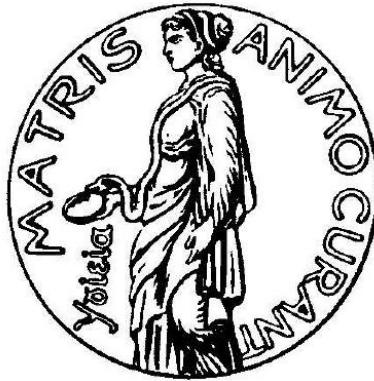


MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

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# MWIA



# Update

No. 44 December 2010

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## CONTENTS

### I MWIA

	page
1. President's Message	3
2. Past President's Report	4
3. Requests from the Secretary-General	5
4. News from the 28 <sup>th</sup> International MWIA Congress	6
5. MWIA Executive	8
6. News from the VPs and their Regions	9
7. Report from UN representatives	22
8. Calendar of Forthcoming Events	23
9. National Associations and Individual Members	25
10. Special Interest Group for Young Doctors and Med Students	26
11. Donations and Bequests	26
12. Names in the News	26
13. Books	27

### II ORGANIZATIONS

1. World Health Organization (WHO)	28
2. United Nations	29
3. World Medical Association	29
4. The GEAR Campaign	29
5. UNDP	29
6. Health Sciences Online	29
7. CONGO	29
8. PMNCH	30
9. Women Deliver	30

III ANNOUNCEMENTS	31
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## MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION

### THEME OF THE 2010-2013 TRIENNium

**“MOVING BEYOND THE RHETORIC—IMPROVING THE HEALTH  
OF WOMEN AND GIRLS”**

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

### **1. PRESIDENT'S MESSAGE**

**Professor Afua Hesse, Ghana**

This last quarter of 2010 has been active on many fronts.

#### **SUMMARY OF THE REPRODUCTIVE HEALTH CONFERENCE HELD IN ACCRA FROM 8<sup>TH</sup>-11<sup>TH</sup> November**

The conference was under the theme, "Keeping the Promise," sought to examine the fulfillment of promises made by various agencies and groups for Africa after the Women Deliver Conference held in London, UK in 2007. The aim was also to review the attainment of the MDG goals by Africa.

Prof. FT Sai who was one of the main speakers, spoke of his autobiography entitled "Fred Sai Remembers," which details his journey to becoming the champion of Reproductive Health rights for women, not just in Africa but in the international arena. There were a number of colleagues from MWIA Near East and Africa Region who contributed positively to the discussions.

#### **SUMMARY OF MWIA CONGRESS- SOUTHERN EUROPE REGION- 19<sup>th</sup> to 20<sup>th</sup> November 2010**

I arrived in Paris late due to flight delays from bad weather just as the opening ceremony concluded. The meeting was in progress with a good numbers of delegates present. The main first session was on violence against women with speakers going through the gamut of the range of types of interfamilial violence. . Religious arguments were used to describe the horrors including 'honour killing,' when the girl is found not to be a virgin at marriage. This has resulted in some medicalization to reconstruct the hymen of these girls.

One speaker described the phenomenon of removing girls aged less than 16 years from school in order to marry them off to help regularize the immigration status of some men. Invariably these girls would be first wives who then have some respect and authority in deciding on issues in the house relating to the children and other wives in the family. In the region, a collective of women's groups to fight against Violence against women have been able to set up a free number- 3919 for women or others to report issues of violence in the domestic and other settings. This has involved setting up shelters for the abused.

Other presenters discussed the differences in perception of pain between men and women looking at issues of venous incompetence and rheumatoid arthritis.

On adolescent sexuality, from Greece we learnt that the problems of unwanted pregnancies are the same as everywhere except that in Greece it would seem that the young women/adolescents trust their parents and peers more than gynaecologists. Greek mothers do not discuss contraception before the first sexual encounter and most young girls will come with HPV infection after the event.

The terminology used there was of 'interruption of unwanted pregnancy' due to the highly restrictive laws that exist against abortion.

The final panel of the conference was one in which one member from all the countries present discussed the issues facing women doctors in their respective countries in a comparative analysis starting from numbers of males and females at enrollment into medical Schools, the numbers of women in the differing specialties and the issues arising for young doctors during their training. Interestingly some developing countries such as Ghana appeared not to be doing too badly in terms of equality of salary between the sexes and a few other dimensions. I look forward to sharing in more detail the official proceedings of that very well organized Congress.

On a personal note, this weekend in Accra, Ghana the Millennium Excellence Foundations honoured several personalities both international and local. Among the International Honorees was Mrs. Hagi from Somalia who almost single-handedly led the crusade for peace by women in her country. Her award was “The Lifetime African Achievement Prize for Peace.” She was the only woman honoured among eight men. I was awarded one of the two Millennium Excellence Awards prizes for Medical Leadership. These prizes are awarded every 5 years and are meant to recognize excellence in various fields by individuals and organizations. I dedicate this award to every single Medical woman who is striving to improve the condition of women and girls in her country.

On this note may I wish each and every one of you the best of the season and all the good you wish for yourself and your family in the New Year. I wish you all a healthy, blessed and prosperous New Year. May each one of us continue to contribute to making life more meaningful for our patients and clients!

## **2. PAST PRESIDENT’S MESSAGE**

**Dr. Atsuko Heshiki, Japan**

2007-2010 Theme: “Leadership, Achievement and Accomplishment”

It is my pleasure to report on my recent activities. I have been promoting “professionalism” and “leadership” through the lectures in Japan. Federal fund is available to develop the office in medical schools for the promoting female medical students in their career. Many women physicians are leading this office.

The Japan Medical Women’s Association (JMWA) ( President: Dr. Takako Tsuda, NC: Dr.Arino Yaguchi ) has announced the 10<sup>th</sup> Western Pacific Regional Congress of MWIA, from May 26<sup>th</sup> -29<sup>th</sup>, 2011 at Keio Plaza Hotel. Official Web site : <http://mwia-wpr2011jp.org/>

JMWA held a Women Physician’s Career-Path Seminar on December 5<sup>th</sup>, 2010 with a key note speaker from Cabinet. The seminar included speeches from medical students as well.

After completing my term as President of MWIA, I have turned my interest to doing research in Magnetic Resonance and Bone Marrow. I am happily engaged in this research in both Japan and the States.

Have a happy Holiday season!

### **3. REQUESTS FROM THE SECRETARY- GENERAL**

#### **Dr. Shelley Ross, Canada**

**The Commission on the Status of Women** will be held at the UN in New York from February 22 to March 4, 2011. If you wish to attend as a delegate of MWIA, please let the Secretariat know by December 24<sup>th</sup>.

Similarly, the World Health Assembly of WHO will be held in May, 2011. Please let the Secretariat know if you wish to attend.

The **Department of Public Information NGO Conference** of 2010 was a great success and attended by many MWIA members. The 2011 Congress will be held in Bonn, Germany, September, 2011. Please let the Secretariat know if you wish to attend.

The UN has created a new agency called **UN Women**, which will consolidate the UN Development Fund for Women (UNIFEM), the Division for the Advancement of Women (DAW), the office of the Special Adviser on Gender Issues (OSAGI), and the UN International Research and Training Institute for the Advancement of Women (INSTRAW). The former President of Chile, **Ms. Michelle Bachelet**, has been appointed as Head of UN Women. MWIA has submitted their name to be part of the survey about the role of UN Women at the country level.

Each triennium, each region holds a **regional meeting**, so do hope you will plan to attend one near you, but please know that you are welcome to attend the meetings outside of your region as well. In 2011, there will be two regional meetings. The Northern European Region is meeting in The Netherlands and the Western Pacific Region is meeting in Japan. Please see the calendar later in the Update for details. MWIA has **three standing committees**, namely Finance, Scientific and Research and Ethics and Resolutions. There is still time to **submit your name** or that of a colleague who would like to serve on any of these three committees to the Secretariat.

Please keep the Secretariat informed of changes in your national officers and of upcoming meetings and activities in your organizations.

For those who have not paid their annual dues, the Secretariat would like to remind you that yearly dues are needed July 1<sup>st</sup> each year.

**Season's Greetings to all and best wishes for a happy, healthy 2011.**

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#### 4. NEWS FROM THE 28<sup>TH</sup> INTERNATIONAL CONGRESS OF MWIA

Time has passed and the 28<sup>th</sup> International Congress in Munster is a fine memory. If you would like to revisit the good time had by all, please visit the website at [www.mwia2010.net](http://www.mwia2010.net) and see the pictures posted there. The papers presented are on the website as well. Many thanks once again to the organizing committee and all the members of the German Medical Women's Association for a job well done.

The **Resolutions** passed at the congress are listed below.

##### 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.

##### 2. Climate Change

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.

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.

### **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

- Supports the elimination of all forms of sexual violence,
- Supports the education of communities to raise awareness and change attitudes towards sexual violence
- 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 counseling, health and legal services to better support the survivors of sexual violence across a lifetime.

### **4. Breastfeeding**

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.

### **5. Media**

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.

### **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.

### **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.

### **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.

### **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.

### **5. 2010-2013 EXECUTIVE**

President	Professor Afua Hesse, Ghana
Past President	Dr. Atsuko Heshiki, Japan
President Elect	Dr. Kyung Ah Park, Korea
Secretary-General	Dr. Shelley Ross, Canada
Treasurer	Dr. Gail Beck, Canada
Vice President Northern Europe	Dr. Cisca Griffioen, The Netherlands
Vice President Central Europe	Dr. Waltraud Diekhaus, Germany
Vice President Southern Europe	Professor Alexandra Kalogeraki, Greece
Vice President North America	Dr. Claudia Morrissey
Vice President Latin America	Dr. Mercedes Viteri, Ecuador
Vice President Near East/Africa	Dr. Petronila Ngiloi, Tanzania
Vice President Central Asia	Dr. Pattariya Jarutat, Thailand
Vice President Western Pacific	Dr. Maria Rosa Nancho, The Philippines
Finance Chair	Dr. Eleanor Nwadinobi, Nigeria
Scientific and Research Chair	Dr. Bettina Pfliederer, Germany
Ethics and Resolutions Chair	Dr. Gabrielle Casper, Australia
UN Representatives	
New York	Dr. Satty Gill Keswani, USA Dr. Padmini Murthy, USA
Vienna	Dr. Iris Habitzel, Austria
WHO Representatives	
Geneva	Dr. Annette Thommen, Switzerland



## **6. NEWS FROM THE VPs AND THEIR REGIONS**

### **Northern Europe**

Denmark, Finland, Iceland, Norway, Sweden, The Netherlands, United Kingdom

#### **Finland and Sweden**

##### **Campaign on the ban of prostitution**

In Sweden, it took quite a long time to develop a law making the purchase of sex illegal, but not the selling of sex, thus not criminalizing the women. The Swedish think this law hits the goal, namely punishing the men and not the women.

The Finnish organisation is of the same opinion.

The existing Finnish law says:

- Buying sex is ill-legal.
- Forcing someone to sell sex, working as a banderer, is illegal.
- Selling sex is not illegal.

The Finnish fear that total ban of prostitution makes it very difficult for the prostitutes to seek help either for their medical problems or for their situation as a whole. If the prostitutes cannot trust the officials, such as doctors, for fear of penalties their situation is even worse.

The Swedish and Finnish Associations of Medical Women would like to have a discussion on this point with the member organizations of MWIA.

#### **United Kingdom—Dr. Dorothy Ward, National Coordinator**

The autumn meeting of the Medical Women's Federation was held in London, November 12<sup>th</sup> and 13<sup>th</sup>, 2010. On Friday, the 12<sup>th</sup>, the scientific subject for discussion was "Women as Teacher." The keynote address was given by Linda de Cossart, Director of Medical Education, Countess of Chester Hospital and Visiting Professor, University of Chester, and was entitled Developing Wise Doctors: The Challenge of the 21<sup>st</sup> Century.

Svitlana Austin, medical student at Warwick Medical School described how severe poverty and political turmoil in Zimbabwe had left its only medical school in a desperate situation. The Wolstercroft fund has sponsored a student project carried out at the College of Health Services in Harare. The aim was to identify the most appropriate and cost-effective interventions that can be undertaken by Warwick medical students in order to assist their fellow Zimbabwean colleagues in their training.

Mrs. Scarlett McNally, Director of Medical Education and Consultant Orthopedic Surgeon described the new medical education structures in Europe—all better for women, as well as the new UK Consultant contract.

Other presentations by Professors, Directors of Medical Education and Surgeons described other roles of women in education as mentors, coaches, the importance of women surgeons as role models, gender comparison of good medical practice and the importance of Female Aesthetic Genital Surgery. Other papers were presented on Domestic Violence in Pregnancy and Postnatal contraception. There were also five workshops on various important topics, retirement, maintaining standards, management skills, preparing your portfolio and excellent awards.

On Saturday, 13<sup>th</sup> November, a meeting of the MWF International committee was held. It was agreed that the MWIA publication, "Update" would be emailed to all MWF members with email addresses and sent to others who wished it. This will increase the awareness of MWIA activities to MWF members. Information was distributed about the forthcoming MWIA regional meetings in Paris and The Netherlands.

The MWIA motions passed at the 28<sup>th</sup> International Congress at Munster in August, 2010, were discussed and sent to the appropriate government departments and other associations with the approval of the MWF Council.

The following members were nominated to the MWIA standing committees:

Dorothy Ward to Finance, Helen Goodyear to Research and Scientific and Clarissa Fabre to Ethics and Resolutions.

The MWF Council also met on the 13<sup>th</sup> of November. Several motions were passed on various topics including flexi and part-time training and working, the recent White paper in England on National Health Service reforms, difficulties experienced by women in Family Practice in returning after a career break of more than two years and locum costs for women doctors on maternity leave. Council was also updated on the progress of the Mentoring Working Group, Centenary Book Working Group, MWF Website and the Work Plan for 2010/2011. It was also reported that the childhood home of Elizabeth Blackwell (America's first woman doctor) in Bristol had fallen into disrepair and discussion was taking place on how the house could be repaired.

The spring Council meeting will be held in North Wales May 6 and 7, 2011.

**Dr. Clarissa Fabre**, President of the MWF, wrote an article in The Guardian.

Your article ([Cost of temporary NHS medical cover tops £750m](#), 10 November) is very timely. Women doctors now make up 58% of medical school intake. Some 43% of these doctors are under the age of 35; many will have children and will want to work part-time for a short period for reasons of childcare. With the present cuts in hospital funding, and the high cost of locums, colleagues are left to provide locum cover, often at very short notice and for little extra financial reward. Women consequently feel guilty when they take maternity leave, and feel they should return to work as early as possible. There is talk also of not allowing doctor parents to work part-time when their children are very young because of the shortage of doctors to cover the rotas.

Yet, astonishingly, there is talk of cuts in the number of junior doctors. The reason for this is that there are not enough consultant jobs available for those already coming through the system. So the chaos with hospital on-call cover will get worse, with gaps in rotas, insufficient suitably trained locums available, and existing doctors being asked to do more and more. We heard only recently of a young doctor left, unsupported, to cover too many patients, and being asked to do tasks beyond her level of competency. Not only is this bad for doctors, it is unacceptable for patients.

The need for action is urgent.

<http://www.guardian.co.uk/society/2010/nov/15/women-doctors-oncall-cover-chaos>

MWF President Clarissa Fabre and her husband have been invited to speak in Regensburg near Munich in April, 2011. Her husband recently wrote a paper on *Fatherhood & Medicine*.

MWF are continuing to develop mentoring strategy. They are planning a mentoring training event early in 2011

#### **MWF Spring meeting 6<sup>th</sup> May 2011**

##### **“Alice Through the Looking Glass: Women and Mind Altering States”**

Book now for MWF’s Spring Meeting in North Wales. Speakers will include Professor Ian Gilmore, President of the Royal College of Physicians, Chris Weaver, Substance Misuse Midwifery Lead BCU, Ruth Marks, Commissioner for Older People Wales, and Dr Nicola Steedman, Consultant HIV Physician, Countess of Chester.

**MWF Autumn meeting 11<sup>th</sup> November 2011** in London on **Women’s Health**. Sir Michael Marmot is a confirmed speaker and will attend the Conference dinner at the House of Lords.

### **The Netherlands**

The autumn meeting of the VNVA was held in Utrecht on Friday, November 26, 2010. There was a short general meeting, in which the budget for next year, the organization of the regional MWIA congress in Breukelen and the proposed changes in the statutes and by-laws were discussed.

The scientific part was a symposium: ***Reproductive Health: Here and There***  
*Dineke Korfker*, midwife and medical anthropologist, talked about the contradictory research results on perinatal mortality in the Netherlands, compared with mortality in other European countries. In the Netherlands perinatal mortality is surprisingly high. Some people blame the Dutch system of home deliveries for this, but there is no evidence that this is true. The higher mortality rate in some immigrants is only part of the explanation.

*Esther Scheers*, gynaecologist, compared maternal and perinatal mortality in the Netherlands with the situation in Zambia.

The situation on HPV-vaccination in the Netherlands was explained by *Marina Conyn*. There was much discussion on this issue in the Netherlands; therefore a new strategy is needed.

Medical student *Loes Jaspers* is involved in the Female Cancer Program and did research on acceptance of HPV vaccination in different regions in Indonesia. She presented differences and similarities between Western countries and Developing countries.

Maayke Sluman, National coordinator MWIA and Cisca Griffioen attended to the Congress of the South –European Region in Paris on 19 and 20 November 2010.

Titia Kortbeek is advocate for gender in the European Society of Clinical Microbiology and Infectious Diseases (ESCMID). She attended to a conference in Brussels on 19<sup>th</sup> and 20<sup>th</sup> October 2010 : Beyond the leaky pipeline. She wrote a short report on this conference which is enclosed.

Regional congress Breukelen 19-21 May 2011 of the Northern-European Region. Look for further information on the website of the VNVA: [www.vnva.nl](http://www.vnva.nl)

## **Central Europe**

Austria, Bulgaria, Czech Republic, Georgia, Germany, Hungary, Poland, Romania, Switzerland

### **Austria – Dr. Edith Schratzberger-Vécsei**

Sixty participants, most of them coming from all over Austria, a few coming from Germany, joined this year's annual meeting of the Austrian Medical Women's Association on the 20th of November in Vienna. The main topic was "feminization in medicine" – Keynote speaker was Elfriede Hammerl, a famous Austrian journalist. She talked about the circumstances in societies which may be responsible for the loss of income and prestige in those fields where the number of women increases. Astrid Bühren, the former president of the German Medical Women's Association held an interesting talk about the role of female doctors – "more than just stopgaps." Second focus of the meeting was "gender medicine." The Austrian Medical Women's Association has a close cooperation with the Austrian Society for Gender specific Medicine. The president of the latter association organized this part of the meeting. The themes in particular were gender aspects in obesity and gender aspects in surgical treatment of obesity.

Workshops on burnout-prevention and on the management of opening one's office took place in the afternoon.

The meeting was closed with an excellent dinner where the Lore Antoine prize for scientific work on gender medicine was awarded for an excellent publication to Gertrud Kacerovsky-Bielesz and the Lore Antoine prize for an excellent thesis to Patrycja Stein.

We are very happy that we had a successful meeting and that our number of members is increasing slowly but steadily!

### **Georgia—Dr. Nino Zhvania, President**

Thirteen members of the Georgian Medical Women's Association (GMWA) participated in the Southern European Congress of MWIA in Paris. I was a member of the round table that discussed the practice of women doctors in various countries.

GMWA held a conference in Rustavi in the Qveda Qartli Region of Georgia and established a branch there.

GMWA became a member of the European Cervical Cancer Association and will prepare educational information for the family doctors in Georgia.

## **Southern Europe**

Belgium, France, Greece, Israel, Italy

### **Professor Alexandra Kalogeraki, Vice President Southern Europe, Greece**

#### **Belgium**

154 women from 34 different countries where gathered in Brussels on the 19th and 20th of October, 2010, during the final conference of the 'Meta-analysis of gender and science research.' This project is part of the 7th framework, financed by DG research of the EU.

The meeting was entitled, “Beyond the leaky pipeline,” and was divided into eight sessions dealing with the different topics:

1. Horizontal and vertical segregation
2. Pay and funding
3. Stereotypes and identity
4. Scientific excellence
5. Science as a labour activity
6. Gender in research contents
7. Policies towards gender equality in research
8. Gender and science in non European countries

One of the products of the meta-analysis is the **Gender and Science Database (GSD)** [http://www.genderandscience.org/web/gsd\\_present.php](http://www.genderandscience.org/web/gsd_present.php) , a specialised bibliographical database on gender and science with more than 4,500 bibliographical references dealing with gender horizontal and vertical segregation in scientific careers as well as the underlying causes and effects of these two processes.

There are data on women and science available in She Figures 2009-Statistics and Indicators on Gender Equality in Science report. ([http://ec.europa.eu/research/science-society/document\\_library/pdf\\_06/she\\_figures\\_2009\\_en.pdf](http://ec.europa.eu/research/science-society/document_library/pdf_06/she_figures_2009_en.pdf))

In the report of the meta-analysis available on the site:

[http://www.genderandscience.org/doc/CGR\\_Continental.pdf](http://www.genderandscience.org/doc/CGR_Continental.pdf)

some interesting data are available. One of the items is the pay gap. Depending on the country and level of experience there is a pay gap between 0 and >20 %. Here is the pay gap for the Netherlands:

Table 39: Total annual salary of researchers in the EU 25 and associated countries, by gender and by level of experience

Country/ Level of experience: the Netherlands

0-4 years		5-7 years		8-10 years		11-15 years		> 15years	
Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
22.518	31.921	35.655	47.095	48.792	62.269	61.929	77.443	75.066	92.617

Source: European Commission, 2007, p. 47

The conference ended with a plenary discussion and some concluding remarks:

- The progress is slow but there is hope: see the positive development in Sweden;
- Focus more on post-academic science , outside the university;
- Change the university from within;
- Gender innovation: what do women have to offer science?

With regards to the medical science: it was interesting to hear that there has been a summer school in Berlin in September 2010 in the Institute of Gender in Medicine (GiM), Charité-Universitätsmedizin. It was the first Summer School on Gender Medicine

and was organised together with all partners of EUGIM (European cUrriculum Gender In Medicine) project. This includes the universities in Budapest, Innsbruck, Maastricht, Nijmegen, Sassari and Stockholm. See: <http://eugim.charite.de/en/eugim/>  
The next summer school will be **24-29 September 2011** in Sassari, Sardinia.

## **France**

The Southern European Regional Meeting was held at the St James and Albany Hotel in downtown Paris from November 19 to 20, 2010. Many thanks go to Dr. Marie-Dominique Ghnassia and her organizing committee for a well organized and interesting meeting. There was time for networking, which is so important when medical women get together, as well as very good scientific material.

The French government was represented at the opening ceremony by Marie-Anne Montchamp, State Secretary attached to the Ministry of solidarity and social cohesion opened the Congress. Ms Montchamp gave an excellent speech about women physicians being able to make a difference and the need for their input in the area of domestic violence. She spoke with passion, showing that she was a feminist and activist at heart.

The meeting was divided into a first morning devoted to Gender Based Violence and the remainder of the meeting discussing a variety of women's health issues.

The Conseil National des Femmes Françaises (CNFF) co-hosted the morning session on gender based violence. MWIA's Secretary-General, Dr. Shelley Ross, gave the opening speech with a review of the UN and WHO work on gender based violence with examples of work done by MWIA national associations. The Gender Mainstreaming Manual case of domestic violence in a professional couple completed the speech to bring the topic clearly to the audience.

The women's health topics were many and varied. Plastic surgeons emphasized the need to avoid trying to look like a Barbie Doll, as beauty is only skin deep and ugly goes clean through and through. Diabetes, urinary incontinence, HPV and cervical cancer, and pediatric immunizations were but some of the many topics.

The MWIA executive was actively involved in the presentations. Professor Hesse gave a slide show of pediatric surgery cases seen at the Korle Bu Hospital in Ghana, Dr. Satty Gill Keswani spoke on assisted reproduction. Dr. Kyung Ah Park took the prize on how to relieve the stress of female physicians. No one will forget her suggestion of the 10 second kiss.

The Friday evening banquet was held at Laduree, a famous Paris tea house. In addition to delicious food, a fun time was had by all, as we got to meet new acquaintances and rekindle old ones.

There were foreign delegates from Belgium, the Netherlands, Israel, Italy, Georgia, USA, Canada, Ghana, Korea, the West Indies, as well as many French delegates.

### **North America**

Canada, United States of America

### **Dr. Claudia Morrissey, Vice President North America, USA**

#### **Canada**

The Federation of Medical Women of Canada released a media release on Canada's Strategy to Improve Maternal, Newborn & Child Health: "Family Planning Saves Lives", in an effort to advocate for women's reproductive rights.

FMWC reported to the House of Commons' Standing Committee on Status of Women on Women in Nontraditional Workplaces. The report highlighted the need for greater gender equality in certain specialties, advancement and work-life policies.

"Creating Climate Change for the Medical Workplace" Webinar offered complimentary to all FMWC members and in partnership with the Canadian Women's Health Network.

The medical school at McMaster University is using a Computer-based Assessment for Sampling Personal Characteristics, or CASPer. This comes from the theory that when it comes to medicine, training bright people simply isn't enough. Their smarts alone don't predict how appropriately they'll prescribe drugs, or how likely their patients who suffer cardiac arrest are to live. Nine years ago, this theory, coupled with a fear that an overemphasis on marks was driving away male medical students, led professor Harold Reiter to reimagine the way McMaster University screens the personal traits of medical school applicants. He crafted a new interview style that has become the Canadian standard and appears to have narrowed the program's gender gap. Now, the same ideas have been used to build an innovative online test that Dr. Reiter hopes will net more students with the character to match their cognitive powers. With its advent, the school is putting less emphasis on students' grades than ever before in an effort to groom better, more balanced doctors.

Next year's annual meeting will be at the Marriott Pinnacle in downtown Vancouver from September 17-19, 2011.

#### **United States**

AMWA leaders Dr. Doris Bartuska (Past President), Dr. Linda Brodsky (Gender Equity Co-Chair), Dr. Eliza Chin (President), Dr. Elinor Christiansen (Past President), and Dr. Roberta Gebhard (Board Member & Gender Equity Co-Chair), and were recent Ambassadors to Vision 2020: An American Conversation about Women and Leadership, Drex-

el University School of Medicine's extraordinary assembly of women leaders at the National Constitution Center in Philadelphia. A ten-year project, Vision 2020 aims to complete the unfinished business of women's equality by August 26, 2020, the centennial of the passage of the 19<sup>th</sup> Amendment, giving women the right to vote.

Please join AMWA in spreading the word about the Vision 2020 agenda, to ensure full equality in this country by 2020. Visit the Vision2020 website ([www.Drexel.edu/Vision2020](http://www.Drexel.edu/Vision2020)) to sign the Declaration of Equality, view the Conversations, and find out how you can get involved.

The American Medical Women's Association (AMWA) celebrated the opening of their Legacy Exhibit in Philadelphia, Pennsylvania, at the Archives and Special Collections on Women in Medicine. This exhibit will showcase the 95 year history of AMWA as well as the history of the American Women's Hospitals Service (AWHS) and the Medical Women's International Association (MWIA). MWIA members who visit the states may want to visit the archives and peruse through photographs and historic documents related to MWIA's founding.

AMWA's upcoming meeting will be in Washington DC March 31-April 3 in Washington DC in conjunction with the 19th Annual Women's Health Congress. We welcome our colleagues from around the world to attend.

For more information, please visit [www.amwa-doc.org](http://www.amwa-doc.org).

AMWA supports the American Women's Hospitals Service, which is still providing aid in clinics in the USA and around the world.

### **Latin America**

Argentina, Bolivia, Brazil, Colombia, Ecuador, Mexico, Nicaragua, Panama, Peru

### **Dr. Mercedes Viteri, Vice President Latin America, Ecuador**

#### **Brazil**

The Brazilian Association of Medical Women (ABMM) held the following scientific meetings in 2010:

April 24--Depression in Elderly

June 12--The importance of exercise and postural aspects in woman medical doctors

August 14--Vitamin D- news about an old hormone, its importance to health

September 25--Workshop ABMM- Gender and Violence

October 23--Critical Analysis of Denunciations against Medical Doctors

November 25--Round Table- Esthetics : Myths and Reality- the approach of Dermatology and Plastic Surgery

#### **Ecuador**

The Medical Women of Ecuador hosted the Pan American Medical Women's Association in Guayaquil, Ecuador on October 27-31, 2010.



Dr. Viteri brought greetings on behalf of the executive of MWIA to the meeting. She then presented every member country with a CD of the proceedings of the Ghana Congress along with a bouquet of flowers. She brought word of the work of MWIA and about the upcoming congress in Korea in 2013. Many members are anxious to attend.

The medical women of Ecuador have been working with the fourth year medical students regarding women's health. Topics have included equity of genius, violence and its derivatives, abortion, birth control, women in rural settings. There were 215 students in the fourth year of medical school at the Medical School of Guayaquil State University that participated in a debate called White Apron Students. Following this debate, there were several motions made for making positive change for women:

- women need continuing education at every stage
- make waiting rooms hospitable
- women need health literacy with education around various health topics
- during the study of communal health and the rotation in rural medicine, it is a good time to put these policies into practice

#### **Nicaragua—Dr. Cecilia Trinidad Balboa, President**

Nicaraguan women physicians are experiencing political repression. It is a crime for women physicians to be leaders in their hospitals or health centres. There needs to be a look at the quality of life of medical women in Central America.

The Latin American Region will once again meet as a group in October, 2012, in Guadalajara, Mexico, under the leadership of Mexican President Dr. Brigida Alvarez.

#### **Near East and Africa**

Cameroon, Egypt, Ghana, Kenya, Mali, Nigeria, Sierra Leone, South Africa, Tanzania, Uganda, Zambia

#### **Dr. Petronila Ngiloi, Vice President Near East and Africa, Tanzania**

#### **Ghana—Keeping Our Promise Addressing Unsafe Abortion in Africa**

More than 500,000 women in the world die every year from pregnancy-related causes. The fact that more than half of these deaths occur in Africa underscores the need for comprehensive reproductive health care, including safe abortion services. Unsafe abortion contributes significantly to maternal mortality. Of the nearly 67,000 deaths each year from unsafe abortion in the world, more than half are in Africa, and millions of African women suffer serious injuries from complications from unsafe abortion. Young women in particular are disproportionately affected. Between 30 and 60 women 24-years-old or younger die each day in Africa from unsafe abortion. Preventing unsafe abortion, by increasing access to contraception and safe abortion care, will reduce these unnecessary deaths and injuries.

In addition to its devastating impact on the health of women, girls, families and communities, managing complications of unsafe abortion imposes enormous costs to

African health systems, including health workers' time, drugs, medical supplies, and hospital stays.

Preventive investment in making contraception and safe abortion information and services accessible will decrease the incidence and consequences of unsafe abortion. Women's ability to make their own reproductive choices safely is also essential to poverty alleviation and economic development.

Restrictive abortion laws and limited access to safe abortion services are the major factors contributing to the high mortality of African women from unsafe abortion. Most African countries operate under archaic abortion laws and policies that are not in line with the continent's realities. These laws and policies must be changed. Most African women and health-care providers remain unaware of their legal rights and obligations related even to the limited circumstances—such as in cases of rape, incest or to save a woman's life—for which most African countries permit abortion.

Women and girls—mothers and sisters, daughters and friends—are dying every day in Africa. We have the knowledge, the will and the technologies to prevent these senseless deaths.

All African governments have joined consensus on the Programme of Action of the International Conference on Population and Development, the Platform for Action of the Fourth World Conference on Women, the Maputo Protocol and Maputo Plan for Action and other international agreements that call for addressing the public health problem of unsafe abortion, including by making safe abortion available to the full extent of local law. African governments have also committed to achieving the Millennium Development Goal to reduce maternal mortality. We must engage all stakeholders in partnerships to ensure that these promises are kept.

We the more than 230 participants of “**Keeping our Promise: Addressing Unsafe Abortion in Africa,**” meeting 8-11 November 2010 in Accra, Ghana, represent a cross-section of African Ministers of Health, parliamentarians, directors of health services, heads of reproductive health units, heads of academic institutions, youth activists, national and regional women's groups, national networks engaged in promoting women's health, nongovernmental organizations, religious organizations, professional organizations such as obstetrician-gynaecologists and nurse-midwives, lawyers, sociologists and media practitioners.

**Representing more than 20 African countries, we call on African governments to:**

- Give priority to reproductive health, including unsafe abortion, in programs to achieve the Millennium Development Goals, particularly Goal 5, “Improve Maternal Health”;
- Honor their commitments as stipulated in the Maputo Protocol on the Rights of Women 2003, particularly article 14 calling for increased access to safe abortion so that the life of every African woman counts;
- Take concrete steps to implement the Maputo Plan of Action's objective to reduce unsafe abortion;

- Work within existing legislation and health systems to ensure that high-quality, comprehensive abortion care is universally available, with special attention to reaching and responding to the needs of vulnerable populations.
- Initiate reviews of laws criminalizing abortion, in line with specific commitments under international agreements;
- Include specific and increased funding for reproductive health and measures to address unsafe abortion in national and health-system budgets;
- Work to build a sustainable supply of medical technologies for contraception and safe abortion care, including medical abortion;

**We call on multilateral and bilateral donor agencies, as well as international technical support agencies at all levels to:**

- Direct more resources to preventing unsafe abortion and to making safe legal abortion available;
- Provide policy and technical support for expanding women’s access to safe abortion care.

**We reaffirm our commitment to:**

- Provide leadership to accelerate action to expand African women’s access to safe abortion care and end needless deaths and injuries from unsafe abortion;
- Recognize the unique barriers that youth and adolescents face when seeking safe abortion care and create safe spaces for discussion and youth-centered services;
- Strengthen partnerships at all levels to achieve these goals.

**Uganda—Dr. Christine Biryabarema**

Dr. Christine Biryabarema, a past vice-president of the Near East and Africa, and Dr. Florence Mirembe, the first president of AUWMD, attended the meeting on m-health, working in collaboration with WHO. At the meeting various projects in Africa which are using mobile phone technology for improvement of health were reviewed. The meeting then resolved to design a systematic project to assess use of mobile phone in accelerating MDG 5. It was agreed after the review that Uganda would be used as a pilot for starting a project that will use mobile phones in improving maternal and new born health. The team met with the Permanent Secretary Ministry of Health to introduce the proposed project and solicit for support. The Ministry is willing to offer support. The team leader for the systematic review will be Prof Florence Mirembe.

**Central Asia**

India, Thailand

**Dr. Pattariya Jarutat, Vice President Central Asia, Thailand**

**Thailand**

The Thai Medical Women’s Association (TMWA) under the Royal Patronage of Her Majesty the Queen, has elected their new executive. The new executive committee has just started working for the new two year term, from 2010-2012, after the Annual General

Meeting in October. Dr. Porapan Bunyarattabhand was elected to be the President for her third term, with two vice presidents. One is to be considered for president-elect with the agreement of the board.

**Under the category of activities for members,**

1. There was a traveling professional meeting, the interesting issue was “ Holistic care for the elderly patient” by the expert from faculty of Medicine, last July in Chantraburi province.
2. There is an annual award for prominent young doctor, best doctor and researcher grant for young academics.
3. There are scholarships for female medical students with commitment to work in their homeland.

**Under the category of philanthropic activity,**

1. TMWA has programs for health promotion by setting up regular mobile clinics to meet the demand for cancer screening, serving the female inmates both Thai and migrants. Every second Saturday, there is a Pap smear clinic staffed by volunteer doctors in the TMWA building, free of charge.
2. There is a project for the healthy life of the elderly, funded by government agency.
3. In the area of solving social problems, especially teenage pregnancy and seeking illegal abortion, our service team starts social networking through teenage counseling, safe life / sex through internet, face-book and clinic by holistic expert group. Our target will be schools around the TMWA office as a model.

**Under fundraising activities, there has been**

1. a Painting Exhibition, in good cooperation with Faculty of Medicine , Siriraj Hospital, TMWA provided the painting exhibition, 584 items from the female doctor ( our members ) and artists. This covered two week duration and 410 pieces were sold and about US\$ 90,000 received. The expense estimated around 45%.
2. Donation from the Royal Turf Club for one day of horse racing, about US\$ 33,000 received.
3. Charity Tea Dance, during summer time, our members got together selling the table for amateur dancers. About US\$3,600 was raised.
4. TMWA members will donate for the association on their birthday and other special occasions.

Activities will be evaluated, improved and continue through committee. Our president was appointed as a professional representative for the senate, together with the secretary working as subcommittee for Health in the Parliamentarian work.

**Western Pacific**

Australia, Hong Kong, Japan, Korea, Mongolia, New Zealand, Philippines, Taiwan (ROC)

**Dr. Rosa Maria (Rosette) Nancho, Vice President Western Pacific, Philippines**

## **Australia**

The Federation of Medical Women of Australia has recently released their book, entitled Happy Healthy Women Not Just Survivors, addressing an integrated holistic model of long term care for survivors of sexual assault. Visit the website: [www.afmw.org.au](http://www.afmw.org.au) to see details of the document.

There is now an opportunity to fill in a survey to assist other countries to develop similar services. Visit <http://www.surveymonkey.com/s/VDDGRPZ>

## **Hong Kong**

### **Hong Kong Healthcare Reform – Health Protection Scheme**

A second consultation paper on Healthcare Reform regarding Health Protection Scheme was launched by the HK government aiming at providing health insurance plans to local citizens. We drafted a comment on this Healthcare reform and was sent to the Food and Health Bureau reflecting opinions and comments of HKWDA members.

### **Careers workshop**

A careers talk for students and interns was held on 6 November. Over 290 student members attended the workshop. Senior members in the profession shared with our young members their views and experiences on different specialty, taught students how to get into the right specialty, and on ways to prepare a good CV etc. Students also had chances to meet our specialty conveners from different specialties to get an in-depth idea on different specialties. The workshop was very well received by our young generation and we were able to invite over 100 new blood to join our association after the workshop.

### **Visit to Police Shooting Club**

Firearms have been much talked about in the press in the recent few months in Hong Kong. Shooting a gun can kill yet it is also a sport. On 4 December, 13 members had a chance to learn about these powerful weapons from the local experts - Hong Kong Police Force, at the Police Shooting Club. We had opportunities to learn about different firearms that HK Police is using currently. We were also given an interesting talk on gunshot wounds by a renowned local forensic pathologist Dr Joey Lam. All of us were very impressed by this and had a memorable afternoon.

## **The Philippines**

The Philippine Medical Women's Association held its 61<sup>st</sup> Annual Convention on November 3 and 4, 2010 with the theme "Rising to the Current Environmental Challenges". Our keynote speaker was Dr. Angel C. Alcala, PhD, a well-known environmentalist who has spearheaded coastal and marine biodiversity. He has developed 2 large areas in Mindanao (2000 hectares) into marine protected areas. He challenged the PMWA to be involved in protecting the environment. Other topics included in the 2-day convention included: (1) Communicable Diseases stemming from

Population, Mobility, and Lifestyles; (2) Avoiding Hunger in the midst of Disaster; (3) Prioritizing needs after Losses: Coping with Psychological and Physical Trauma; (4) The Role of Humor Therapy; (5) The Biopsychosocial approach in Rising Up to the current Environmental Challenges; (6) Dermatological Conditions during Disasters: A Challenge in Management; (7) Impact of Drug Addiction: A Challenge to Society; (8) Abuses to Women; Impact to Society and Family; (9) Bloating Population – Current Concepts and Management. The convention was represented by chapters all over the country. This convention capped the term of outgoing Dr. Angela V. Cruz.

The new PMWA President for 2011 is Dr. Ligaya G. Alejandro, an Obstetrician-gynecologist by profession.

Dr. Fe V. del Mundo, MD, the Grand lady of Philippine Pediatrics and founder of the Philippine Medical Women's Association turned 99 years of age on November 27, 2010. Her birthday was celebrated with the launching of a Coffee Table book: "Dr. Fe del Mundo – A Beautiful Life". Proceeds from the sale of this book hopes to upgrade the Endoscopy and Ultrasound Machines of the Fe Del Mundo Medical Center Foundation.

## **7. REPORT FROM NEW YORK UN REPRESENTATIVES**

### **Dr. Satty Gill Keswani and Dr. Padmini Murthy MWIA NGO Reps to the UN**

Drs. Keswani and Murthy are busy working on the parallel event for the upcoming **55<sup>th</sup> Commission on the Status of Women**, being held February 22 – March 4, 2011. The parallel event is entitled **Medicine: The Pink Collar Profession**, in keeping with the theme of Access and participation of women and girls to education, training, science and technology, including for the promotion of women's equal access to full employment and decent work. If you would like to be registered to attend, please notify the Secretariat immediately.

**The Department of Public Information, Non Governmental Organization division** will hold its 64th annual conference in Bonn, Germany, from September 3-5, 2011. The theme will be **Sustainable Societies: Responsive Citizens**. Drs. Waltraud Diekhaus and Bettina Pfeleiderer will coordinate the MWIA delegation. Please let the Secretariat know if you would like to participate.

### **UN Women**

With the formation of the new entity for the empowerment of women, known as UN Women, the Secretariat wrote the following letter:

Congratulations on forming the new UN Women Agency! This should be a great step forward for women.

MWIA is an NGO and an association of medical doctors from around the world. MWIA's mandate is twofold--women's health and women in medicine. We have expertise in delivering medical care and developing policy, as we have members

doing medicine from the front line to government positions. We are available to work with other like minded organizations.

Following a request from the colleagues from the GEAR Campaign to make suggestions for successes for UN Women in its first 100 days, MWIA has the following suggestions:

1. Top leadership of UN Women will be, at a minimum, 60% women
2. UN Women should provide comprehensive abortion services within the provisions of any laws available within any country
3. UN Women should announce zero tolerance for:
  - female illiteracy and initiate an adequately resourced global campaign to eliminate female illiteracy in the next 5 years
  - child marriage and initiate an adequately resourced campaign to establish and enforce 18 as the universal age of marriage within the next 5 years
  - preventable maternal and newborn mortality and actively support other UN agencies/stakeholders combating these deaths as part of the MDGs
  - gender-based violence and establish a world court to try gender-based crimes including child marriage, FGM, rape as a tool of war

MWIA would be pleased to work on any of these topics with fellow colleagues in UN Women.

#### **UNFPA**

A letter of congratulations was written to Professor Babatunde Osotimehin, who has been elected as the new Executive Director of UNFPA, beginning January, 2011.

### **8. CALENDAR OF FORTHCOMING EVENTS MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS**

#### **2011**

1. **February 22-March 4, 2011**, New York, NY  
UN Commission on the Status of Women  
The theme is: Access and participation of women and girls to education, training, science and technology, including for the promotion of women's equal access to full employment and decent work.  
[www.un.org](http://www.un.org)
2. **March 31-April 3, 2011**, Crystal City, Washington, DC  
19<sup>th</sup> Annual Congress and Annual General Meeting  
of the American Medical Women's Association  
[www.amwa-doc.org](http://www.amwa-doc.org)

3. **May 6-7, 2011**, The Quay Hotel, Deganwy, Conwy, North Wales  
Medical Women's Federation Spring Council Meeting  
[www.mwf.org.uk](http://www.mwf.org.uk)
4. **May 8-9, 2011**, Lisbon, Portugal  
**Women against cervical cancer**  
[www.wacc-network.org](http://www.wacc-network.org)
5. **May 11-14, 2011**, Vancouver, Canada  
Canadian Conference on Physician Leadership  
Fairmont Hotel Vancouver  
[www.cma.ca](http://www.cma.ca)
6. **May 19-21, 2011**, Breukelen, The Netherlands  
Regional Meeting of the Northern European Region  
[vnvemail@vnva.nl](mailto:vnvemail@vnva.nl)
7. **May 26- 29 , 2011** Tokyo, Japan  
Western Pacific Regional Meeting  
Keio Plaza Hotel, Tokyo, Japan  
<http://www.jade.dti.ne.jp/jmwa>
8. **May, 2011**, Geneva, Switzerland  
World Health Assembly, WHO  
[www.who.int](http://www.who.int)
9. **July 3-7, 2011**, Ottawa-Gatineau, Canada  
Women's Worlds 2011  
[www.womensworlds.ca](http://www.womensworlds.ca)
10. **August or September, 2011**, Bonn, Germany  
DPINGO Conference
11. **September 17-18, 2011**, Vancouver, Canada  
Federation of Medical Women of Canada Annual Meeting  
Marriott Vancouver Pinnacle Downtown, Vancouver  
[www.fmwc.ca](http://www.fmwc.ca)
12. **October 12-15, 2011**, Montevideo Uruguay  
World Medical Association Meeting  
[www.wma.net](http://www.wma.net)
13. **November 11, 2011**, London, UK  
Medical Women's Federation of the UK November Meeting  
Women's Health with WHO's Chair of the Social Determinants of Health,  
Sir Michael Marmot, as the dinner speaker



## 2012

1. **Summer, 2012**, North American Regional Cruise  
More information to follow
2. **Fall, 2012**, Cairo, Egypt  
Near East and African Regional Meeting
3. **October 17-20, 2012**, Guadalajara Mexico  
XXXI PAMWA meeting  
Contact [brigidaalvarez@hotmail.com](mailto:brigidaalvarez@hotmail.com)
4. **Oct 10-13, 2012**, Bangkok Thailand  
World Medical Association Meeting  
[www.wma.net](http://www.wma.net)

## 2013

1. **Date to be determined**, Seoul, Korea  
29<sup>th</sup> International Congress of MWIA  
[www.mwia.net](http://www.mwia.net)

## 9. NATIONAL ASSOCIATIONS AND INDIVIDUAL MEMBERS

Please keep the Secretariat up to date with:

1. The name of your President and National Coordinator with mailing and email addresses, phone and fax numbers
2. The website of your national association. You will find below a list of websites for the national associations. Please update the information.

### Websites of National Associations

Austria	<a href="http://www.aerztinnenbund.at">www.aerztinnenbund.at</a>
Australia	<a href="http://www.afmw.org.au">http://www.afmw.org.au</a>
Belgium	<a href="http://www.mwab.be">http://www.mwab.be</a>
Canada	<a href="http://www.fmwc.ca">http://www.fmwc.ca</a>
Denmark	<a href="http://www.quindoc.dk">http://www.quindoc.dk</a>
Finland	<a href="http://www.suomennaislaakariyhdistys.com">http://www.suomennaislaakariyhdistys.com</a>
France	<a href="http://affm.affinitesante.com">http://affm.affinitesante.com</a>
Georgia	<a href="http://www.gmwa.org.ge">http://www.gmwa.org.ge</a>
Germany	<a href="http://www.aerztinnenbund.de">http://www.aerztinnenbund.de</a>
Hong Kong	<a href="http://www.hkwda.com">www.hkwda.com</a>
Iceland	<a href="http://www.fkli.is">http://www.fkli.is</a>
Italy	<a href="http://www.donnemedico.org">http://www.donnemedico.org</a>
Japan	<a href="http://www.jade.dti.ne.jp/jmwa">http://www.jade.dti.ne.jp/jmwa</a>

Kenya	<a href="mailto:kenyamewa@gmail.com">kenyamewa@gmail.com</a>
Korea	<a href="http://www.kmwa.org">http://www.kmwa.org</a> or <a href="http://www.kmwa.or.kr">www.kmwa.or.kr</a>
Mongolia	<a href="mailto:gerontocenter@mongol.net">gerontocenter@mongol.net</a>
Nigeria	<a href="http://www.mwannational.org">www.mwannational.org</a>
Sweden	<a href="http://www.kvinnligalakare.se">www.kvinnligalakare.se</a>
Switzerland	<a href="http://www.medicalwomen.ch">http:// www.medicalwomen.ch</a>
Tanzania	<a href="http://www.mewata.org">www.mewata.org</a>
The Netherlands	<a href="mailto:vnmamail@vnva.nl">vnmamail@vnva.nl</a>
Uganda	<a href="http://www.auwmd.org">http://www.auwmd.org</a>
United Kingdom	<a href="http://www.medicalwomensfederation.org.uk">http://www.medicalwomensfederation.org.uk</a>
United States of America	<a href="http://www.amwa-doc.org">http://www.amwa-doc.org</a>

### 10. Formation of the Special Interest Group for Young Doctors and Medical Students

Please remember that MWIA has a Special Interest Group for Young Doctors and Medical Students. The group had special meetings during the Munster Congress to discuss issues of importance to their stage of medical practice. This will continue at the Seoul Congress in 2013, so please remember to keep the young members of your organization involved and think of a representative to nominate for the Seoul Congress in 2013.

The first newsletter can be found on the congress website at [www.mwia2010.net](http://www.mwia2010.net).

### 11. Donations and Bequests

In addition to paying your dues on time and in full, please consider MWIA at the time of year when you make charitable donations and when you are updating your will. We have had a number of such donations over the years and are happy to publicly acknowledge your contribution if you wish to make a bequest or donation.

### 12. Names in the News

**Dr. Fe Del Mundo** celebrated her 99<sup>th</sup> birthday at the Dr. Fe Del Mundo Medical Centre in Manila, Philippines.

**Dr. Mary Hallowell** of Vancouver won the over 75 Singles of the 40<sup>th</sup> World Medical Tennis Championships held in Bratislava, Slovakia in August, 2010.

**Professor Afua Hesse** was awarded a Millennium Excellence Award for Medical Leadership by the Millennium Excellence.

**Dr. Nancy Maguire** of Calgary, Canada, was honoured by the Canadian Medical Association donated funds to set up a bursary for medical students and for physicians wishing to volunteer overseas. Dr. Maguire was Calgary's 2009 Outstanding Physician of the Year.

**Dr Susan Overall** is President of the Plymouth Medical Society for 2010-2011, only the fifth woman to hold that position since its founding in 1794.

**Professor Elisabeth Paice**, retired Dean Director, London Deanery, was named Mentor of the Year in the National Health Service Leadership Awards 2010.

**Ms. Pamela Verma**, third year medical student at the University of British Columbia, in Vancouver, Canada, was awarded the Ethlyn Trapp Scholarship, funded by the Vancouver Branch of the Federation of Medical Women of Canada.

### 13. Books

**Office of the UN High Commissioner for Human Rights**,  
Human Rights and the Millennium Development Goals in Practice.  
[http://www.ohchr.org/Documents/Issues/MDGs/HR\\_and\\_%20MDGs\\_in\\_practice.pdf](http://www.ohchr.org/Documents/Issues/MDGs/HR_and_%20MDGs_in_practice.pdf)

**UN Division for the Advancement of Women**, in their Words to Action July 2010 Newsletter on Violence Against Women, featuring "Eliminating Violence against Women: 15 years after the Beijing Declaration and Platform for Action." <http://www.un.org/womenwatch/daw/vaw/v-newsletter.htm>

**Dr. Lucy Candib**, an MWIA member from the USA, has edited a book entitled, Woman-Centered Care in Pregnancy and Childbirth. Another MWIA member, Dr. Wendy Savage from the UK has provided a foreword. For a 20% discount, follow the link below and put in the code EFSC210 to get the discount. <http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=1846191610>

**Georgian Medical Women's Association**, wrote, "Woman Always Healthy and Young."

**Kimberly Jensen**, a professor of history and gender studies at Western Oregon University, published a book entitled, "Mobilizing Minerva, American Women in the First World War." She pictures Dr. Esther Pohl Lovejoy on the front cover and speaks of the American Women's Hospital Services. ISBN 978-0-252-07496-7. Contact [mroux@uillinois.edu](mailto:mroux@uillinois.edu) to purchase.

**Kimberly Jensen**, features the Medical Women's International Association's Geneva Meeting on the front cover in her new book, entitled: "Women and Transnational Activism in Historical Perspective." ISBN13 978-90-8979-038-5

**Dr. Lianne Lacroix** of the Federation of Medical Women of Canada has written about her experiences working in the Canadian Arctic in the 1970's. Visit <http://arcticmedicaladventures.com> for information.

**Dr. Cheryl Levitt**, Professor of Family Medicine at McMaster University in Canada, has written a comprehensive set of primary care indicators for family practices. It is entitled,

Quality Book of Tools and to order or download a free pdf version, go to [www.qualityinfamilypractice.com](http://www.qualityinfamilypractice.com)

**Dr. Padmini Murthy** of the School of Public Health at NY Medical College in Valhalla, NY, has published her book, **Women’s Global Health and Human Rights**. ISBN number is 978-0-7637-5631-4.

**Dr. Eleanor Nwadinboi**, Finance Chair of MWIA, has written a book entitled, “WIDOWHOOD: Facts, Feelings & The Law.” It is a publication of the Widows Development Organization.

**Dr. Fe Del Mundo**. Her birthday was celebrated with the launching of a Coffee Table book: “Dr. Fe del Mundo – A Beautiful Life”. Proceeds from the sale of this book hopes to upgrade the Endoscopy and Ultrasound Machines of the Fe Del Mundo Medical Center Foundation.

**Physicians Health Program of British Columbia, Canada** has published “Medicine and Motherhood—Can We Talk?” It can be reproduced from <http://www.physicianhealth.com/medicineandmotherhood>

**Dr. Dorothy Ward**, former President of MWIA from Scotland has written a book, entitled “History of MWIA.” This long-awaited book was available for sale at the MWIA Conference in Munster. Congratulations, Dorothy, on providing such a valuable history of MWIA!

**WHO in Europe**, tells the story of the WHO Regional Office for Europe from its beginnings to 2010. It covers five WHO regional directors for Europe along with the hundreds of programs and policies they helped created and carry out. For more information and to order, visit [http://www.euro.who.int/InformationSourcesPublications/Catalogue/20100122\\_2](http://www.euro.who.int/InformationSourcesPublications/Catalogue/20100122_2)

## **II. ORGANIZATIONS**

### **1. WORLD HEALTH ORGANIZATION (WHO)**

- a. MWIA is working with the Department of Reproductive Health of WHO on the m-health project. Dr. Christine Biryabarema and Professor Florence Mirembe of Uganda are MWIA’s representatives.
- b. The **Framework Convention on Tobacco Control** met in Uruguay in November and continues on implementation of articles 9, 10 12 and 14.
- c. The WHO Executive Board will meet January 17-25, 2011, at which time the date of the World Health Assembly will be set.

## 2. UNITED NATIONS

**a. The UN has established the UN Entity for Gender Equality and the Empowerment of Women, to be known as UN Women.** UN Women will be a dynamic and strong champion for women and girls around the world, providing them with a powerful voice at the global, regional and local levels. UN Women will unite the UN Development Fund for Women (UNIFEM), the Division for the Advancement of Women (DAW), the office of the Special Adviser on Gender Issues (OSAGI), and the UN International Research and Training Institute for the Advancement of Women (INSTRAW). The new body will have two main roles: to support inter-governmental bodies to formulate policies, and to assist Member States implement these standards and forge partnerships with civil society. UN Women will also hold the world accountable for its own gender equality commitments, the Deputy Secretary-General said.

**b. DPINGO (Department of Public Information NGO section)**

The 64<sup>th</sup> Annual DPINGO Conference will be held in Bonn, Germany, from September 3-5, 2011. The theme will be Sustainable Societies: Responsive Citizens. It is partnering with the UN Volunteers Program to mark the Year of the Volunteer + 10.

**c. UNFPA's State of the World's Population** was released on October 20 2010.

[www.unfpa.org/swp](http://www.unfpa.org/swp)

## 3. WORLD MEDICAL ASSOCIATION

The World Medical Association met in Vancouver in October, 2010, with the president being Dr. Dana Hanson from Canada. Dr. Kyung Ah Park and Dr. Shelley Ross attended for MWIA.

**4. THE GEAR CAMPAIGN** is the Gender Equality Architecture Reform Campaign. MWIA sent their suggestions for a successful first 100 Days for UN Women to the Gear Campaign. <http://www.gearcampaign.org>

**5. UNDP's 20<sup>th</sup> anniversary Human Development Report – “The Real Wealth of Nations: Pathways to Human Development”** – was launched on November 4<sup>th</sup> at the United Nations by UN Secretary-General Ban Ki-moon, UNDP Administrator Helen Clark, and Nobel laureate Amartya Sen.

**6. HEALTH SCIENCES ONLINE.** MWIA, FIGO and WHO will collaborate on the development of a perinatal module.

**7. CONGO. 24<sup>th</sup> General Assembly of CoNGO, 17 – 19 January 2011, New York,** at the Auditorium of the International Commission for Social Justice of the Salvation Army in New York. **The nominations for CoNGO President and members of the CoNGO Board are now open.** Please send your nominations or address your concerns about the nominations process to: Dr. Janice Wood Wetzel (Convener) at [jwetz3@nyc.rr.com](mailto:jwetz3@nyc.rr.com).

8. The Secretariat of the **Partnership for Maternal, Newborn & Child Health (PMNCH)** is pleased to welcome the Medical Women's International Association as a member of ThePartnership.

The Partnership is fast responding to the rapidly changing global health demands, mobilizing its base of members and partners to accelerate progress towards the Millennium Development Goals (MDGs) 4 and 5. The Partnership's new Three-year Strategy and Work plan for 2009-2011 outlined the following key objectives:

1. Raising the profile of maternal, newborn and child health issues at global and country levels and mobilizing needed resources
2. Harmonizing and scaling up coverage rates of effective essential interventions
3. Improving and enhancing leadership and governance in maternal, newborn and child health.

**9. Women Deliver lists the following as the top ten highlights of women's health in 2010:**

1. maternal deaths dropping from 546,000 in 1990 to 358,000 in 2008
2. Second Women Deliver conference held in June, 2010
3. During the Global Summit on the Millennium Development goals in September, there was the official launch of the Global Strategy for Women's and Children's Health.
4. G8/G20 commit to improving maternal health in June, 2010.
5. The African Heads of State revitalized their 2006 commitment to sexual and reproductive health through the renewal of the Maputo Plan.
6. The Global Maternal Health Conference in Delhi in August, 2010, summarizing the 5 main points as:
  - 1) Solutions must be allocated to the right resource personnel; solutions are not effective unless they can be distributed.
  - 2) Creative solutions to limited health professionals must be brainstormed, for example 'task shifting.
  - 3) Accountability. Barriers to achieving MDG 5 are both in and outside the clinic; advocacy is essential for checks and balances.
  - 4) Maternal health is horizontal; "connecting the dots" between cultural, social and economic variables that affect maternal health and other Millennium Development Goals.
  - 5) Community-and facility-based maternal care is (locally) context specific.
- 7 . The birth control pill celebrated its 50th anniversary on Mother's Day
8. Corporations engage with global health issues and organizations.
9. M Health and mobile technology innovations take center stage.
10. New Year's Resolution is to keep pushing to reach MDG 5.

### **III. ANNOUNCEMENTS**

**Let me take this opportunity to encourage you to attend the various regional meetings this triennium and to mark your calendars for the 29th Congress in Seoul, Korea, in 2013.**

**The next Update will be published in March, 2011.**

**Please send us your reports, comments or any other interesting information by February 28, 2011, at the latest. We are always interested to put your name and your accomplishments in the Update.**

**Letters to the editor are always welcome.**

**Let me take this opportunity on behalf of the Executive of the Medical Women's International Association to wish you and yours a peaceful festive season and all good things for 2011!**