates particularly among women and young children, **MWIA** strongly supports the World Declaration on the Control of Malaria made in Amsterdam on 29.10.92 at a conference of ministers from 90 countries.

1995.22

Recognizing Anaemia in pregnancy as an important cause of mortality and morbidity in developing countries. The risk factors include chronic nutritional deficiency, malaria and poor ante-natal care.

Therefore, **MWIA** recommends intervention programs should:

1. Be based on the local prevalence and aetiology,
2. Increase awareness of both health care workers and women in order that women receive at least one haemoglobin estimation in pregnancy,
3. Include continuous monitoring of strategies to ensure their success.
4. Solve the issues of lack, and inadequate distribution, of medication.

1995.24

MWIA recognizes frequency of post-partum depression in 10-20% of all delivered women and the adverse effects to the mother, mother-child relationship, child development and family relationships.

Therefore: **MWIA** urges early recognition and appropriate management of post-partum depression.

2007.3

Whereas the Safe motherhood initiative has been ongoing for over twenty years, and interventions necessary for averting maternal mortality and morbidity are well known, women continue to die during childbirth and suffer tragic morbidities,

It Is Resolved That: Health Policy of all governments must urgently address reduction of maternal mortality and morbidity by guaranteeing access to family planning, antenatal

care, skilled attendance at birth, emergency obstetric care and by investing in women's education and empowerment.

Amendment: It Is Further Resolved That: safe abortion be available to all women to provide safe motherhood.

2010.8 Maternal Death.

Whereas there is an unacceptably high maternal mortality in Sub-Saharan Africa,

MWIA Resolves that: adequate data on numbers and causes for every maternal death be collected to form a maternal mortality report.

The findings should be communicated to all stake-holders.

Data collection should begin at the appropriate health delivery level, including the community level, and should inform health policy at all levels.

2013.4 Maternal Mortality

Whereas in 2013, the success in the documentation of, and reduction of, maternal and newborn, mortality is very uneven globally,

MWIA Resolves: to promote implementation of safe motherhood programs and policies including the newborn, which capitalize on existing evidence based best practices to reduce preventable maternal and newborn mortality.

MEDICAL EDUCATION AND TRAINING

See also: Ageing; Breast-feeding; Cancer; Child Abuse; Community Health; Environmental Medicine; Ethics; Family Planning; Genetics; Health Education; Human Rights; Maternal and Child Health; Nutrition; Prevention/Health Promotion; Rehabilitation; Sex Education; Substance Abuse and Addiction; Tobacco; Violence; Women and Development;)

1968.5

In all training programs for doctors and nurses, more importance should be given to family and community health work and to training outside institutions and laboratories.

It is further recommended that physicians be urged to devote their energies to solving basic medical problems before developing spectacular, highly specialized techniques like heart transplantations and that priorities for medical goals be established through international medical organizations.

1972.3

Whereas there is a shortage of physicians in the world today,

and **Whereas** the cost of medical education is very high,

Be it resolved that: in order to promote maximum utilization of medical woman-power, the **MWIA** urge governments to allow the expense of home help to be a legitimate deduction from taxable income for the working woman.

And **Whereas** some women physicians, because of other responsibilities, are unable to devote full time to the study of medicine,

Be it resolved that: **MWIA** member organizations study ways and means of providing more flexible arrangements for postgraduate medical education.

1972.4

1. That **MWIA** recommend that its national associations should take care that training classes are established and generally promoted which enable colleagues who, because of family duties, have not practised their profession for many years, to return to their profession, to bring their knowledge up to date and to make themselves once more acquainted with medical thinking and acting.

2. That **MWIA** recommend that national associations of medical women should advocate that official regulations for special training contain the following paragraph: Women doctors with family duties should be able to apply to the authorities who award specialist qualifications for permission to train in a speciality on a less than full-time approved programme.

1976.2

The **MWIA** wishes to encourage part-time positions for doctors so that their skills continue to be utilized as family needs or flexibility of life style arise and that part-time postgraduate training facilities be made available.

1980.4

It should be emphasised in medical education that the health state of our patients should be considered in relation to their cultural background and that a solely technological approach should be avoided.

1982.4

Whereas women are under-represented in some countries in obstetrics and gynaecology,

MWIA resolved that: in all countries where women are a minority of obstetric and gynaecology specialists, **MWIA** requests National Associations to promote an increase in the number of women working in this speciality.

1982.11

MWIA advocates specific instruction in adequate communication to relatives for all health personnel in the humane management of sickness, especially of sick and abnormal newborn infants.

1992.9

MWIA supports information campaigns on D.E.S. for the medical profession.

2001.14

MWIA encourages the provision of distance education to ensure that physicians working in remote areas have access to Continuing Medical Education.

2007.14

Whereas women and girls are more vulnerable to mortality and morbidity from their sexual and reproductive roles and activities, and have a right to accurate health information, based on empirical medical evidence, rather than on political, philosophical or religious beliefs.

And Whereas the global pandemic of Acquired Immune Deficiency Syndrome (AIDS) caused by the Human Immunodeficiency Virus (HIV), is becoming progressively feminized.

It Is Resolved That: governments provide comprehensive education about sexuality, that involves families, educational institutions and local communities in the delivery of this education in recognition that such knowledge is power, and in recognition that both males and females have a responsibility to make healthy sexual and reproductive choices in their own lives.

NUCLEAR TECHNOLOGIES

See also: Prevention/Health Promotion.

1954.1

ATOMIC ENERGY 1954 Statement Printed in the **MWIA** Journal in the President's Report (Dr. Ada Chree-Reid) "During the meeting of the World Medical Association in Vienna, I put forward the following suggestion, as President of the **MWIA**: 'Allow me to inform you that at its General Assembly at Gardone, Italy, in September **1954**, the **MWIA** was particularly

concerned with the effects of the utilisation of atomic energy, either in warfare or in the industrial field. The protection of the worker being a difficult problem to solve, and no effective remedy existing against the effects of atomic radiation, the **MWIA**, speaking through its President, relies on you to keep world medical opinion alive to this immense danger'. As a result of a letter from the General Secretary of WMA Dr. Chree-Reid made further remarks on the social responsibility of Drs and their bounden duty to make the facts known on a technical and objective level in order to awaken humanity to the inevitable disaster that will be incurred if one day atomic energy is liberated in an uncontrolled form. In this way the medical profession will also serve the cause of peace."

1956.1

MWIA views with concern the repeated experimental nuclear tests which are taking place and would urge the International Association to use its influence with the Governments concerned that they refrain from future tests until the possible effects of nuclear radiation upon the health of the people can be more accurately determined. Scientists can be so absorbed in the scientific aspects and reactions and forget the importance of the human problems created.

1984.7

Since nuclear warfare is one of the greatest health menaces facing humankind and since there can be no possible medical response to a nuclear war,

Be it resolved that: physicians educate themselves and others on the medical aspects of nuclear war.

1998.12

MWIA believes that nuclear technologies have a major public health impact on populations living around wastelands, areas after nuclear disasters, areas of unsafe nuclear plants (military, civil or mixed), uranium mining sites, areas of testing, research and development of nuclear weapons.

MWIA expresses special concern at the situation of women and children in these areas because of their greater sensitivity to radioactivity.

MWIA believes that more research is needed into the effects of prolonged exposure to radioactivity (including to low dose radioaction) and other little known symptoms of radioactive illnesses.

1998.16

MWIA being deeply concerned at the recent spate of nuclear testing in various regions of the world:

1. Condemns any testing of nuclear weapons, believing that all forms of such testing exposes humanity and the environment to actual and potential risks and also potentiates the threat of nuclear warfare.
2. Condemns in the strongest terms the use of nuclear weapons either in warfare or as a political threat.
3. **MWIA** further strongly supports the international movement to ban the testing of nuclear weapons.

NUTRITION

See also: Access To Services; Breast-feeding; Family Planning; Medical Education; Research.

1968.2

Nutrition and fertility control should receive high priority in the training of doctors, nurses and midwives.

1968.8

MWIA is not in favour of giving free foods except in emergency situations. Dry skimmed milk and other foods at present distributed free are best utilized in hospitals and clinics with medical supervision.

1968.11

The **MWIA** is of the opinion that every mother and every child should be able to benefit from all nutritional elements growing in the soil of their own country before these elements can be offered to rich countries where they are only too often used for the feeding of animals.

1968 Statement: The **MWIA**, presently in session at its XIth Congress in Vienna, and which has chosen as topic for discussion 'The Hungry Millions', addresses an urgent request to the General Secretary of the UNO for intervention to help the famine victims in Biafra. We have been informed that the International Red Cross has not only a sufficient amount of food at hand but is ready to send it immediately to those in the famine area. As far as our information goes, the only reason which prevents the immediate start of this rescuing action is that the Federal Government of Biafra does not consent.

The **MWIA** is of the opinion that here the human right to sufficient food is being seriously violated. As our Congress is dealing with all aspects of the Hungry Millions in the World it

seems to us an obligation to protest vehemently and we ask UNO as the highest international body to intervene immediately in this catastrophic situation.

2001.8

MWIA recognises that the technological advances that led to genetically modified food and animal material may be beneficial but is concerned about the possibility of unknown long term effects.

MWIA strongly urges caution and further research to ensure public safety and the protection of the ecological system.

OCCUPATIONAL HEALTH

See also: Environmental Medicine; Human Rights; Maternal and Child Care; Prevention/Health Promotion; Women and Development.

1970.3

Whereas the XIIth Congress of the **MWIA** held in Melbourne, February 14 to 20, 1970, discussed the topic of "The Health of Women in Industry"

and **Whereas** most machines used in manufacturing are designed to the measurements of male workers and **Whereas** no recognition is taken of abnormal and fixed posture often used in industrial processes,

Be it resolved that: the **MWIA** ask the International Labour Office in Geneva to increase its efforts towards improving working conditions for women by

1. constructing machinery to fit female dimensions and muscular power,
2. laying out working areas so that the workers are not in cramped positions and are not forced to use unphysiological movements,
3. adjusting working arrangements so that time be allowed for rest and training exercises.

2019 11 Paid maternity leave for women doctors.

Whereas women in medicine often struggle balancing the dual role of physician and mother

and realize the value of maternity leave for both mother and baby, there is often pressure to

return to work so as not to disadvantage other colleagues and patients by their absence. Only a few countries have adopted one year of paid parental leave.

And whereas the financial burden of taking maternity/parental leave is real,

MWIA resolves that One year of paid maternity/parental leave with job protection should be available to all who would like this option. This leave should be able to be taken by the mother alone or shared between the parents. Adequate cover for absence due to maternity/parental leave should be in place.

ONCOLOGY (CANCER)

See also: Community Health; Health Education; Medical Education and Training; Prevention/Health Promotion; Women and Development.

1980.3

That the attention of governments be drawn to the cost effectiveness of programmes aimed at the detection of precancerous, eminently treatable lesions.

1998.1

MWIA recommends intensive research in all countries into the epidemiology of malignancies.

MWIA however recommends that screening programs and their recommended frequency, in addition to depending on the incidence of particular malignancies in different countries, should also importantly depend on other ethical considerations. These include accessibility and availability of services in order to take care of positive cases that are identified.

1998.1

MWIA recognizing that oncological operations on female uro-genital tract cancers can be mutilating, recommends that national associations strongly encourage multi-centered controlled trials into the optimal treatments for female uro-genital cancers. Treatment modalities investigated should be those that limit surgical mutilation without compromising the women's chances of survival or quality of life. Once determined, these treatments should be promoted by the use of Best Practice guidelines with regular audits being undertaken to ensure that this knowledge is current and is being disseminated.

2001.4

The incidence of breast cancer is increasing worldwide and is one of the commonest causes of cancer death in women, and as early detection is currently the best means of reducing mortality and morbidity **MWIA** Strongly urges that: women should have available education, information about and access to those strategies available in their country that have been shown to be effective in the early detection of breast cancer.

That screening mammography be available and affordable for all women in the target age group and for women at high risk for breast cancer.

PREVENTION/HEALTH PROMOTION

See also: Access to Services; Adolescents; Atomic Energy; Cancer; Child Health; Community Health; Development; Disease-Communicable; Environmental Medicine; Ethics; Female Genital Mutilation; Health Education; HIV/AIDS; Human Rights; Immunization; Maternal and Child Health; Medical Education and Training; Occupational Health; Sex Education; Substance Abuse and Addiction; Tobacco; Women and Development.

1976.1

That every national government should be asked as part of its national health program to:

1. reconsider its immunization program.
2. That immunization programs should be continuously re-evaluated.
3. That polio immunization programs should be developed in all countries and the aim should be 100 percent protection.
4. That a maximum effort should be made to immunize school children and women at high risk of exposure to rubella.

1978.6

It was resolved that: Government Departments of Health and Education be requested to set up committees to develop education programmes on Nutrition for Television.

1982.1

Resolve that: MWIA promote more effective information to patients concerning their health and what to expect from their doctors.

1984.5

Be it resolved that MWIA support the involvement of both parents in the upbringing of their children.

1987.2

The **MWIA** urges Governments through their departments to implement health education programmes throughout the school years, and in countries where such a programme already exists, to strengthen it.

1. The promotion of physical, mental and social well-being;
2. The development of a sense of personal responsibility for one's own health and the health of others in all areas of human relationships;
3. The development of responsibility in social issues and in the well-being of the wider environment.

1989.1

It has been **MWIA's** privilege to meet in Seoul, Korea, 3-8 Sept. 1989 discussing the "Incidence of Cancer in Women in Different Countries", finding cancer of the breast and cancer of the cervix to be the commonest cancer.

It is **MWIA's** recommendation that education of women is critical to allow women to present them-selves for early detection, treatment, and care.

MWIA would further encourage governments to provide such centres for early detection of cancer.

1992.5

MWIA recommends the establishment in developing countries of increased opportunities for regular Pap Smear Cytological examination.

1992.6

MWIA recognises the importance of regular medical checks to women's health and therefore recommends that all social and health workers receive instruction to enable them to educate the women of their community about the necessity for regular medical checks.

2004.1

MWIA recognizes that diabetes will reach epidemic level in both developing and developed countries of the world and supports WHO strategies for prevention and screening of diabetes and encourages our national associations to implement these strategies.

2016.6 Obesity and malnutrition.

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

MWIA resolves that:

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

REHABILITATION

See also: Medical Education and Training.

1982.6

Resolve that: MWIA recommend to National Associations the inclusion of rehabilitation medicine in all medical school curricula.

REPRODUCTIVE HEALTH/TECHNOLOGIES

See also: Abortion; Maternal and Child Health; Women and Development.

1984.11

The **MWIA** wishes to express its opposition to unnecessary or unnecessarily extensive surgery in benign genital disease in women.

1992.12

MWIA opposes the commercial and psychological exploitation of women which may arise through surrogate pregnancies.

1998.3

MWIA recognizing that new reproductive technologies have beneficial effects on the treatment of subfertility and infertility, also realizes that many of these new technologies are applied with still unknown long-term effects on mother and child. is aware that these new technologies arouse many ethical questions which have not been sufficiently considered.

MWIA therefore recommends that thorough long-term follow-up of women treated, and children born after the use of these technologies, be undertaken and evaluated in order to establish the long-term physical, psychological and ethical effects.

1998.5 MWIA views with concern the fact that the number of caesarian sections is increasing worldwide.

MWIA believes that some of these caesarian sections may be unnecessary and contribute to unnecessary medicalization of women's reproductive lives.

MWIA recommends that national associations encourage research into caesarian section rates, including the factors influencing these, in their countries and raise awareness among

both women and health professionals about the adverse and beneficial effects of caesarian sections.

2013.1 Female Genital Cosmetic Surgery.

Whereas MWIA recognises the autonomy of women and upholds the right of adult women to choose to undergo lawful medical and surgical treatments,

MWIA Resolves to: advocate for the provision of informed consent for all patients undergoing medical and surgical procedures.

MWIA Resolves to: oppose the advertising of regulated health services (e.g. those usually provided by a health care practitioner), in a way that directly or indirectly encourages their indiscriminate or unnecessary use.

Whereas MWIA believes that promoting and performing surgical techniques that make unproven claims of enhancing female sexual satisfaction and/or attractiveness carries significant risks of physical and psychological harm to women and girls.

MWIA Resolves to: oppose the promotion of, and use of all surgical products and techniques that make unproven claims of enhancing female sexual satisfaction and/or attractiveness.

Whereas MWIA supports the use of gynaecological and plastic surgical techniques where the primary aim is to repair or reconstruct normal female anatomy following trauma, harmful traditional practices, pathologic processes or congenital anomalies,

MWIA Resolves to oppose media depictions that directly or indirectly promote a prepubescent appearance of female genitalia as sexually desirable.

MWIA opposes media images that directly or indirectly promote abnormal perceptions of the appearance of normal female adult genitalia.

2013.5

In addition, **MWIA Resolves that** any children who are the result of surrogacy should have the full protection of WHO and UN recommendations on the Rights of the Child.

2013.7

Whereas prenatal screening is becoming mainstream, in medical practice and by direct access to the public,

MWIA Resolves that ethical and appropriate safeguards, rules, recommendations and laws to ensure provision of comprehensive counselling for mothers who have undergone prenatal screening be provided.

2016.10 Surrogacy

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

MWIA resolves that: Commercial surrogacy must be eliminated as it often involves racism, and the women who are most financially disadvantaged. This is in accordance with earlier resolutions.

RESEARCH

See also: Ageing, Ethics; Human Rights; In-Vitro-Fertilization; Maternal and Child Health; Nutrition; Women and Development.

1968.3

Nutrition research should pay attention to methods of reaching those most in need of advice, especially those in rural areas.

1968.9

Imaginative people, particularly those with training in applied anthropology, are required to find out the real needs in different areas, and the ways to meet these needs at an individual and family level.

2001.10

MWIA recommends national legislation to ensure the safety of drugs in pregnancy is properly evaluated. Research into drug safety in pregnancy should be promoted and supported by governments.

2001.17

MWIA calls for scientific research into the claims of traditional medicine and that fora be established between traditional and orthodox practitioners.

2007.8

Whereas MWIA has always recognized, and observed the human rights of free power of choice in health care, and informed voluntary consent for all medical interventions,

and **Whereas MWIA** has always recognized the additional responsibilities where research involving human subjects is concerned,

It Is Resolved That: all recommendation made by **MWIA** for health policy and implementation follow, and be held accountable to, the tenants of the existing codes of conduct governing free choice and informed voluntary consent, namely the First Principle of the Nuremberg Code and the World Medical Association Declaration of Helsinki.

In addition, where research recommended by **MWIA** is to be conducted, the World Health Organization's Guidelines: the International Ethical Guidelines for Biomedical Research Involving Human Subjects, is the benchmark that is to be followed.

RESOURCE ALLOCATION

2016.11 Education.

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

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

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

MWIA resolves that:

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

SEX EDUCATION

See also: Access to Services; Adolescents; Ageing; Child Abuse; Community Health; Family Planning; Health Education; HIV/AIDS; Human Rights; Medical Education and Training; Prevention/Health Promotion; Violence; Women and Development.

1929.1

That sex instruction in some form should be given although preferably not under that name.

1929.2

That in the case of very young children, elementary sex information should be given by the parents, who should answer the child's questions simply and truthfully, and That during school life, biological teaching concerning the facts of reproduction should be included in the routine teaching of nature study, and therefore, That parents and teachers should be instructed in the best methods of dealing with the subject.

1968.16

It is recommended that health education be an integral part of primary, secondary and higher education and that the importance of responsible parenthood be stressed in all such programs.

1987.3

The Members of **MWIA** should promote as much as possible sexual education for adolescents at school.

1992.16

MWIA believes all nations should ensure all children are educated concerning reproduction, contraception, and safe sexual practices.

SUBSTANCE ABUSE AND ADDICTION

See also: Community Health; Health Education; Maternal and Child Health; Medical Education and Training; Prevention/Health Promotion; Tobacco.

1980.5

In order to give adequate assistance to those addicted to drug and/ or medicine urgent priority should be given to the development and provision of specialised centres reserved entirely for the treatment of such cases.

1984.8

Be it resolved that: this Congress recommend to all countries the application of the following measures for the prevention of alcohol and other drug problems:

1. That advertising of alcohol and tobacco with its influence on both young and old be restricted and brought within effective control with the goal of an early total curtailment of such advertising.

2. Because most countries are now becoming conscious of the devastation caused by driving under the influence of alcohol and other drugs, the **MWIA** supports the strictest controls to alleviate the problem and urges assistance to those organizations working to achieve these objectives.

3. **MWIA** supports WHO in its call for the lowering of alcohol consumption.

1995.14

MWIA supports comprehensive education programs, particularly for children regarding the hazards of substance abuse.

MWIA urges the universal availability of supportive programs to relieve drug dependency.

MWIA does not support the criminalization of substance dependency but does support the criminalization of the supply of illegal substances of abuse.

1998.6 Smoking

MWIA recognizes the relationship between smoking (including passive smoking) and cardiovascular diseases, lung cancer and damage to unborn children.

MWIA recognizes that women and youth are being targeted in many countries.

MWIA strongly supports a ban on all forms of tobacco advertising and promotion.

MWIA further supports a complete ban on subsidies for growing tobacco.

MWIA supports the education of the dangers of smoking especially to women during pregnancy and breastfeeding.

MWIA additionally recommends the enforcement of regulation of tobacco smoking in public places especially in schools and health institutions.

1998.11 Substance Abuse

In some countries, the devastating effects of substance abuse on the youth are evident by the increasing numbers of addicted youths.

MWIA believes that there should be more education on the substances that can result in addiction and other adverse effects. **MWIA** calls for more research into the prevention, effects and treatment of substance abuse.

TERMINAL CARE

See also: Ethics.

1982.5 The **MWIA** approves of the organization for a Hospice Movement and urges National Associations to try to encourage the principle of Hospices in their own countries.

2010.7 Dignity in Dying.

Whereas terminal care is now more likely to be in an institution, risk management strategies can lead to interventions that are inappropriate.

MWIA Resolves that end of life care is given with the highest regard for the dignity and wishes of the dying person.

TOBACCO

See also: Community Health; Maternal and Child Care; Medical Education and Training; Prevention/Health Promotion; Substance Abuse and Addiction.

1984.13

Be it resolved that member countries of **MWIA** make all efforts to carry out an educational programme, starting with early adolescence, against smoking and drug abuse, to protect the health of all.

1987.1

Whereas, cigarette smoking is rapidly becoming the leading cause of death in women throughout the world, and **Whereas**, parental smoking is a major factor in childhood respiratory diseases, and **Whereas**, the majority of women who smoke begin this practise at an early age, and **Whereas**, smoking during pregnancy is potentially damaging to the foetus, and **Whereas**, smoking in public places is harmful to non-smokers, and **Whereas**, tobacco advertisements depict women who smoke as beautiful, youthful and liberated,

Be it resolved that: MWIA endorse public education programs on the harmful effects of smoking, for smokers and non-smokers, and

Be it further resolved that: MWIA encourage its members to ban smoking in their offices, clinics and hospitals.

2001.11

MWIA strongly supports initiatives taken to prohibit smoking in all public venues and long term facilities and encourages all countries to act on implementing this initiative. We endorse our previous resolutions and we further strongly support the other international organisations and the initiatives taken for tobacco control.

VIOLENCE

See also: Adolescents: Child Abuse; Ethics; Female Genital Mutilation; Human Rights; Medical Education and Training; Sex Education; Women and Development.

1998.15 Violence against women

MWIA reaffirms its stand that violence against women in all its forms (physical, psychological, social, cultural and sexual) is a violation of women's fundamental human rights. Violence against women is a public health issue and has become a global problem affecting every society.

MWIA further states that although there are many long term consequences of the effects of this violence on women's health, the full extent of the problem is not known in many countries.

MWIA recognizes the efforts made by a number of countries towards increasing awareness of the problem of violence against women and through the UN Commission for the Elimination of Discrimination Against Women (CEDAW). **MWIA** states its concern about the long-term psychological effects on children of witnessing such episodes of violence.

MWIA expresses concern about the sometimes insensitive manner in which abused women are subsequently treated.

MWIA therefore urges Governments and NGOs to allocate resources for extensive research into the extent and causes of this violence as well as for prevention and treatment programmes. **MWIA** urges the effective training and educating of the abused women, health, social welfare and law enforcement personnel, as well as the members of the criminal justice system on the various aspects of violence against women.

2001.26

Domestic violence (intimate partner abuse) is a major public issue worldwide, with significant long-term impact on morbidity and mortality for the whole community, especially for women and children. To effect change, societal attitudes towards partner abuse must be considered unacceptable.

MWIA urges governments in all countries to legislate that Domestic Violence (as defined by the UN, Beijing 1995) is a criminal offence, equivalent to other forms of violence.

MWIA urges governments to form social structures (through effective legislation) to provide protection, information, education and support to all victims of domestic violence, including children.

MWIA urges that legislation addressing domestic violence considers the direct and indirect impact on all members of the family, being aware that the consequences of intervention may further victimise these members.

MWIA urges research in order to develop effective therapeutic and rehabilitative programs for perpetrators to prevent occurrence now and in future generations.

MWIA urges that every effort should be made to discourage the dowry system, as it is a major cause of domestic violence and death of women in some countries.

2007.13

Whereas Violence against women and girls in their own home is much greater than in public, and violence is a common prevalent and severe hazard to mental and physical health carrying significant mortality and morbidity,

It is Resolved That: all medical practitioners shall be trained to identify assess treat and appropriately refer all females presenting for care.

2010.3 Long term effects of Violence

Whereas Sexual violence to adults and children has far-reaching medical, psychological and community consequences for survivors and their communities,

It is resolved That: MWIA

1.Supports the elimination of all forms of sexual violence,
2.Supports the education of communities to raise awareness and change attitudes towards sexual violence, 3.Supports the education of health professionals to recognize, respond and effectively support survivors of sexual violence,
and **MWIA** calls for the provision of long term integrated counselling, health and legal services to better support the survivors of sexual violence across a lifetime.

2016.1

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

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

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

2016.2 Violence against Health workers.

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

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

2019.4 # MeToo Medicine. Physicians can and must do better.

Whereas #MeTooMedicine is raising awareness about how Bullying, Intimidation and Sexual Violence in Medicine against women physicians, residents and medical students impacts their mental and physical health and their ability to care for patients.

And whereas there needs to be a safe system in place for medical women to report bullying, intimidation and sexual violence, and the policies and procedures in place to act when needed, we need to expose the hidden culture of medicine.

And whereas there needs to be commitment by these medical associations and institutions to act on this reporting

MWIA resolves that:

1. Safe reporting mechanisms are developed for women physicians, residents and medical students who experience bullying, intimidation and sexual violence in all countries.
2. Policies and procedures are developed which go beyond the safe reporting systems to ensure mechanisms for follow-up and cultural change in behaviour for those perpetrating the bullying, intimidation and sexual violence.

WOMEN AND DEVELOPMENT

See also: Abortion; Adolescents; Ageing; Cancer; Community Health; Ethics; Family Planning; Female Genital Mutilation; Health Education; Human Rights; Maternal and Child Health; Medical Education and Training; Occupational Health; Prevention/Health Promotion; Reproductive Health; Research; Sex Education; Violence.

1972.1

That there be better opportunities for women to re-enter their former profession or to be trained in any other profession after years of absence from work.

1972.4

That MWIA recommend that its national associations should take care that training classes are established and generally promoted which enable colleagues who, because of family duties, have not practiced their profession for many years, to return to their profession, to bring their knowledge up to date and to make themselves once more acquainted with medical thinking and acting.

That MWIA recommend that national associations of medical women should advocate that official regulations for special training contain the following paragraph: "Women doctors with family duties should be able to apply to the authorities who award specialist qualifications for permission to train in a specialty on a less than full-time approved programme".

1984.1

Be it resolved that: all medical associations recommend the creation of opportunities to combine professional work with a family role for parents of both sexes.

1984.2

Be it resolved that National Associations request their government and/ or other relevant policy-making bodies to help to promote the creation of part-time postgraduate training posts.

1984.3

Be it resolved that: MWIA and its member associations stimulate women doctors to take part in the activities of professional organizations and to study and participate in the management functions of health care delivery.

1984.4

Be it resolved that: MWIA encourage the active involvement of women in the life of their community.

1984.6

Be it resolved that: the **MWIA** should encourage National Associations and their local groups actively to campaign for the development of child care facilities for the staff and students of hospitals and medical schools.

1992.1

MWIA reaffirms the resolution presented to U.N. End of Decade of Women Conference in Nairobi.

1992.17

It is resolved that: MWIA supports, in principle, Women's Studies. Any such study will be considered for funding by the scientific and the financial committees.

1995.23

MWIA recommends that retirement age for doctors should not be fixed but flexible, adjusted to individual needs and abilities, and including the possibility of reduction of work load before full retirement.

1998.7

MWIA believes that decisions regarding the choice of therapy should be made between the patient, physician and other appropriate health professionals without undue influence from governments, medical and pharmaceutical suppliers or any other groups not directly involved in the care of individual patients.

MWIA strongly urges that cost-effective pharmaceuticals be made available to patients in the Public Health Service, regardless of gender and of their ability to pay.

MWIA reiterates its commitment to working with all healthcare stakeholders including governments, health professional and delivery organizations, patient groups and consumers, to find medically sound means of controlling healthcare delivery costs whilst protecting and promoting the quality of patient care.

2001.6

MWIA recognises that in all countries, educating women and giving them rights to employment improves family and community health.

MWIA recognizes that, while countries in the developed world have made major population health gains, social and economic inequities in the developing world perpetuate poverty, the low status of women, and the consequent health problems.

Therefore, **MWIA** strongly urges governments and international bodies to:

1. foster favourable economic situations and enabling environments for the developing world to ensure that resources are adequate to meet the basic health needs of populations;
2. support health initiatives that form partnerships with sectors such as education, employment, agriculture and other development stakeholders to remove impediments to women's health;

3. fully embrace the improvements and protection of women's and maternal health as a development priority worthy of substantial attention and funding.

2001.7

Be it resolved that: the **MWIA** applauds the lead taken by some countries in providing parental benefits for female physicians and encourages all countries to provide maternity benefits for its female physicians.

2001.19

MWIA Resolves that: female medical caregivers should be equally accessible throughout urban, rural and remote areas.

MWIA Resolves that: strategies to improve recruitment and retention of doctors in rural and remote areas should specifically address barriers experienced by female practitioners. These include financial disincentives, the need for flexible hours, access to maternity leave and childcare, and provisions for employment of their partners and education of their children.

MWIA Resolves that: rural female practitioners have appropriate representation in the decision-making processes of government bodies and medical organizations.

2001.24

Culture, as a way of life, is dynamic. When a 'cultural practice' becomes a threat to human well being, it is a crime.

MWIA believes that vigorous advocacy must be carried out against all harmful practices that demean individuals and violate their human rights.

MWIA condemns that use of "culture and tradition" by perpetrators as an excuse or a ruse to carry out criminal acts such as rape, harmful widowhood rites, and other harmful practices.

MWIA urges that legal reforms in inheritance and ownership be implemented and enforced, taking precedence over discriminatory customary laws against women.

2007.2

Whereas it is recognized that care giving for disabled persons, and frail or demented elderly persons, encompasses providing for their physical, emotional and relational needs, and has a strong gender connotation,

And **Whereas** it is also recognised that care givers are usually women who commonly suffer stress and exhaustion.

It Is Resolved That: health policy provides for informal care givers to be supported and taught how to take good care of themselves, in order to protect against the adverse health consequences, mental and physical, of care giving.

2013.2 Education for Women and Girls.

Whereas, it has been shown that the education of women and girls improve the health of the larger community, in particular child health. As evidence, this has been well documented by the assessment process that is used by many Aid Agencies when ascertaining the effectiveness of an Aid program,

And **Whereas** many communities embrace the education of women and girls when resources for education are available,

MWIA Resolves to: strongly support the participation of women and girls in education programs. This participation must be without fear for their safety or freedom, particularly as a result of religious or cultural practices.

2019 6: Implementation and dissemination of a sex and gender sensitive medicine

Whereas many international organizations such as the United Nations (UN) and the World Health Organization (WHO) recommend taking sex and gender aspects in medicine into Account.

And whereas gender is one of the most significant social determinants of well-being for all people, gender inequalities are present in all societies in terms of power, resources, rights, norms and values, and the resulting social organizations are structured in ways that negatively affects especially the health of girls and women.

And whereas gender equality has seemingly been embraced as a priority in global health, the global health community remains largely gender-blind.

MWIA resolves that: a)An interdisciplinary approach between medical and human sciences is followed which takes into account gender differences as well as similarities.

b)Gender medicine is taught, with adequate levels of training and updating of medical and health personnel.

c)Public information on health and disease management should have a focus on sex and gender aspects.