

WOMEN'S HEALTH COMPENDIUM  
for the  
United Nations Fourth World Conference on Women  
Beijing 1995 and NGO Forum '95  
Edited by Elaine M. Wolfson, Ph. D.  
GLOBAL ALLIANCE FOR WOMEN'S HEALTH, February 1995

EXECUTIVE SUMMARY

The *Compendium* consists of an array of proposed actions and policies related to the health of women developed at consultations and meetings with scores of participants from international and national non governmental organizations (NGO's).

The proposals cover a cross section of women's health concerns which are far reaching, reflecting the depth and breadth of issues involved in women's health. They range:

- 1) from expanding the delivery of basic primary health care to women and girls to ensuring that this integrated health care is made accessible to all aging, disabled, refugee and indigenous women and girls.
- 2) from calls for more aggressive dissemination of health education at the grass roots level to proposals altering the curriculum of advanced medical training.
- 3) from reiterating acceptable ethical standards in experimentation, research and development of medical technology for women to calling for global data collection on women's morbidity.

The *Compendium* also proposes the elimination of cultural and commercial practices which harm women and girls.

- 4) from female genital mutilation, to the toleration of violence against women.
- 5) from the use of infanticide as a form of family planning to the deprivation of nutrition of girl children to the commercially motivated promotion of the use of infant formula over breast feeding.

The *Compendium* assumes multiple rationales for NGOs, governments, international agencies and men and women to globally address women's health. These rationales embrace development, equity, empowerment and human rights. In all, it paints on a broad canvas of health policies and actions for improving women's health with far reaching goals.

## Acknowledgements

The Global Alliance for Women's Health wishes to acknowledge all of the contributions of the participants whose work was so important to the compilation of the *Compendium*.

We want to thank the scores of people affiliated with non governmental organizations (NGOs)\* from all of the regions of the world who contributed to the more than 200 proposals contained in the *Compendium*.

Particular thanks go to the several editorial teams who generously gave their time and energy to various stages of this document,\*\* and to Gudrun Heller for her word processing and Grace Iijima for her proofreading.

We especially want to acknowledge the support of Unicef in making the printing and distribution of this document possible.

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\* See Appendix for list of participants

\*\* Earlier versions, *Advancing Women's Health in the Twenty First Century, Drafts I and II*, were developed from the proposals submitted by **members of the Working Group on Women's Health of the NY NGO Committee on the Status of Women** between October and December 1993. these proposals were edited by teams from the Global Alliance for Women's Health led by **Elaine Wolfson, Andrea Vidars** and **Phyllis Vineyard** which were presented to the Commission on the Status of Women at the Second Preparatory Committee meeting for the Fourth World Conference on Women held at UN headquarters, March 1994. At that time two NGO consultants were held to review DRAFT II. Scores of participants reviewed the proposals and offered amendments which were later integrated by a team led by **Ann Orwin**.

## STATEMENT OF PURPOSE

Women are more than child bearers and caretakers of children. They are also more than caretakers of the hearth and home, the sick and the elderly and sexual partners. Their health needs begin in utero and continue through girlhood, going beyond the reproductive years involving pregnancy, lactation and safe motherhood, menopause and aging. Indeed, women's health is a continuum which has components that are gender based.

In most countries, women's health is viewed from a prism of maternal and child health and/or family planning and contraception. These concerns are of the first order of magnitude, since 500,000 women in the world die annually from child birth and pregnancy related complications. Recently, efforts to expand family planning and maternal and child health to include education, prevention and treatment of sexually transmitted diseases and reproductive tract infections have begun to make headway under the rubric of reproductive health. The Women's Health Compendium supports these efforts, but it also asserts implicitly – *through its breadth and scope – that the successful empowerment of women requires healthy women in all stages of women's lives, not only as mothers.*

Indeed, there is growing documentation in gender disaggregated research that women suffer from disproportionate (disproportionate or misappropriate?) levels of chronic disease, nutritional deficiency and disability as they mature. Additionally, the courses of several infectious diseases also have significant gender differences. The emerging evidence underscores the fact that women's health has been seriously under-researched and under-attended in all nations of the world.

The purpose of the Compendium is to highlight the importance of women's health in all stages of the life cycle and to present a wide array of action proposals that may be adopted at local, national and regional levels. It is intended to be used as a resource tool.

The Compendium contains inputs from over 75 women and men from scores of non-governmental organizations (NGOs) from all regions of the world who participated at the Global Alliance for Women's Health and Working Group on Women's Health consultations and meetings between October 1993 and March 1994. The list of participants and their affiliations is included in the appendix.

By disseminating the Compendium to NGOs and governments worldwide, the Global Alliance for Women's Health intends to expand the emerging consensus for service and research for women's health through the entire life span.  
(HAS ANY OF THIS CHANGED?)

Elaine M. Wolfson, editor  
President, Global Alliance for Women's Health

## **USES OF THE COMPENDIUM**

ALTHOUGH THE PROPOSED ACTIONS ARE NUMEROUS AND WIDE RANGING, THEY ARE NOT EXHAUSTIVE.

WE SUBMIT THE COMPENDIUM TO YOU AS A REFERENCE TOOL.

WE HOPE THAT USING THE COMPENDIUM WILL HELP BUILD A GLOBAL CONSENSUS FOR IMPROVING WOMEN'S HEALTH.

- USE IT TO CONSOLIDATE IDEAS ABOUT THE HEALTH NEEDS OF WOMEN.
- USE IT AS A SPRING BOARD FOR DISCUSSIONS ON WHAT ACTIONS MIGHT IMPROVE WOMEN'S HEALTH WHERE YOU LIVE.
- USE IT AS A CATALYST TO GENERATE PROPOSALS ON GLOBAL WOMEN'S HEALTH ISSUES.
- USE IT AS A RESOURCE WHEN CRAFTING YOUR OWN HEALTH PROPOSALS. FOR EXAMPLE, ACTIONS FOR AGING WOMEN OR FOR THE EDUCATION OF HEALTH CARE PROVIDERS, ETC.
- USE IT IN THE 180 DAYS/180 WAYS CAMPAIGN TO BE LAUNCHED ON 8 MARCH (STILL RELEVANT?)
- USE IT TO IDENTIFY EXISTING OR EMERGING CONCERNS BY DISCUSSING ACTION PROPOSALS WITH OTHER NGOS.

**PLEASE SHARE YOUR COMMENTS WITH US.  
WE SHALL INCORPORATE ADDITIONAL PROPOSALS TO AN ANNEX.**

## **A. PRINCIPAL AREAS OF CONCERN**

### **I PRIMARY HEALTH CARE**

#### Goals:

1. Extend primary health care to all women throughout all stages of their life cycles, including but not limited to motherhood, family planning and sexually transmitted diseases.
2. **Expand primary health care services at the grassroots level by the year 2000**, with leadership in the hands of local women leaders sensitive to the needs of their communities.
3. Incorporate strong health education programs as part of primary care without the intervention of commercial interests.
4. Provide job opportunities and training to support wise health decisions.
5. Ensure that surgery is performed only with informed consent based on full understanding of the nature and possible negative results of the surgery and of the skill of the surgeon.
6. Ensure informed consent before inclusion in experimentation
7. Ensure access to and testing of alternative and traditional medicines and the knowledge of indigenous peoples.
8. Eradicate discrimination against women with disabilities.

To that end we recommend the following actions:

9. Combat gender bias in access to immunization and curative services for infectious diseases.
10. Establish day care centers and mother friendly work environments.
11. Ensure equal delivery of health services for girls in oral rehydration and nutrition, including breastfeeding.
12. Disseminate information on major health risks to planners and funders of health programs.
13. Target screening efforts to high-risk groups.
14. Coordinate women's health services with other services and programs such as potable water, environmental protection, and occupational safety.

15. Create and support regional centers for diagnosis and/or treatment of cancers.
16. Make information available on the trainings, skill, and professional history of all medical practitioners.
17. Develop detoxification and rehabilitation programs that meet the specific needs of female addicts and substance abusers and make them affordable and accessible to women of all ages and backgrounds.
18. Develop appropriate health systems for crisis care.
19. Ensure access to health clinics and hospitals for women with disabilities.

### **II EDUCATION FOR HEALTH**

#### Goals:

20. Expand public awareness of good health behaviors.
21. Promote educational opportunities for girls to increase their options in later life.
22. Support training programs that help develop women's leadership in health care policy and promotion.

#### Actions:

23. Ensure school attendance for the girl: literacy is a major factor in improving health status, particularly for women and girls.
24. Educate women and girls on (1) hygiene; (2) the importance of screening and identifications of symptoms for early detection and treatment of disease; (3) reproductive physiology and sexual health; (4) **safe use of drugs such as antidepressants and tranquilizers.**
25. Promote breast feeding to enable women to have birth intervals of at least 30 months and as a family planning method.
26. Educate women on the benefits of breastfeeding in reducing the risk of breast and ovarian cancer.
27. Provide information on exercise and nutrition.
28. Involve women's groups in education for the promotion of good health.
29. Provide sex education starting at an appropriate age (before sexual activity is initiated) in a manner suitable for women of varying regions and cultures taught in their own

language, including discussion of abuses and the fundamentals of birth control and reproductive health.

30. Publicize the adverse health effects of smoking and alcohol abuse.

### III EDUCATION FOR HEALTH CARE PROVIDERS

#### Goals:

31. Reorient training of health care providers to place health in the broader context of human rights, particularly with respect to the gender context of women's unequal status and from women's perspectives of their needs and experiences.

32. Encourage the integration of traditional and Western health procedures and medicines for optimal health in indigenous communities.

#### Actions:

33. Require medical school curricula to recognize human rights and socio-economic factors, and the diversity of local health value systems which negatively affects health.

34. Train and educate health care workers in the treatment of women's health: emphasize the importance of screening, identification of symptoms, and counseling.

35. Train health workers to recognize conditions related to the stages of women's life cycle.

36. Establish community programs to train health care workers, local residents and law enforcement officers to recognize and respond appropriately to signs of physical and mental violence against women and girls.

37. Provide training programs for health personnel regarding the specific needs of women and girls with disabilities.

38. Require continuing education for already certified professionals in new developments in the fields of nutrition and disease preventions.

39. Ensure that all health information is free of commercial bias.

### IV NEGATIVE CULTURAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND GIRLS

Since negative cultural practices are a manifestation of ideals and misinformation, there is a need for a new approach and a concerted effort to eliminate them.

#### Goals:

40. Eliminate all forms of negative cultural practices by the year 2010, including but not limited to marriage before maturity, insufficient diet during pregnancy, female infanticide, dowry deaths, negative cults of beauty, hymen fixation, widows being obliged to marry their brothers-in-law, suttee, etc.

41. Eradicate female genital mutilation by the year 2000, of all girls subject to it and born in 1994 and thereafter.

42. Develop policies and programs that will result by the year 2000 in a 70% risk reduction among girls born in 1993 and before, who might be subject to female genital mutilation between the ages of two and the onset of puberty, and/or at later life cycles depending on the custom of populations practicing female genital mutilation.

#### Actions:

43. Educate communities about the health consequences of negative cultural practices such as female genital mutilation.

### V ENVIRONMENT AND WOMEN'S HEALTH

#### Goals:

44. Assure safe water supply.

45. Allocate all necessary resources for the provision of potable water for all communities.

46. Promote sustainable agriculture to provide adequate nutrition and limit dietary deficiencies.

#### Actions:

47. Research and monitor the specific effects of deforestation and the use of pesticides and fertilizers on women, and develop policies and programs to lessen these effects.

48. End dumping of waste by industrialized countries in developing countries.

49. Regulate waste disposal to reduce reproductive and other health risks.

50. Legislate management of toxic waste.

51. Promote research into the effects of environmental toxins, particularly on the immune system.

52. Examine the effect of pesticides on pregnant women and fetuses in relation to birth defects, cancer and immune disease.

## VI NUTRITION AND WOMEN/GIRLS' HEALTH

### Goals:

53. Provide adequate nutrition for females of all ages, taking into consideration the special nutritional needs of each stage of life.

### Actions:

54. Eliminate deficiencies of vitamin A, iodine, calcium, and iron among women.
55. Coordinate nutrition programs wherever possible with other health services and other health education programs in keeping with the nutritional and health goals outlined in the Plan of Action from the International Conference on Nutrition.

## VII OCCUPATIONAL HEALTH AND SAFETY

### Goals:

56. Promote the development and use of safe technologies.
57. Ensure and monitor safe and healthy working conditions in factories, fields, and offices for both men and women.
58. Ensure that the definition of safe and healthy working conditions in factories, fields, and offices for both men and women.

### Actions:

59. Set up programs to detect and manage occupational toxins.
60. Train health care workers to recognize symptoms of occupational illness.
61. Enact and enforce laws prohibiting child labor.
62. Report on health disorders and wasting diseases, particularly among rural workers.

## VIII REPRODUCTIVE HEALTH

### a. Integration

63. Require providers to coordinate and integrate wherever possible reproductive health with other health services, maternal and child health and family planning.
64. Support family planning clinics to provide infertility services as well as services for

reproductive tract infections and sexually transmitted diseases.

### b. Family Planning and Maternal and Child Health

65. Promote community support in dealing with obstetric emergencies requiring transportation, communication, and blood donation.
66. Provide access for all women to prenatal care, trained attendants during childbirth, and referral for high-risk pregnancies and obstetric emergencies.
67. Apply treatment guidelines/protocols for the management of maternal complications.
68. Support breastfeeding and family planning services.
69. Enact and enforce legislation for paid maternity leave of at least three months.
70. Promote, protect and support breastfeeding and integrate it into health education and services.
71. Integrate abortion-related care into Safe Motherhood strategies.
72. Train medical staff in the use of manual vacuum aspiration (MA).
73. Conduct birth-spacing and family-planning programs with sensitivity to local values and prohibitions.
74. Ensure ready access to family planning services, humane treatment of abortion complications, and safe abortion services.
75. Increase availability of all family planning methods, temporary and permanent, commodity based and natural.
76. Train health care workers in management of complications resulting from unsafe abortions.
77. Educate and provide information to communities regarding causes and treatment of infertility.

### c. Sexually Transmitted Diseases

78. Establish "well-women clinics" offering comprehensive reproductive health services to help avoid the stigmatization of STD clinics.
79. Ensure access to testing and treatment services for Sexually Transmitted Diseases (STDs), HIV/AIDS and Reproductive Tract Infections (RTIs), condoms and other preventive methods and education about their use to the public at large.

80. Educate women on preventive behavior and recognition of signs of STDs, including HIV and RTIs.
81. Train health workers in detection and treatment of STDs/RTIs.
82. Educate communities on the dangers of negative traditional practices that put them at risk of contracting and spreading STDs, HIV and RTIs.
83. Develop community guidelines for education and counseling about STDs, HIV and RTIs; involve all health and community leaders, including traditional birth attendants and traditional healers.
84. Screen clients for risk factors and infections before giving contraceptives.
85. Encourage governments to commit resources to education, prevention, care, treatment and research in HIV/AIDS.
86. Screen all blood for all infectious diseases.

#### IX AGING WOMEN

##### Goals:

87. Eliminate discrimination and prejudice against aging women.
88. Recognize the older woman's role in child care, and in maintaining and transmitting the cultural history and wisdom of the community.

##### Actions:

89. **Develop measures to prevent falls and teach protection against criminal assault. (What you do mean by falls?)**
90. Examine the following variables and their relationship to older women's health: life stress, workload levels, nutrition, repeated pregnancies, sanitation, housing and health care.
91. Integrate into governmental and social planning the particular requirements of **the very old (elderly?)** that in many societies are the fastest growing segment of the population.
92. Insure care and screening of aging women in special medical aspects of that stage in the life cycle and train health workers to recognize conditions related to aging women.
93. Strengthen social support systems for aging women in all health services.
94. Provide facilities for care of aging women.

#### X REFUGEES AND DISPLACED PERSONS

##### Goals:

95. Recognize that the international community has the responsibility to protect and assist refugees and displaced persons.
96. Recognize that health problems (including rape and malnutrition) of refugee and displaced women require special attention.

##### Actions:

97. Develop facilities to treat new and pre-existing illness and handicaps in order to alleviate additional suffering and allow refugees and displaced persons to care for their families.
98. Develop and support health delivery systems appropriate to the needs of refugees and displaced persons.

#### XI INDIGENOUS POPULATIONS

##### Goals:

99. Recognize and acknowledge indigenous women's primary role in traditional health care and involve them in treatment processes.

##### Actions:

100. **Consult indigenous women in the development and implementation of health programs affecting them. (Word choice?)**
101. Train indigenous women as health care practitioners.
102. Utilize traditional practices of health care where appropriate, in conjunction with Western health procedures for optimal health in indigenous communities.
103. Develop and support health delivery systems appropriate to the needs of indigenous populations.

#### XII HUMAN RIGHTS OF WOMEN

##### Goals:

104. Recognize health as a human right.
105. Recognize that women's health is a necessary precondition to full enjoyment of human rights.
106. Recognize Safe Motherhood as a human rights issue.

Actions:

107. Empower girls from a young age to understand their rights, including education, health, political participation, and to promote and demand their rights.
108. Support women's reproductive rights, including access to safe abortion and the right to refuse coercive methods (e.g. forced sterilization).
109. Provide information, education, and the means for women to exercise their right to decide freely and responsibility on the number of children they choose to have.
110. Uphold women's right to health at all stages of their lives, providing access to effective preventive, diagnostic and curative care regardless of their economic status.
111. Outlaw the use of sterilization and abortion against nationalities and minorities as a means of political control.
112. Support women's right to breastfeed and to space the births of their children.

XIII VIOLENCE AND WOMEN'S HEALTH

Goals:

1113. Recognize women's right to be free of violence.

Actions:

1114. Enact, enforce and monitor laws prohibiting all forms of violence (physical, sexual and psychological) against women and children, with a special focus on girls as declared in the convention on the elimination on all forms of discrimination against women, CEDAW and the Convention on the Rights of the Child. (STILL APLIES?)
115. Promote public awareness of the extent and nature of violence against women and girls in a given society, and women's right to be protected from it.
116. Punish perpetrators of deliberate acts against girls: infanticide, sterilization and abortion when used against nationalities and minorities.
117. Link legal systems and women's groups for support and counseling.
118. Establish culturally-appropriate systems to shelter and support women in abusive situations and to protect them from further violence.

XIV MEDIA

Goals:

119. Recognize the part mass communications play in creating out perception of health and well-being.
120. Promote greater coverage of women's health issues in the media.
121. Use new technologies to disseminate information about women's health.

Actions:

122. Create public awareness that violence against women is frequently used for entertainment in the media and advocate change in this area.
123. Monitor gender stereotyping to ensure positive depiction of women of all ages including pregnant and breastfeeding women.
124. Eliminate negative cults of beauty emphasizing unrealistic body images which affect women's health through increased rates of anemia, iron deficiency, low birth weight, long-term nutritional depletion and unnecessary cosmetic operations.
125. Develop advertising codes that limit advertising of tobacco and other substances that are known to be health hazards.
126. Encourage the media to cover women's health issues.
127. Use traditional folk media to reach people and elicit feedback.

XV MENTAL HEALTH

Goals:

128. Address causes of mental stress: social discrimination and low status, workload, marital problems, substance abuse, violence, etc. as they affect on women.
129. Remove the stigma against persons with mental health problems.

Actions:

130. Establish crisis centers to deal with the psychological effects that violence and the social and cultural environment have on women.
131. Establish and promote women's support groups.
132. Improve existing services by allocating adequate resources for the recruitment and

training of staff and the decentralization of treatment centers.

133. Develop and promote alternatives to the masculine, Western psychiatric framework unfamiliar to women in non-Western countries.

134. Train mental health providers in crisis management and post traumatic care.

## XVI RESEARCH AND STATISTICS

To be conducted by the UN, national governments and private funders.

### Goals:

135. Ensure gender equity in medical research.

136. Ensure gender disaggregated research.

137. Develop data bank on morbidity and causes of mortality in women globally.

### Actions:

138. Support research on the relationship of morbidity and health risks to women's productivity with the Gross National Product.

139. Support research and development of lower-cost and accessible treatment options.

140. Adopt systematic methods for reporting maternal deaths.

141. Discourage the use of women as guinea pigs for experimentation without proper safeguards or information.

142. Gather data for studies in nutrition and healing aids. (These projects should be conducted with due regard for concerns of the local population and should be published in lay language.)

143. Insure that clinical trials are run with the informed consent of those involved as subjects.

144. Develop inexpensive and accessible diagnostic tests for cervical and breast cancer.

145. Support research on the relationship between women's rights and women's health.

146. Develop appropriate gender-specific indicators to examine the health status of women.

147. Include women and women's groups in establishing areas of research and testing procedures.

## XVII BIOETHICS

### Goals:

148. Promote women's participation in the dialogue and formulation of bioethical principles and policies at local, national and international levels.

149. Support UNESCO International Bioethics Commission in drawing up instruments on the human genome.

150. Guarantee that women receive all available relevant information, including information on the advantages and disadvantages, chance of success, possible future effects for self, child and others, before procreative procedures or other medical interventions are used.

### Actions:

151. Create ethical codes for the application of genetics that protect the human rights of women.

152. Educate scientists and other health care providers to consider the social impact of their work, particularly as it affects women and children.

153. Develop oversight procedures to curtail potential abuses in medical practices directly involving women and children.

154. Devise processes for ensuring the accountability of scientists and health care providers for the interests of those affected by their work.

## **C. PRINCIPAL AGENTS FOR CHANGE**

### I NATIONAL GOVERNMENTS

155. Develop a national policy on women's health in all countries in consultation with women and NGOs.

156. Express commitment and political will to support programs that address key women's health issues

157. Ensure representation of women's organizations on all boards and policy making bodies and committees at all governmental levels.

158. Reinforce the relationship of women's health in all sectors to the economic development of the country.

159. Provide primary health services to all communities

160. Develop statistics and data analyses to assess the health needs of women in order to allocate resources for women's health.

161. Integrate women's health services in primary care to avoid duplication and uneven distribution of health services.
162. Determine the effect of cash and non-cash work of women on their mortality and morbidity
163. Allocate a certain percentage of GNP to the development of health services for women.
164. Involve men in health education and disease prevention as well as other levels of health decisions.
165. Prohibit advertising of tobacco and other products and practices harmful to health.
166. Create and enforce legislation prohibiting the practice of female genital mutilation and other harmful cultural practices.
167. Develop national screening programs, for example to discover cervical, breast and uterine carcinomas.
168. Ensure adequate equipment and supplies for preventive, diagnostic and curative services.
169. **Support existing UN conventions relevant to women's health and human rights like ICN, WSC, ICPD, etc. (STILL RELEVANT?)**
170. Develop adequate health care for refugees, migrants and indigenous peoples.
171. Repeal restrictions that limit women's access to reproductive health care services on the basis of age, income, race or geography.
172. Foster research on and treatment of diseases and conditions that primarily afflict women and girls.
173. Provide women and girls with full access to medical advances that benefit their lives and health.
174. Provide adequate financing to ensure education, health prevention and promotion as well as primary health services.

## II UNITED NATIONS SYSTEM

175. Reduce the duplication and fragmentation of health services in order to provide better health care and easier access to services.
176. Create central leadership in the UN to direct women's health services.
177. **Require, fund, administer and publish gender impact statements for programs and policies beginning in 1996.**
178. Devise, fund and implement monitoring instruments that will augment and oversee government machinery for gender responsiveness in planning and policy making.

179. Develop national report indicators that include both social and economic factors related to health.
180. **Produce parallel audits and reports on the implementation of the 1995 Plan of Action in the years 2000, 2005, 2010.**
181. Gather additional statistics and disseminate findings with respect to: (1) life expectancy for females at ages 5, 20, and 40; and (2) chronic and contagious wasting diseases and conditions with a special category for women farmers.
182. Include in national reports analyses of the value of women's cash and non-cash work and its relationship to women's health.
183. Promote and protect women's rights and prohibit violence to their persons.
184. Adopt and enforce legislation to ban the dumping of out-dated products, harmful pesticides and medical devices in third world markets.
185. Distribute a list of standard approved essential drugs as a basis for drug procurement by the public and private sectors.
186. Increase the participation of NGO women's groups in deliberations on health issues.
187. **Integrate women's health goals throughout the UN conferences at Cairo, Copenhagen and Beijing.**
188. Increase assistance to health programs focusing on the health of women and girls.
189. Increase assistance to programs for training more female health workers.
190. Develop and enforce guidelines for the safe disposal of both military and non-military nuclear wastes and of biological and chemical wastes.

## III NON-GOVERNMENTAL ORGANIZATIONS

191. Stress the multisectoral aspects of health in society.
192. Recognize the value of women's work both in cash and non-cash, particularly in agricultural communities in child care, elder care, and traditional health care (volunteer).
193. Inform UN agencies, national governments, foundations and other donors of the importance of women's health to the Gross National Product.
194. Identify major health needs of women and promote research and delivery of services in this area.

- 195. Develop grass roots programs that will expand health education and services for women empowering them to make informed decisions on for example, breastfeeding.
- 196. Include social services with grassroots participation as essential components of women's health care.
- 197. Devise systems for monitoring health services and medical research and experimentation.
- 198. Provide women's health projects with long-term institutional and project funding.
- 199. Coordinate health care wherever possible with other programs and services.
- 200. Advocate and lobby for women centered health policies.
- 201. Counter advertising which has a negative effect on women's health.
- 202. Work closely together to support, implement and monitor health programs, both governmental and non-governmental.
- 203. Insist that literature concerning drug use be made available in the language(s) of the country.
- 204. Attempt to integrate breastfeeding into action plans concerning family issues.
- 205. Support women's traditional health knowledge.
- 206. Encourage establishment of a safe environment for breastfeeding everywhere.

IV. DONORS: CORPORATIONS, FOUNDATIONS, INDIVIDUALS

- 207. Recognize the importance of women's health to economic development.
- 208. Establish priorities for support which are gender-free and culturally sensitive.
- 209. Coordinate program development with other health delivery systems.
- 210. Support health research which goes beyond medical research to include both economic and social factors.

V MEN COLLABORATING/SHARING

- 211. Collaborate in the prevention of STDs and HIV by taking an active role in preventing transmission.
- 212. Promote and fund greater condom use.
- 213. Assume active role and responsibility in promoting and funding women's reproductive rights and access to a full range of health services and education.
- 24. Create and support programs to reduce violence against women and to support their rights as human beings.
- 215. Champion the development and support of health programs for women and children.

## **D. APPENDIX**

### **I. INTERNATIONAL INSTRUMENTS**

(Is there anything from this list to take out or to add?)

1. Declaration on the Elimination of Violence against Women, adopted by the General Assembly in resolution 48/104 of 20 December, 1993.
2. Declaration on the Elimination of Discrimination Against Women, proclaimed by the General Assembly in resolution 2263 (XXII) of 7 November 1967.
3. Rio Declaration on Environment and Development
4. International Plan of Action on Aging, adopted by the World Assembly on Aging, 26 July – 3 August 1982, Vienna, Austria.
5. World Declaration and Plan of Action for Nutrition, adopted by FAO/WHO International Conference on Nutrition, December 1992, Rome, Italy.
6. World Summit Declaration on the survival, protection and development of children and a Plan of Action for implementing the declaration in the 1990's.
7. Convention on the Rights of the Child, 1990

### **II LIST OF PARTICIPANTS, ATTENDEES AND OTHER ORGANIZATIONAL AFFILIATIONS**

(Is there anything from this list to take out or to add?)

NB INCLUSION IN THIS LIST DOES NOT IMPLY ENDORSEMENT OF PROPOSALS

ABOUZAHAR CARLA	WORLD HEALTH ORGANIZATION 3/94
ALBRIGH PAT	HOUSEWIVES IN DIALOGUE 12/93
APEADU NANA	PAN AFRICAN HUMAN RIGHTS 3/94
ARGLIN-BROWN BLOOM	UNIVERSITY HEALTH CENTRE 3/94
ARIAS-ZEBALLOS MARIA*	MOA FOUNDATION 12/93, 3/94
ARTIS EDRIS	I.A.R.F. 12/93, 3/94
AUDREY L. TERRY	NY STATE DEPT. OF HEALTH 3/94
BAUMSLAG, DR. NAOMI	WOMEN'S INT'L PUBLIC HEALTH NETWORK 3/94
BENSON MARLYN	NATIONAL COUNCIL ON FAMILY RELATIONS 12/93
BESH LAURA	LA LECHE LEAGUE INTERNATIONAL, USA 3/94
BLECHMAN MILDRED	GRAY PANTHERS 12/93
BRIDGMAN-REES CAROLINE	W.I.P.P.F. 12/93
CAMPHELL MAURA S.	CATHOLIC INT'L EDUCATION OFFICE 12/93
CANAHAUTI JUDI	WELLSTART INTERNATIONAL 3/94
CHAMBERLAIN MARIAM	NAT'L COUNCIL FOR RESEARCH ON WOMEN 3/94
CODLE SARA	QUAKER, UN OFFICE 12/93, 3/94
COHEN DR. SALLY	YALE UNIVERSITY 4/94
COLEMAN VERONICA	WORLD UNION OF CATHOLIC WOMEN'S ORGS
COLETON NANCY	INT'L ASS. FOR VOLUNTEER EFFORT 3/94
COONEY KRISTEN	GEORGETOWN UNIVERSITY
CRESSON NANCY	COMMISSION ON WOMEN AND FAMILIES 12/93
CQYZEWSKI ANN MARIE	U.F.E.R. 12/93
DAMICO CAROLE	ZONTA INTERNATIONAL 12/93
DANFORTH NICK	A.V.S.C. 12/93

DEWAR MARTY  
 DOOLEY BETTY  
 DUVEEN ANNETA  
 FADOPE CECE MODUPE  
 FIEHL TERRY  
 FRIEDLANDER EVA  
 GARCIA S. GLORIA  
 GORMLEY PAT  
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HARRIS-STONE DR. MARDIA\*  
 HAWKINS NANCY\*  
 HAZELGRAVE MARIANNE  
 HESSE S. DR. AFUA

KWANI HUARAKA\*  
 JANOVER JEAN\*  
 JORGENSEN DR. VIBKE  
 KANTROWITZ DR. RICKY\*  
 KAFELL ELISE  
 KENOYER PAT  
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 KESWANI DR. SATTY GILL  
 KLEIMAN VIVIEN  
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INTERNATIONAL COUNCIL OF NURSES 12-93  
 W.R.E.I. 3/94  
 FRANCISCANS 3/94  
 NAT'L BLACK WOMEN'S HEALTH PROJECT 3/94  
 BAHAI INTERNATIONAL COMMUNITY 12/93  
 I.W.A.C. 12/93  
 CONGREGATIONS OF ST. JOSEPH 12/93, 3/94  
 WOMEN'S RESEARCH - EDUCATION INSTITUTE 3/94  
 FRANCOIS ZAVIER BAGNOUD CENTER FOR HEALTH  
 AND HUMAN RIGHTS, HARVARD UNIVERSITY 3/94  
 PAN AFRICAN HUMAN RIGHTS 3/94  
 INT'L ORGANIZATION OF CONSUMER UNIONS 12/93  
 COMMONWEALTH MEDICAL ASSOCIATION 3/94  
 SOCIETY OF GHANA MEDICAL & DENTAL  
 PRACTITIONERS 3/94  
 CHANGE 12/93, 3/94  
 INT'L COUNCIL OF SOCIAL WELFARE 12/93  
 MEDICAL WOMEN'S INT'L ASSOC. 3/94  
 WORLD FEDERATION OF MENTAL HEALTH  
 INTERNATIONAL COUNCIL OF JEWISH WOMEN 12/93  
 LORETTO COMMUNITY 12/93  
 CATHOLICS FOR A FREE CHOICE 3/94  
 M.W.I.A., A.M.W.A. 12/93  
 AMERICAN JEWISH CONGRESS 12/93  
 O.M.E.P. UNICEF 12/93  
 WOMEN'S INT'L FOR A DEMOCRATIC FED. 12/93, 3,94  
 C.E.D.E.A. 3/94  
 SOROPTIMIST INTERNATIONAL 12/93  
 FORD FOUNDATION 3/94  
 C.U.N.Y. 12/93  
 3/94  
 POPULATION REFERENCE BUREAU 3/94  
 12/93  
 CARNEGIE CORP. 3/94  
 ROYAL COLLEGE OF NURSING 3/94  
 12/93  
 HADASSAH 12/93  
 HOUSEWIVES IN DIALOGUE 12/93  
 POPULATION COMMUNICATIONS INT'L 12/93  
 BAHAI INTERNATIONAL COMMUNITY 12/93  
 UGANDA MEDICAL ASSOCIATION  
 PAN PACIFIC S.E. ASIA WOMEN'S ASSOC. 12/93  
 PAN AFRICAN HUMAN RIGHTS 4/94  
 NGO, UNICEF 12/93, 3/94  
 SOROPTIMIST INT'L 3/94  
 TIBETAN WOMEN'S ASSOCIATION  
 PRESBYTERIAN CHURCH UN OFFICE 12/93  
 3/94  
 POPULATION COMMUNICATION INT'L 12/93, 3/94  
 WORLD FEDERATION OF MENTAL HEALTH  
 A.U.S.C. 12/93  
 INT'L FED. OF SOCIAL WORKERS 12/93  
 3/94  
 W.Y.W.C.A. 3/94  
 SWS AND GAWH  
 WOMEN'S HEALTH AND DEV. NETWORK OF BEIJING,  
 CHINA  
 COMMUNICATIONS COORDINATION COMMITTEE 12/93

- Chair of Task Force of Global Alliance for Women's Health and/or Working Group on Women's Health of the NY NGO Committee on the Status of Women.

### III. LIST OF NGO AFFILIATIONS OF PARTICIPANTS

(Is there anything from this list to take out or to add?)

Organizational Affiliation of Participants and the attendees at the Drafting Consultations on Proposals for a Plan of Action Advancing Women's Health in the 21<sup>st</sup> Century, Draft II from which the compendium was adapted.

1. All China Women's Federation, CHINA
2. All India Women's Conference, INDIA (USA)
3. All Pakistani Women's Conference, PAKISTAN
4. American Jewish Congress, National Women's Commission
5. American Jewish Committee
6. American Women's Medical Association
7. Associated Country Women of the World
8. Baha'i International Community
9. Catholics for a Free Choice
10. CEDPA, USA
11. Change
12. City University of New York, Graduate Center
13. Columbia University School of Public Health
14. Commonwealth medical Association, UNITED KINGDOM
15. Congregations of St. Joseph
16. Doctors and Dentists for the World
17. Dominica medical Association, DOMINICA
18. Family Care International
19. Ford Foundation
20. Franciscans
21. Georgetown University, Institute for Reproductive Health
22. Global Alliance for Women's Health
23. Hadassah
24. Harvard University, School of Public Health
25. International Association for Volunteer Effort
26. International Council of Consumers Union
27. International Council on Social Welfare
28. International Cultures Foundation
29. International Federation of Social Workers
30. International Immigrants Foundation
31. International Women's Anthropology Conference
32. Japan's Network for Women and Health, Cairo, 1994, Japan
33. La Leche League International USA
34. MOA Foundation, JAPAN
35. Medical Association of JAMAICA
36. Medical Women's International Association, DENMARK, KENYA, GERMANY
37. National Black Women's Health Project
38. National Women's College, Beijing, CHINA
39. Pan African Human Rights Liberia (usa)
40. Pan Pacific and South East Asian Women's Association
41. Population Council
42. Population Communications International
43. Population Institute

44. Population Reference Bureau (PRB)
45. Population Research Institute, Nankai University, CHINA
46. Presbyterian UN Office
47. Quaker UN Office
48. Royal College of Nursing ENGLAND
49. Sisters Loretto – The Loretto Community
50. Society of Ghana Medical & Dental Practitioners, GHANA
51. Sociologists for Women Society
52. Soroptimist International
53. Tibetan Women's Associations, TIBET (INDIA)
54. TWM
55. Uganda Medical Association; Associations of Uganda Women Medical Disorders UGANDA
56. Unitarian Universalists
57. University of Pennsylvania, Dept. OB GYN, Medical Center
58. University of West Indies, University Health Center JAMAICA
59. Wellstart International
60. Women's Commission on Refugee Women and Children
61. Women's Division, General Board of Global Ministries, United Methodists
62. Women for International Democratic Federation
63. Women's Health Development Network of Beijing
64. Women's International Public Health Network
65. Women's Research and Education Institute (WREI)
66. Women's Studies Centre, Tianjin Normal University, CHINA
67. World Federation of Mental Health
68. World Federation of Methodist Women
69. World Movement of Mothers FRANCE
70. Yale University Community Health
71. Zonta International
72. New York State Department of Health
73. World Health Organization SWITZERLAND

#### IV PROFILE OF THE GLOBAL ALLIANCE FOR WOMEN’S HEALTH

The Global Alliance for Women’s Health is committed to advancing women’s health in all of the life cycles at all policy levels through education, advocacy and program implementation. It consists of coalitions of international, national and Non Governmental Organizations (NGO’s) – Women’s groups, health care professionals, religious organizations, academics and individual citizens from all of the regions of the world who are committed to improving health care services and research for women in all policy and program arenas—at the local, national and international levels.

The guiding principles of the GAWH are that: (1) Women’s health is a continuum from infancy through old age of which the reproductive years are a stage. (2) Long-term initiatives and commitments are needed in order to forge alliances and collaborative programs with NGO’s across and within regions and nations that will result in increased and more effective health care services and research for women globally.

(THE FOLLOWING PARAGRAPH SHOULD BE UPDATED)

The activities and projects of the GAWH include the development, dissemination, and advocacy of health action plans for the advancement of women’s health at the United Nations World Summit for Social Development and the Fourth World Conference on Women; publication and dissemination of working papers of managing and promoting health policies for women including program evaluation and assessment techniques. In 1995 the GAWH will be presenting workshops and panels on such issues as the health of aging women; infectious and chronic diseases in women beyond the reproductive cycle, and partnerships with men for women’s health.

(THESE NAMES SHOULD BE UPDATED AS WELL)

##### OFFICERS

Elaine Wolfson , PhD.....President	Tekle-Av Mekbib, MD, PhD
Alasebu Selassie MSW.....Vice-President	Malaine Miller MIA
Kwani Huarake.....Secretary	Mahinda Nanda, MD
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