

# MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION



The Medical Women's International Association wish to make the following statement on promoting Health Equity at **the 69th session of the World Health Organization (WHO) Regional Committee for Europe**

Health Equity according to WHO definition is the absence of avoidable, unfair, or remediable differences among groups of people whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. This implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving the potential.

Women live longer but spend fewer years in good health (1). We do know that all over the world women suffer less health than men and often receive suboptimal treatment because of their sex. One of the biggest killers in modern society today is pregnancy where women suffer illness and sometimes even death due to inadequate health care (2). It is not rocket science to avoid complications and mortality during pregnancy and maternity care. It is about resources. In patient approach and treatment of illnesses, there is often an inequity due to a gender-bias. When it comes to research within medicine there is a definite gender bias which is a disadvantage to both men and women. This bias is bad for both men and women in all fields but is of extra importance when it comes to healthcare and medicine as these are our fundamentals for treating patients and populations (3).

To attain health equity we have to look beyond these biases and incorporate into every decision, all research and all medical treatment a gender perspective.

Women all over the world are subject to sexual violence and harassment. WHO reports that one out of three women has suffered some form of violence in their lifetime. Not only are sexually developed adolescents and women but also children subject to violation, for example FGM, even in Europe. This is in direct conflict with the concept of gender equity and is also a violation against basic human rights (4).

Women are strongly underrepresented within leadership in health. Global health is led by men but performed by women. Women do much of the care-giving within families and even older women often take care of their partners in illness due of lack of resources; this becomes even more eminent when it comes to palliative care. To take in accordance women active in health issues these have to be incorporated in committees and given leading positions as to be able to work for gender equity (5).

MWIA proposes to WHO that a gender perspective should be applied within all fields of medicine and research.

MWIA proposes to WHO take to an active role to include women leaders in health.

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MWIA proposes to WHO to take an active role in eliminating avoidable deaths due to gender differences where possible, especially those deaths easily avoidable in reproductive health.

MWIA proposes to WHO to ensure that girls all over the world do not become subjects to sexual violence or harassment and such practices as FGM be condemned.

MWIA proposes that WHO works to ensure that all committees and executive boards within health and medicine have equal representation of both women and men and diversity as to ensure an optimal culture on working towards increased health and wellness globally.

1. [www.eurohealthnet.eu](http://www.eurohealthnet.eu)
2. [www.who.int/news-room/fact-sheets/detail/maternal-mortality](http://www.who.int/news-room/fact-sheets/detail/maternal-mortality)
3. The Lancet, February 2019
4. Eliminating Female Genital Mutilation, European commission
5. Women leaders in global health conference, March 2019

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Co-signatures



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Founded 1919, Incorporated Geneva, Switzerland  
In official relations with the World Health Organization since 1954  
Category II status with the Economic and Social Council, United Nations