



# Medical Women's International Association

DRAFT FRAMEWORK – April 2023 Version

## 2022-2025 Strategic Plan



### A. History and Achievements of MWIA

## 103 Years of Legacy

The Medical Women's International Association (MWIA) is the oldest international organization working for the health, well-being and the rights of women and girls, and female medical professionals. *Please see MWIA Mission on Page 2.*

MWIA was established in 1919 in New York City, New York, United States by 140 women physicians representing 15 countries, including Argentina, Canada, China, England, France, Holland, Italy, Japan, Norway, Serbia, Scotland, Sweden, Switzerland, Uruguay and United States. **Dr. Esther Lovejoy from the United States was elected as the First President of MWIA.**

The 103 years of MWIA's history is well documented in the book of Dr. Dorothy Wards "History of the Medical Women's International Association", that portrays the first visionaries and founders of the Association, as well as the continuous growth and institutional development of the organization over the decades.

Today MWIA represents more than 12,000 Female Physicians from 70 countries across 8 geographic regions of the World. Regional Vice Presidents coordinate the work of 40 Affiliated National Associations and Individual Members of MWIA across Northern, Central and Southern Europe, Near East and Africa, Central Asia, North America (Canada and the U.S.), Latin America and Western Pacific.

MWIA was granted the consultative status of the World Health Organization (WHO) as early as 1954 and the United Nations Economic and Social Council (ECOSOC) in 1987. For almost 70 years, the Association has contributed to elaboration of historic international treaties and resolutions for protecting and promoting the health, well-being and the rights of women and girls. As an NGO with consultative status, **MWIA regularly contributes to the work of the UN Commission on the Status of Women (CSW)**, including the most recent Written Statement for the upcoming 2023 CSW Session on the **Empowerment of Women and Girls in the Digital Era**. Currently MWIA is also participating in the WHO-led consultation process for negotiation and elaboration of a new **Global Treaty on the Pandemic Prevention, Preparedness and Response**.

In addition to UN affiliations, MWIA will appoint and maintain permanent representatives at the **African Union (AU)**, **European Women's Lobby (EWL)**, **World Trade Organization (WTO)**, **Council of International Organizations of Medical Sciences (CIOMS)** and **Standing Committee of European Doctors (CPME)**. Through these platforms, MWIA regularly contributes to global and regional dialogue on the health and rights of women and girls, as well as female medical workers. Most recently, in 2022, MWIA Representatives contributed to the **EWL Directive on Violence against Women and Domestic Violence**.

### Mission of the Medical Women's International Association

*As enriched in MWIA Statutes and By-laws*

1. To promote the cooperation and general interests of Medical Women worldwide and to develop friendship and understanding among all Medical Women without regard to race, religion or political views.

2. To offer Medical Women the opportunity to meet so as to confer upon questions concerning the health and well-being of humanity.
3. To work actively towards equity and equality between female and male doctors in all aspects of their medical career.
4. To encourage worldwide a gender awareness of differences in health, health care and health research between women and men, and
5. To promote the empowerment of Medical Women and patients to work towards gender equity and equality.

## ACHIEVEMENTS OF MWIA

MWIA became an important **platform for connecting female medical professionals** from around the globe. The association was established when only 4 countries in the world had associations of women doctors (US, Britain, India and Japan). Since its commencement, membership of MWIA was **expanded from 140 female physicians from 15 nations to over 12,000 medical women in 70 countries**, representing all geographic regions.

**Since its 1<sup>st</sup> International Congress in London in 1924, MWIA has organized 32 Congresses with advocacy and scientific content echoing contemporary problems of women and female medical professionals.** As an example, in 1947, after the World War II, MWIA delegates gathered in Amsterdam discussed responsibilities of Medical Women in the Reconstruction of the World as Physicians, Social Workers and Internationalists. The 1978 Congress in Berlin deliberated on Mass Media and Medicine, while the 2010 MWIA Congress focused on the Challenges and Opportunities of Globalization in Medicine. *For more details 32 International Congresses of MWIA, please see Table 1 on page 6 on.*

**MWIA Congresses contributed substantially to networking among female physicians and establishment of national professional associations led by female doctors.** As an example, a Nigerian doctor attending the 1974 Congress in Brazil was inspired and empowered to establish the 1<sup>st</sup> medical women's association from black Africa in **Nigeria** in 1976. Even today, MWIA continues to grow and leaders of MWIA Associations in **Brazil, Georgia, Thailand and South Korea** are supporting their colleagues in different countries of **Latin America, Europe, Asia and Western Pacific** to establish national associations of female medical professionals.

**MWIA's General Assemblies adopted Resolutions that constituted coherent advocacy platforms for its members at national, regional and global levels.** MWIA from its inception has had an important voice and influence on issues such as the work-life balance, maternity leave, career progression, fighting discrimination, mentoring of young medical doctors and students. As early as in **1921 the MWIA Congress adopted a resolution on the "White slave traffic and cocaine and other drug trafficking"** requesting the League of Nations to insist on stronger government control of illegal drugs sales. After a series of MWIA Resolutions on equal pay for female physicians, in **1969 MWIA celebrated when the Australian medical women doctors won equal pay with their male colleagues.** National Associations in Africa and the Western Pacific based their advocacy work with Governments and non-state partners on the **Gender Mainstreaming and Gender-Based Violence Resolutions adopted by MWIA General Assemblies in Seoul (1989) and Sydney (2001).**

Another important aspect of MWIA's work was development of **global guidance documents on Women's Health and Gender Medicine**. As an example, MWIA developed and published a Training Manual for Gender Mainstreaming in Health and a Training Manual for Adolescent Sexuality.

**Activities of MWIA and its Regions**, a quarterly publication (<https://mwia.net>) presents the diversity of policy advocacy, capacity building and health service delivery initiatives supported by MWIA members across 70 countries of the world. Hereby we wish to highlight some of the **Innovations and Best Practices** from the work of our colleagues – MWIA members.

1. **Mentorship programmes for young medical women** has been a Flagship initiative of MWIA for decades. Since establishment of the **Young Forum in 1982**, thousands of young medical women, under the age of 40, have been mentored by more experienced colleagues and role models in their respective countries and disciplines. While **Canada, Switzerland, United States** and other countries have led mentorship programmes for more than 30 years, MWIA members in **Ghana, Sierra Leone and Zambia** celebrated graduation of their first cohorts of mentees in 2022. **Australia** launched a specialized mentorship programme for **Medical Women in Digital Health**, and **Nigeria** is operating a special savings scheme to fund participation of young colleagues at international scientific conferences.
2. **MWIA members have pioneered Gender Medicine (also called sex and gender specific medicine)** in different countries. In 2018 the **Brazilian** Medical Women's Association (ABMM) supported the State of São Paulo to adopt a Law mandating public medical schools to integrate Gender Medicine in their curriculum. Technical expertise of MWIA colleagues in Latin America informed the Sex and Gender Health Education Summit in the **United States**. In 2021 the **Italian** Association of Medical Women (AIDM) received a status of a scientific association and hosted the International Gender Medicine Congress.
3. **MWIA has an advanced expertise in Gender-Based Violence (GBV) from health and social perspectives**. MWIA members in **Sierra Leone** are volunteering at specialized clinics for the victims of Sexual and Gender Based Violence, while **Zambia** in 2022 convened the "Girls in STEM against GBV" Summit. Examples of MWIA guidance tailored to specific country problems include **Widowhood Rites in Nigeria** and **Emergency Healthcare for Women and Girls released from Rebel Lines** in Sierra Leone.

Finally, as every medical professional, **MWIA members in all 70 countries were on the front-line of the COVID-19 response** since the start of the Pandemic. Furthermore, MWIA members in **Cameroon, Nigeria and Zambia** promoted COVID-vaccination through community work, TV, Radio and social media activities. MWIA members in **Georgia, Thailand and the United States** organized national and regional sessions for colleagues on prevention and management of COVID-19, while **Australia, Ethiopia and Japan** contributed to the global knowledge building around the novel virus through research and publications.

**Table 1. 32 MWIA International Congresses and Thematic Focus Areas**

1 <sup>st</sup>	1924	London, UK	Maternal Morbidity
2 <sup>th</sup>	1929	Paris, France	Sex Instruction for Children and Adolescents. Analgesia in Midwifery.
3 <sup>th</sup>	1934	Stockholm, Sweden	Physical Education - Birth Control
4 <sup>th</sup>	1941	Edinburgh, Scotland	Cancer in Women and its Prevention. Maternal Mortality and Abortion
5 <sup>th</sup>	1947	Amsterdam, Netherlands	Responsibilities of Medical Women in the Reconstruction of the World
6 <sup>th</sup>	1950	Philadelphia, U.S.	Anemia in Women - Pathology and Hygiene of Housework
7 <sup>th</sup>	1954	Gardone, Italy	The Menopause
8 <sup>th</sup>	1958	London, UK	The Adolescent
9 <sup>th</sup>	1963	Manila, Philippines	Parent Education and the Medical Practitioner
10 <sup>th</sup>	1966	Rochester, USA	Optimal Utilization of Medical Women Power
11 <sup>th</sup>	1968	Vienna, Austria	The Hungry Millions
12 <sup>th</sup>	1969	Melbourne, Australia	The Health of Women in Industry
13 <sup>th</sup>	1972	Paris, France	Toxoplasmosis
14 <sup>th</sup>	1974	San Paolo, Brazil	Genetic and Environmental Factors affecting Human Health
15 <sup>th</sup>	1976	Tokyo, Japan	Viral Infections and their Sequelae
16 <sup>th</sup>	1978	Berlin, Germany	Mass Media and Medicine
17 <sup>th</sup>	1980	Birmingham, UK	Medical Priorities in Developing, Progressive and Established Countries.
18 <sup>th</sup>	1982	Manila, Philippine	Humane Management in Medicine.
19 <sup>th</sup>	1984	Vancouver, Canada	Men and Women - Biological and Behavioural Differences
20 <sup>th</sup>	1986	Sorrento, Italy	Problems of Adolescence - Medical and Psychosocial
21 <sup>st</sup>	1989	Seoul, Korea	Incidence of Cancer in Women in Different Countries
22 <sup>nd</sup>	1992	Guatemala City, Guatemala	Health for All Children”
23 <sup>rd</sup>	1995	Hague, Netherlands	Women's Health in a Changing World.
24 <sup>th</sup>	1998	San Paolo, Brazil	The Health of Women in the XXI Century
25 <sup>th</sup>	2001	Sydney, Australia	Women’s Health in a Multicultural World
26 <sup>th</sup>	2004	Tokyo, Japan	Medicine in a New Life Style
27 <sup>th</sup>	2007	Accra, Ghana	Women in the World of Medicine
28 <sup>th</sup>	2010	Munster, Germany	Globalization in Medicine - Challenges and Opportunities

<b>29<sup>th</sup></b>	<b>2013</b>	<b>Seoul, Korea</b>	<b>Medical Women Advance Global Health</b>
<b>30<sup>th</sup></b>	<b>2016</b>	<b>Vienna, Austria</b>	<b>Generation Y: Challenges of the Future for Female Medical Doctors</b>
<b>31<sup>st</sup></b>	<b>2019</b>	<b>New York, US</b>	<b>Medical Women: Ambassadors of Change in a Challenging Global World</b>
<b>32<sup>nd</sup></b>	<b>2022</b>	<b>Taipei, Taiwan</b>	<b>Young Women, Young Doctors – Your Inspiration, Our Future</b>



## MODUS OPERANDI OF MWIA

**MWIA General Assembly** is the highest authority of the Association that meets every 3 years at the time of the **MWIA International Congresses** and elects a **new Executive Committee**, that becomes the governing body of the Association for a period of 3 years. The last General Assembly of MWIA was convened in June 2022 in Taiwan and elected the new Executive Committee (ExCo) of the Association for the 2022-2025 Triennium.

Members of MWIA Executive Committee include the **President, President Elect, Secretary General and Treasurer** of the Association. The leadership also includes **8 Regional Vice Presidents** that coordinate the work of 40 National Associations and Individual Members across **Northern, Central and Southern Europe, Near East and Africa, Central Asia, North America, Latin America and Western Pacific**. *Please see Table 3 on page 8 for the current list of MWIA National Associations and Individual Members per geographic regions.*

**MWIA work is planned around Triennial Themes** under the leadership of newly elected Presidents and Executive Committee Members. **One Humanity: Health Solutions through our Partnerships** is the MWIA Triennial Theme for 2022-2025.

Committees and Special Interest Groups (SIGs) are the backbone of operationalizing MWIA policies and programmes in line with the Triennial Theme. For 2022-2025 MWIA has established **9 Committees and 13 Special Interest Groups to work on governance aspects and different thematic areas**. *Please see Table 2 below for more details.*

MWIA Committees	Chair	MWIA Special Interest Groups	Chair
Finance Committee	South Korea	Adolescent Health	Ghana
Partnerships Committee	Egypt	Climate Change	Mali
Governance Committee	Australia	Elimination of Cancers	India
Ethics and Resolutions	Nigeria	Gender Medicine	Sweden
Science, Technology & Research	Italy	Leadership and Mentorship	US
Young MWIA	Australia	Maternal and Child Health	Brazil
Past Presidents Advisory	Australia	Mental Health	Zambia
Editorial and Communications	Georgia	Prevention of CVDs in Women	Georgia
Awards Committee	Japan	Rights of Women in the Workplace	South Korea
		Senior MWIA	Germany
		SRHR	US
		Violence against Women and Girls	Nigeria





**MWIA Financing and Special Funds.** The operations of the Association are funded through its membership dues as well as external donations from its members or partner organizations. Designated donations are channeled through **MWIA Funds** (e.g., Morani, Belagio, Horani and Harumi Ono Funds) to support mentorship programmes, scholarships, fellowships for young medical women as well as awards for MWIA members for their distinguished service or contributions to medicine or research. *For more information, please visit <https://mwia.net/>*

**Table 3.  
MWIA Geographic Regions, National Associations, Individual Members and  
Potential New Member Countries for the 2022-2025 Triennium**

<p><b>MWIA Associations</b> Denmark Finland Ireland Netherlands Sweden United Kingdom <b>Potential New Members</b> Iceland</p>	<p><b>MWIA Associations</b> Cameroon Egypt Ethiopia Ghana Kenya Mali Nigeria Sierra Leone Tanzania Uganda Zambia Zimbabwe <b>Individual Member</b> Qatar <b>Potential New Members</b> Algeria, Tanzania, Botswana, Cape Verde, DR Congo, Iran, Mauritania, Morocco, Republic of Sudan, Sierra Leone, South Africa, South Sudan</p>	<p><b>MWIA Associations</b> Brazil Ecuador Peru <b>Individual Members</b> Argentina Mexico Nicaragua <b>Potential New Members</b> Bolivia, Colombia, Haiti, Guatemala, Panama, Puerto Rico</p>
<p><b>MWIA Associations</b> Austria Germany Georgia Switzerland Russian Federation <b>Individual Members</b> Montenegro Turkey <b>Potential New Members</b> Bulgaria, Czech Republic, Estonia, Hungary, Lithuania</p>	<p><b>MWIA Associations</b> India Thailand <b>Individual Members</b> Pakistan Malaysia</p>	<p><b>MWIA Associations</b> Canada United States</p>
<p><b>MWIA Associations</b> Belgium France Italy <b>Individual Members</b> Portugal <b>Potential New Members</b> France, Greece, Israel and Spain</p>	<p><b>MWIA Associations</b> India Thailand <b>Individual Members</b> Pakistan Malaysia</p>	<p><b>MWIA Associations</b> Australia China Hong Kong Japan South Korea Philippines Taiwan <b>Individual Members</b> New Zealand Vietnam <b>Potential New Members</b> Mongolia</p>



## B. Role of MWIA in Addressing Current Global Challenges Faced by Women, Girls and Female Medical Professionals

Throughout the history of the Association, MWIA members witnessed truly **historic gains in women's health and the rights of female medical professionals**. In the 1960s, women represented only 5 to 6% of medical students and physicians in the United States, while today female professionals constitute 70% of the global health workforce. Over the decades game-changing policies and programmes in perinatal care, immunization, HIV/AIDS or other areas have saved lives of millions of women and girls.

Nevertheless, till today, the **global agenda for women's rights and gender equality is not fulfilled**, and the progress often masks regional, national and sub-national disparities that call for urgent action.

The current section summarizes 8 priority global challenges that women, girls and female medical professionals continue to face, that MWIA will address in the 2022-2025 Triennium based on its core Institutional Mission and the Triennial Theme.

### Women Leadership Challenges in Health

While women represent 70% of the global healthcare workforce, only **25% of executive leadership jobs are occupied by female professionals**. Women are widely employed as doctors, nurses and other medical personnel across countries of different economic income, but gender parity is missing in the leadership positions.

Even today, MWIA has identified at least 5 countries, where **medical women face barriers in establishing national professional associations** due to persisting stereotypes and dominance of male leaders in the health sector.

### Gender Gaps in Healthcare

Against the cumulated evidence that economic empowerment of women can facilitate fulfillment of their rights, substantial disparity persists and the uncontrolled gender pay gap remains at 0.82 US Dollar for every 1 US Dollar that men earn. Based on WHO and ILO global estimates, in the **health and care sector, women face a 24-percentage point pay gap compared to men**<sup>1</sup>. At the same time, the COVID-19 Pandemic revealed the need for gender-specific commodities for healthcare workers. Specifically, female medical professionals had **no access to personal protective equipment (PEP) fit for women**<sup>2</sup>.

### Gaps in addressing Top Causes of Death in Women

Regardless of the development status of countries, **Non-Communicable Diseases (NCDs)** are consistently the leading causes of women's death. Globally, NCDs - cardiovascular conditions (including strokes), cancers, chronic respiratory diseases and diabetes - represent **8 out of 10**

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<sup>1</sup> <https://www.who.int/publications/i/item/9789240052895> accessed on 21 November, 2022

<sup>2</sup> <https://www.grainger.com/know-how/safety/ppe-in-the-workplace/ppe-management/kh-finding-ppe-fit-for-women>

**leading causes of death in women.** The only exception is the African region, where 56% of deaths are attributed to communicable diseases, maternal, perinatal or nutritional conditions, hence calling for regional and country-tailored actions.

At the same time, a **gender gap remains in research.** Based on the report of the American Heart Association, women are underrepresented in cardiovascular disease research, as only 38% of clinical trials participants were female<sup>3</sup>. Thus, physicians may not have sufficient knowledge and scientific evidence for the most appropriate management of the leading causes of death in women.

### Widespread Violence Against Women and Girls

Estimates published by WHO indicate that globally at least **30% of women worldwide have been subjected to either physical and/or sexual violence** in their lifetime. Violence can negatively affect women's physical, mental, sexual, and reproductive health and other social and cultural aspects of their lives.

In the health sector specifically, **young female doctors** who feel vulnerable and dependent on their supervisor struggle to protect their boundaries.

### Unmet Needs in SRHR

While public health and medical professionals globally celebrate historic gains, such as a 68% reduction in AIDS-related deaths since 2004, or increased use of modern contraceptive methods in all geographic regions, **women and girls continue to face substantial challenges** in their Sexual and Reproductive Health and Rights (SRHR).

**Sexual assaults against women and girls** are just one aspect of the global problem of widespread violence discussed above. The COVID-19 Pandemic has further reduced access to quality **SRHR services** throughout the different geographic regions.

Finally, the recent amendments of the Abortion regulations in the United States reaffirmed the critical need for coherent, evidence-based global advocacy to safeguard the right of every woman to safe abortion services, and to reinvigorate the fight against the **criminalization of abortion**, where relevant.

### Women more affected by Climate Change and other Emergencies

According to the UN Women, the **climate crisis is not “gender neutral”**. The agency states that “Women and girls experience the greatest impact of climate change, which amplifies existing gender inequalities and poses unique threats to their livelihoods, health, and safety”.

When disasters strike, **women and girls are less likely to survive and access relief and assistance.** Research data also indicates that extreme heat increases the risks of vector-borne infectious diseases (e.g., malaria) and worsens maternal, newborn and child health outcomes.

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<sup>3</sup> <https://newsroom.heart.org/news/women-still-underrepresented-in-clinical-research-science-and-medicine-that-could-save-them-from-their-no-1-killer>

Finally, an estimated 1 billion **refugee and migrant population**, including women and girl remain especially vulnerable with inadequate or restricted access to health services.

### Prevailing Health Workforce Gaps

Fulfillment of the Universal Health agenda requires adequate infrastructure and human resources for delivery of health services, including for women and girls. Yet, globally, WHO estimates that **10 million more health workers will be needed by 2030**, especially in middle- and low-income countries.

Acknowledging the “feminization” of healthcare, with 70% of medical workers represented by women, **female health professionals will have a critical role to play** in bridging the current human resource gap at national and global levels.

### Unequal Access to Digital Technologies

The digital revolution and the **rapid technological development have not brought equal opportunities** for women and girls. Women account for only 57% of the population that use the internet and in low- and middle-income countries women are 10% less likely than men to own a mobile device.

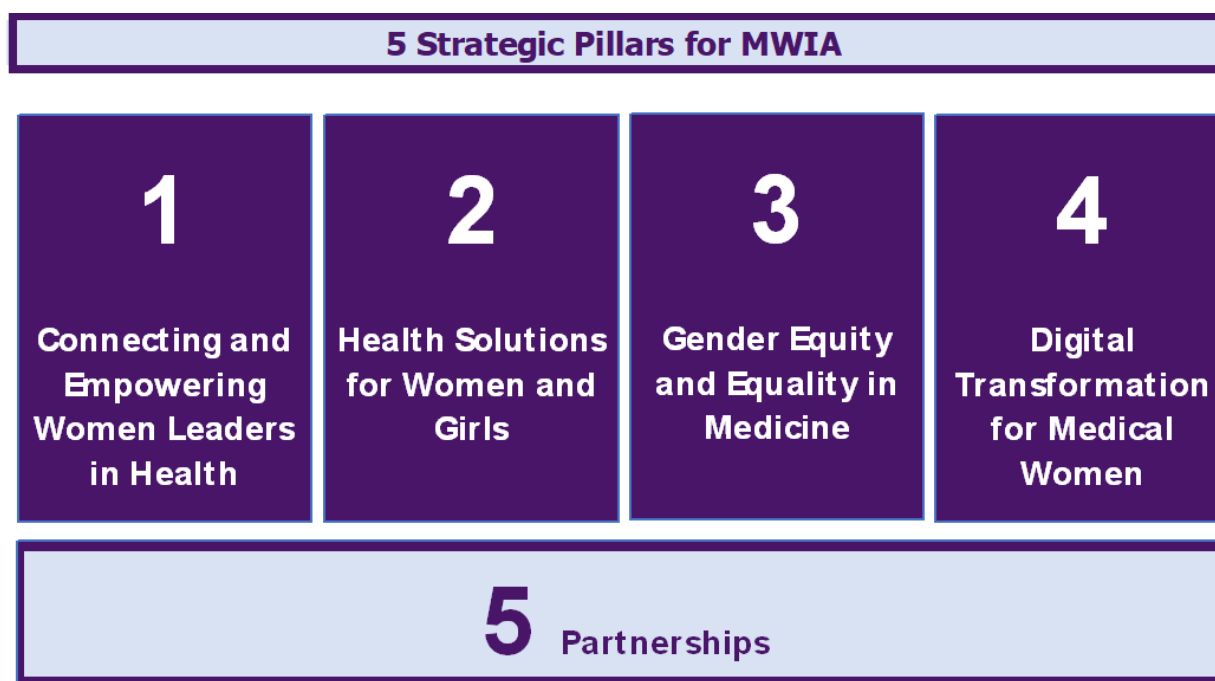
At the same time, **female medical professionals are facing a growing need for information-technology skills** to administer and/or manage digital health technologies of continuously evolving complexities.

## Strategic Pillars of MWIA for the 2022-2025 Triennium

Based on the evaluation of the work, achievements, as well as the remaining challenges discussed above, MWIA has identified **5 Strategic Pillars for the 2022-2025 Triennium**.

1. Connecting and Empowering Women Leaders in Health
2. Health Solutions for Women and Girls
3. Gender Equity and Equality in Medicine
4. Digital Transformation for Medical Women, and
5. Partnerships (cross-cutting Pillar)

The Strategic Priorities are in line with the core institutional mission of the Association, as enriched in the **MWIA Statutes and Bylaws**, and the **Triennial Theme “One Humanity - Health Solutions through our Partnerships”**.



**Strategic Pillar 1.**  
**Connecting and Empowering Women Leaders in Health**

The overall goal of the Strategic Pillar is to **facilitate attainment of gender parity** in health leadership, with at least 50% of sector leaders to be women vs. the baseline of 25%, through **strengthening professional linkages and the collective advocacy voice of medical women at national, regional and global levels.**

### **Specific Objectives of the Strategic Pillar**

- By 2024 MWIA to establish a **World Congress for Medical Women**, as the central annual advocacy and dialogue platform for key global stakeholders for the advancement of the rights of female medical professionals.
- By 2024 establish the first **Global Medical Women Directory (GLOMWED)**, an online directory of all practicing bio-medical women professionals in medicine, public health and research, including **refugee and migrant health workers**<sup>4</sup>. Engagement of medical women in GLOMWED will be on a voluntary basis and respecting the data privacy and protection policies.
- Expand MWIA membership from 12,000 medical women in 70 countries as of 2022 to at least **50,000 female medical professionals in > 80 countries by 2025.**
- By end of 2023, establish a new **web-based system of MWIA membership applications** to facilitate access to MWIA leadership for all interested medical and healthcare professionals, as well as medical students<sup>5</sup>.
- Increase the number of **MWIA Affiliated National Associations** from 40 to **at least 50 by 2025.**
- By 2025 establish new Associations of Medical Women in at least **5 countries with prevailing cultural and social barriers for female health professionals.**
- By end of 2025, at least **1,000 young medical professionals to complete MWIA-supported Leadership and Mentorship programmes**, through joint partnership of MWIA National Associations and focus on low- and middle-income countries with the lowest proportion of medical women in Leadership.
- By end of 2023 develop and publish a **Manual on Women's Leadership in Health** as the comprehensive advocacy and capacity building resource for medical women.
- By 2025 convene at least **8 Regional Congresses and one Triennial International Congress** with expanded membership and representation of MWIA members.
- By end of 2025, each national association of MWIA to convene at least one **high-level advocacy forum** for gender-equality regulations in health care both in public and private sectors.

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<sup>4</sup> Inter-linked with the Strategic Pillar 4: Digital Transformation for Medical Women

<sup>5</sup> Inter-linked with the Strategic Pillar 4: Digital Transformation for Medical Women



### **Leading MWIA Committees/SIGs for the Strategic Priority:**

- Partnership Committee
- Past Presidents Advisory Committee
- Editorial and Communications Committee
- Leadership and Mentorship SIG

### **Contributing MWIA Committees/SIGs:**

- Ethics and Resolutions Committee
- Young MWIA Committee
- Senior MWIA SIG
- Awards Committee
- Finance Committee

## **Strategic Pillar 2. Health Solutions for Women and Girls**

The overall goal of the Strategic Pillar is to support efforts in **alleviating the burden of the leading diseases as well as social and environmental factors** that contribute to the causes of death and disability in women and girls.

The Pillar will include **global and country-specific portfolios**, based on the distribution of the disease burden in different geographic regions and applicability of the thematic area for global, regional and country level interventions.

The strategic area will include **3 inter-linked interventions:**

- 2.1. Manuals for priority health solutions for women and girls;
- 2.2. Delivering health solutions for women and girls, and
- 2.3. MWIA Global Petition Platform

### **2.1. Manuals for priority health solutions for women and girls**

By end of 2023, the Associations through its Special Interest Groups will agree on the lead international guidance documents from WHO, UN agencies or other global health leaders and/ or agree to develop MWIA **Manuals<sup>6</sup> on the priority health solutions** for women and girls, and **train 28,000 medical women in 2023-2025 period** (> 100 trainees per affiliated National Association) across its member countries. Capacity building initiatives will be led by relevant SIGs in partnership with Associations proven expertise in the area. *Ref.: Table 4.*

<b>Table 4. Priority Health Areas for MWIA Manuals and Training</b>			
<b>Priority Health Areas for MWIA Manuals</b>	<b># Medical Women to be Trained</b>	<b># Target MWIA Countries</b>	<b>Geographic Portfolio of the Intervention</b>

<sup>6</sup> MWIA Manuals to be available in all 6 UN languages (Arabic, Chinese, English, French, Russian and Spanish)

<b>Cardiovascular Diseases in Women</b>	<b>5,000</b>	<b>50</b> <b>(All Affiliated National Associations)</b>	<b>Global</b>
<b>Cancers in Women</b>	<b>5,000</b>	<b>50</b>	<b>Global</b>
<b>Reproductive Health for Women and Girls</b>	<b>5,000</b>	<b>50</b>	<b>Global</b>
<b>Climate Effects on Women and Girls</b>	<b>5,000</b>	<b>50</b>	<b>Global</b>
<b>Violence Against Women and Girls</b>	<b>5,000</b>	<b>50</b>	<b>Global</b>
<b>Communicable Diseases (HIV, TB, Malaria, Hepatitis)</b>	<b>1,500</b>	<b>15</b>	<b>Near East and Africa, Central Asia</b>
<b>Osteoporosis in Women</b>	<b>1,500</b>	<b>15</b>	<b>Europe, North America, Western Pacific</b>

## 2.2. Delivering Health Solutions for Women and Girls

MWIA Members across all 70 countries will continue to be on the front line of service delivery for women and girls. The Medical Women will be also engaged in community Health Awareness on low-cost and high-impact interventions, as well as available services and opportunities in the following areas.

- **Immunization for Women and Children**
- **Breastfeeding**
- **Sexual and Reproductive Health**, including Safe Abortion Practices, Harmful Practices of Sex-Selective Abortions and customized solutions packages for Adolescent SRH.
- Prevention and management of **Communicable Diseases, including HIV, TB, Malaria and Hepatitis**
- Prevention and management of **Non-Communicable Diseases, including cardiovascular diseases, and Cancer**
- **Harmful Practices**, including violence against women and girls and female genital mutilation
- Prevention and management of **Climate Change effects** on women and girls,
- Promoting access to health rights for **refugee and migrant** women and girls.

## 2.3. MWIA Global Petition Platform<sup>7</sup>

<sup>7</sup> Inter-linked with the Strategic Pillar 4: Digital Transformation for Medical Women

Finally, MWIA will establish a Global Petition Platform for advancement of the priority health solutions for women and girls. **The Platform will be a joint advocacy forum for medical women** for advancement of the health and rights of women and Female Medical Professionals, such as the global norms, policies and treaties on Parental Leave, Harmful Practices, Climate Change, etc.

#### **Leading MWIA Committees/SIGs for the Strategic Priority:**

- Executive Committee through Global Coordination Meetings with National Associations and NCs
- Mentorship and Leadership
- Editorial and Communications Committee
- Ethics and Resolutions Committee

#### **Contributing MWIA Committees/SIGs:**

- Adolescent Health SIG
- Climate Change SIG
- Elimination of Cancers SIG
- Maternal and Child Health SIG
- Prevention of CVDs in Women SIG
- Rights of Women in the Workplace SIG
- SRHR SIG
- Violence against Women and Girls SIG
- Work Life Balance SIG
- Finance Committee

### **Strategic Pillar 3. Gender Equity and Equality in Medicine**

Building on the experience and comparative advantage of MWIA in pioneering Gender-Medicine studies in Latin America, Northern Europe and other regions, the goal of the strategic priority is to support mainstreaming of Gender-Medicine in under-graduate education systems as well as implementation of Gender **Equity and Equality** policies and practices in the health sectors.

- By end of 2025, update **MWIA Manual Women's Health and Gender Medicine** and train at least 5,000 women physicians, or at least 100 medical women in each of the member countries of the Association.
- By 2025 ensure **integration of Gender Medicine in at least 1 Medical University of 10 MWIA member countries** in different geographic regions through cross-fertilization of successful experiences from Brazil, Sweden, Finland and other countries.
- By 2023 initiate a **public-private partnership with manufacturers** of medical supplies for production of Gender-Specific Personal Protective Equipment and exploring the potential of an **Innovative Financing** of MWIA work through micro-donations from the PPE sales.
- By 2025 ensure **initiation and/or adoption of Gender Equity and Equality regulations in health sectors** in at least **10 MWIA member countries**. The regulations will include **equal pay guarantees** for female and male medical professionals as well as **workplace policies** for protecting the rights of medical women.

### Leading MWIA Committees/SIGs for the Strategic Priority:

- Gender Medicine SIG
- Ethics and Resolutions
- Science, Technology & Research
- Partnerships Committee

### Contributing MWIA Committees/SIGs:

- Young MWIA Committee
- Past Presidents Advisory Committee
- Editorial and Communications Committee
- Leadership and Mentorship SIG
- Rights of Women in the Workplace SIG
- Senior MWIA SIG
- Financing Committee

## Strategic Pillar 4. Digital Transformation for Medical Women

The overall goal of the Strategic Priority is to build capacities of medical women in application of information technologies, and specifically digital health solutions for great impact and leadership.

- By end of 2025, support **training of 5,000 medical women in digital health solutions** or at least 100 professionals in each of 50 countries with National Associations.
- By end of 2024, establish the first **Global Medical Women Directory (GLOWWED)**, an online directory of all practicing bio-medical women professionals in medicine, public health and research, a **Mobile Application<sup>8</sup> for Connecting Medical Women** across the World, including **refugee and migrant health workers**. As noted above (Pillar 1), Engagement of medical women in GLOWWED initiative and related mobile apps will be on a voluntary basis and respecting the data privacy and protection policies.
- Establish a **MWIA Global Petition Platform<sup>9</sup>** for Advocacy on Women Health Rights as well as the Rights of Female Medical Professionals.
- By 2025, through partnership with Governments and Academia, MWIA to establish **on-line courses for female medical professionals** for clinical skills building, language proficiency, management or communications that can facilitate their professional growth or re-entry into the health workforce.
- By 2024, complete modernization of MWIA management systems, including governance, financial portfolio and **web-based MWIA membership applications** to improve transparency and facilitate access to MWIA by all interested medical and healthcare professionals<sup>10</sup>.

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<sup>8</sup> Inter-linked with the Strategic Pillar 1: Connecting and Empowering Women Leaders in Health

<sup>9</sup> Inter-linked with the Strategic Pillar 2: Health Solutions for Women and Girls

<sup>10</sup> Inter-linked with the Strategic Pillar 1: Connecting and Empowering Women Leaders in Health

### **Leading MWIA Committees/SIGs for the Strategic Priority:**

- Governance Committee
- Science, Technology & Research Committee
- Leadership and Mentorship SIG
- Finance Committee

### **Contributing MWIA Committees/SIGs:**

- Ethics and Resolutions
- Science, Technology & Research Committee
- Young MWIA (yMWIA) Committee
- Senior MWIA SIG
- Past Presidents Advisory Committee
- Editorial and Communications Committee
- Gender Medicine SIG

## **Cross-cutting Strategic Pillar 5. Partnerships**

The overall goal of the cross-cutting Strategic Pillar is to mobilize and leverage **public- private, civil society and academic partnerships** for attainment of the set goals and objectives of the 4 core Strategic Pillars of MWIA for the 2022-2025 Triennium. Specially, MWIA will work on close partnerships with current and potential global players in women's health and gender equity to:

1. Connect medical women globally and empower women's leadership in health
2. Increase access to and quality of evidence-based Health Solutions for women and girls, to reduce the disease burden, and preventable deaths and disabilities
3. Advance Gender equity in medicine and health sectors in general, and
4. Facilitate access and employability of digital health solutions for medical women

MWIA will continue cooperation with **current stakeholders** and explore prospects of cooperation with **new partners at global, regional and country levels**. Table 7 below summarizes the current and potential partners for close collaboration with MWIA, in order to advance the agenda for women, girls and female medical professionals.

In addition to exploring new multi-stakeholder partnerships, MWIA will be engaged in **co-convening Advocacy Forums** for advancement of the universal agenda for women, girls and female medical workers. Specifically, MWIA will consider co-convening opportunities (side-events, joint publications and presentations) within the framework of the following **annual platforms**:

- United Nations General Assembly
- Sessions of the ECOSOC Commission on the Statutes of Women
- World Health Summit
- UNITE Global Summit
- United Nations Climate Change Conference or Conference of Parties (COP)
- Gender-Equality Forum
- Women Deliver Conference
- International AIDS Conference

**Table 7.**  
**Current and Future Potential Partnerships**  
**prioritized in line with MWIA Triennial Theme and Strategic Pillars**

Stakeholders	Priority Organizations	Partnership Portfolios		
		Country	Regional	Global
<b>Governments and Inter-Governmental Bodies</b>	• Ministries of Health, Social and Family Affairs	X		
	• European Union		X	
	• African Union		X	
	• OECD			X
<b>Parliaments and Inter-Parliamentary Networks</b>	• Health and Gender Committees and Councils of Parliaments/Assemblies	X		
	• Regional Parliamentary Assemblies – European, Latin American, African		X	
	• UNITE Parliamentarians Network for Global Health			
	• Inter-Parliamentary Union (IPU)			
	• UHC 2030			
<b>United Nations</b>	• World Health Organization (WHO)	X	X	X
	• ECOSOC Commission on the Status of Women (CSW)			X
	• UN Women	X		X
	• UNICEF	X	X	X
	• UNFPA	X	X	X
	• UNHCR	X	X	X
	• UNAIDS	X		X
	• UNDP	X		X
	• WTO			X
<b>Thematic Global Public-Private</b>	• Bill and Melinda Gates Foundation			X

<b>Partnerships and Philanthropies</b>	• Global Fund for Women			<b>X</b>
	• Open Society Foundation	<b>X</b>		<b>X</b>
	• Immunization Agenda for 2030			
	• GAVI, the Vaccines Alliance			
	• The Global Fund to Fight AIDS, Tuberculosis and Malaria			
<b>Civil Society, including International NGOs</b>	• International Federation of Business and Professional Women (BPW)	<b>X</b>	<b>X</b>	<b>X</b>
	• Every Woman Treaty			
	• Women in Global Health			<b>X</b>
	• Women Deliver	<b>X</b>		<b>X</b>
	• Women for Women International	<b>X</b>	<b>X</b>	<b>X</b>
	• International Planned Parenthood Federation	<b>X</b>	<b>X</b>	<b>X</b>
<b>Innovative Financing Mechanisms</b>	• UNITAID			<b>X</b>
	• ONE Campaign			<b>X</b>
	• Global Giving			<b>X</b>
<b>Business Sector</b>	• Business Federations of Women	<b>X</b>	<b>X</b>	<b>X</b>
	• Manufacturers of Medical Supplies, including PPE	<b>X</b>	<b>X</b>	<b>X</b>
	• Pharmaceutical Industry (subject to limitations of MWIA Code of Ethics)	<b>X</b>	<b>X</b>	<b>X</b>
<b>Academia and Professional Associations</b>	• Medical Universities	<b>X</b>		
	• World Medical Association			<b>X</b>
	• Associations of Medical Women	<b>X</b>	<b>X</b>	<b>X</b>
	• Standing Committee of European Doctors (CPME)		<b>X</b>	
	• Council of International Organizations of Medical Sciences (CIOMS)			<b>X</b>

	<ul style="list-style-type: none"> <li>International Federation of Gynecology and Obstetrics (FIGO)</li> </ul>			X
Media	<ul style="list-style-type: none"> <li>TV, Radio, Internet, social media</li> </ul>	X	X	X

### Monitoring and Evaluation Framework for MWIA Strategic Plan

	10 Key Performance indicators (KPIs)	Baseline 2022	Target 2025
1.	Global Medical Women Directory (GLOMWED) and Mobile Application established (Yes/No)	No	Yes
2.	Number of medical women registered as MWIA members and in good standing	12,000	50,000
3.	Number of MWIA Affiliated National Associations established and operational globally	40	50
4.	Number of countries represented in MWIA by National Associations and Individual Members	70	80
5.	Web-based MWIA membership application system established and operational (Yes/No)	No	Yes
6.	No. of MWIA members trained in Priority Health Areas, Mentorship and Leadership, Gender Medicine and Digital Solutions	-	45,000
7.	Number of countries, where > 1 Medical University integrates Gender Medicine education through MWIA support	-	10
8.	PPP and Innovative Financing mechanism established with manufacturers for production of Gender-Specific PPEs (Yes/No)	No	Yes
9.	MWIA Global Petition Platform for Health and Rights of Women and Female Medical Professionals established and operational (Yes/No)	No	Yes
10.	No. of MWIA events co-convened on the margins of major global forums (UNGA, WHS, WHA, COP, etc.) in 2022-2025 period	-	> 10

### Estimated Summary Budget for MWIA Strategic Plan 2022-2025 Triennium

Strategic Pillars	Budget Estimates in US\$	MWIA Contribution	Funding to be Mobilized
1. Connecting and Empowering Women Leaders in Health	1,250,000	450,000	800,000
2. Health Solutions for Women and Girls	4,440,000	640,000	3,800,000



<b>3. Gender Equality in Medicine</b>	<b>1,100,000</b>	<b>100,000</b>	<b>1,000,000</b>
<b>4. Digital Transformation for Medical Women</b>	<b>950,000</b>	<b>100,000</b>	<b>850,000</b>
<b>5. Partnerships (cross-cutting)</b>	<b>250,000</b>	<b>50,000</b>	<b>200,000</b>
<b>GRANT TOTAL in US\$ for 2022-2025 Triennium</b>	<b>7,990,000</b>	<b>1,340,000</b>	<b>6,650,000</b>

Detailed Budget Estimates available upon request

## Acronyms and Abbreviations

<b>AU</b>	African Union
<b>ABMM</b>	Brazilian Medical Women's Association
<b>BPW</b>	Business and Professional Women's International Associations
<b>CPME</b>	Standing Committee of European Doctors
<b>CIOMS</b>	Council of International Organizations of Medical Sciences
<b>COP</b>	Conference of Parties
<b>CSW</b>	Commission on the Status of Women
<b>CVDs</b>	Cardio-vascular diseases
<b>ECOSOC</b>	UN Economic and Social Council
<b>EU</b>	European Union
<b>EWL</b>	European Women's Lobby
<b>ExCo</b>	Executive Committee
<b>FIGO</b>	International Federation of Gynecology and Obstetrics
<b>GAVI</b>	Global Alliance for Vaccines and Immunization
<b>GBV</b>	Gender-Based Violence
<b>Global Fund</b>	The Global Fund to Fight AIDS, TB and Malaria
<b>GLOMWED</b>	Global Medical Women's Directory
<b>IPU</b>	Inter-Parliamentary Union
<b>MWIA</b>	Medical Women's International Association
<b>NCDs</b>	Non-Communicable Diseases
<b>OECD</b>	Organization for Economic Cooperation and Development
<b>PPE</b>	Personal Protective Equipment
<b>SIGs</b>	Special Interest Groups
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>UK</b>	United Kingdom
<b>UNAIDS</b>	Joint United Nations Programme on AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>UNGA</b>	United Nations General Assembly

<b>UHC 2030</b>	Universal Health Care 2030
<b>UNICEF</b>	United Nations Children’s Fund
<b>UN Women</b>	United Nations Women
<b>US</b>	United States
<b>WHO</b>	The World Health Organization
<b>WTO</b>	The World Trade Organization
<b>yMWIA</b>	Young MWIA