



B P W I n t e r n a t i o n a l
International Federation of Business & Professional Women

Amany Asfour - President 2017-2020

“EMPOWERING WOMEN TO REALIZE THE SUSTAINABLE
DEVELOPMENT GOALS.”

SUMMARY

HISTORY AND ROOTS	2
INTERNATIONAL FOCUS	4
OVERALL STRATEGIES	5
ACTION PLANS	7
HEALTH RATIONALE	9
OBJECTIVES	13
LIASONS	14
KEY PERFORMANCE INDICATORS (KPI'S)	15
TARGET DATAS	16
OBJECTIVE 1	17
OBJECTIVE 2	20
OBJECTIVE 3	25
OBJECTIVE 4	29
OBJECTIVE 5	34
OBJECTIVE 6	38
OBJECTIVE 7	42
OBJECTIVE 8	49
OBJECTIVE 9	53
CONCLUSIONS	65

History and Roots

Founded in 1930

An influential international network of 30,000 Business Professional Women

Affiliates in 96 Countries across 5 continents

Consultative status at ECOSOC/United Nations since 1947

BPW World Map



Our roots

The **International Federation of Business and Professional Women (BPW International)** was founded by Dr. Lena Madesin Phillips in 1930. BPW International has become one of the most influential *international networks of Business and Professional Women* with affiliates in 95 Countries spread over five continents. BPW holds a consultative status in the United Nations' Economic and Social Council (ECOSOC) and participatory status in the Council of Europe. Its members include influential women leaders, entrepreneurs,

business owners, executives, professionals and young career women. The root of BPW's advocacy is embedded in our work with the United Nations. BPW lobbied for the formation of the Commission on the Status of Women (CSW) and supported many women's issues. BPW was awarded a Peace Messenger Certificate from UN Secretary-General Javier Perez de Cuellar in 1987. Esther Hymer, BPW representative at the UN, was named as one of three women playing a significant role in the work of the UN Commission by Secretary-General Kofi Annan in 1997. Today, BPW continues its representation at UN Headquarters in New York, Vienna, Geneva; UN regional offices (UNECA, UNECE, UNESCAP, UNESCWA, UNECLAC); UNESCO, UNICEF, ILO, WHO, UNCTAD, UNIDO, FAO, UN DPI; Council of Europe; European Women's Lobby and continues to work closely with UNIFEM.

INTERNATIONAL FOCUS
EMPOWERING WOMEN TO REALIZE THE SDGs
GOLDEN GOAL

Support the BPW International President and Vice President – UN/Status of Women in “The common purpose of building a stronger, more meaningful and more prosperous international society based on the Empowering of Women to realize the Sustainable Development Goals”

RATIONALE

“Each woman, as a citizen, must bring to the national policy of her own country, the contribution of forward-looking and constructive through followed by determined actions. Each woman must dedicate herself to protect and promote the interest of all other women in business and the profession”

Dr. Lena Madesin Phillips - Founding President 1930-1947

“BPW International can offer a great contribution to the global Agenda of SDGs, but also to the Goal 18 of sustainability of BPW International and how our Federation could have an impact on the daily life of women and their health and wellbeing. Under the Health & Wellbeing Taskforce I will appreciate that our Affiliates across the World would show their projects of Health Awareness Campaigns, programs and initiatives, So, we would have an overview of what our members of the world are contributing to SDGs. Together, we will empower women to realize the Sustainable Development Goals”.

Dr. Amany Asfour - BPW International President 2017-2020

INTERNATIONAL FOCUS

OVERALL STRATEGIES

1. **Work** in collaboration (and synergy) with the Vice President for UN matters, the BPWI permanent representative to the Commission on the Status of Women (CSW), the WHO focal point, the BPWI representative to the WHO
2. In order to reach BPW goals of Women's Health in the World, **seek** solutions and **establish** synergies with: FAO, ILO, UNESCO, UNICEF, UNAIDS, UN High Commission for Refugees (UNHCR), EU, government departments and study groups, and **encourage** affiliates to press for changes in legislation where necessary.
3. Representative from each Region to **lead** the regional Health network and **coordinate** regional activities.
4. **Network** members in each Region of BPW International will actively **promote** the implementation of the strategies attached to Health-related BPW international resolutions passed at congress.
5. **Provide** the vice President-UN/ Status of Women with information and reports as requested.
6. **Maintain** our representative status at the WHO.

7. **The objective** of World Health Day is to raise global awareness of a specific Health theme to highlight a priority area of concern for the World Health Organization (WHO). The day serves as a launch for a long-term advocacy program for which activities will be undertaken and resources provided well beyond April 7th.

INTERNATIONAL FOCUS

ACTION PLANS

1. **Confirm** and **activate** the Health and Wellbeing Taskforce and Focal Points network.
2. **Activate** Regional Health Committee members to develop the Focal Points network in their Region and encourage local federations and affiliates to action the implementation strategies of BPW health policies.
3. **Develop** and **maintain** active on-going communication through the BPWI permanent representative at the WHO and BPW International focal point, and provide information/reports as required.
4. **Develop** communication with international President Amany Asfour and **provide** information/reports as required. **Support** BPWI organization review process as called for by the BPW international President.
5. **Encourage** all affiliates to undertake an activity that observes and promotes the annual theme of the World Health Day on April 7th each year.
6. **Encourage** all affiliates to undertake an activity that observes and promotes the BPW International Theme for the Triennium 2017-2020 “EMPOWERING WOMEN TO REALIZE THE SUSTAINABLE DEVELOPMENT GOALS”.

SUSTAINABLE DEVELOPMENT GOALS

in the New Era of global development

- The post-2015 Agenda for Sustainable Development sets out an ambitious plan for action: to reach and empower the most vulnerable and take action in areas of critical importance for humanity and the planet.
- The Sustainable Development Goals usher in a New Era of global development that seeks to leave no one behind.
- Achievement of the SDGs will require a delicate choreography of interplay between all stakeholders.



RATIONALE HEALTH & WELLBEING TASKFORCE

HEALTH & WELLBEING IN THE GLOBALIZATION ERA

Despite the huge progress made in medicine in the last decades, our health today more than ever depends above all on our lifestyles. The German philosopher Ludwig Feuerbach argued nearly two centuries ago that “we are what we eat and people can get better by improving their nutrition”. We are indeed urged to reflect upon food, culture, and globalization. **Globalization** – the inexorable spread of knowledge, technology, culture, and capital from country to country – has been a force both for good and ill, especially when it comes to health. **The good:** globalization has lifted millions of people out of poverty, reducing hunger and infectious diseases, and, in turn, improved the quality of life. **The ill:** the same social and economic shifts that have increased people’s wealth have also increased their waistlines and are driving the obesity epidemic in China, India, and other developing countries worldwide.

Many low- and middle-income countries struggle with the so-called “dual burden” of obesity and underweight; but although malnutrition persists in many places, overweight is rapidly becoming a more common problem than underweight. Indeed, for the first time in human history, the world has more overweight than underweight people, and globalization is a major reason for this. It has thus super-charged the “Nutrition Transition”, a term for the obesity-inducing shift from traditional to western diets that accompanies modernization and wealth.

There's no question that globalization has improved the quality of life for many people in the developing world. But it has also increased access to cheap, unhealthy foods and brought with it more sedentary, urban lifestyles.

From a Public Health perspective, the combination of these changes is creating a “Perfect Storm” - a catastrophic and costly rise in obesity and obesity-related diseases in countries that, at the same time, are still struggling with malnutrition and high rates of infectious diseases.

Obesity has already begun taking a toll on low- and middle-income countries. It's not too late, though, to avert the full brunt of the storm, especially if low- and middle-income countries can learn from the mistakes of higher income countries, which did not recognize the health consequences of modernization until they were already taking a greater toll.

Governments must implement policies that help individuals make better choices: for example, policies that support healthy eating, such as junk-food taxes and produce subsidies, and that encourage active living, such as school physical education requirements and urban bike lanes. If they do not, obesity promises to take a devastating toll on these emerging economies—and, given our global interconnectedness, on the world. Indeed, because of globalization, our actions and our thoughts influence in many ways the shares and thoughts of those who are living in other parts of the world.

Because of our globalized world, the Theory of Chaos is more real than ever, to the effect that the beat of a butterfly wings in Brazil may cause a trumpet air in Texas or topple the London stock exchange.

Globalization unites us in good and ill, that is to say that as wars become universal, in the same way diseases once endemic in the most distant countries of the world become today, at the time of trans-continental flights, international and spread between populations, by prevaricating both immune systems and often even international surveillance systems. Here's why the alert against communicable diseases is still of high priority.

WHO. celebrates annually, at the end of April, the campaign "World Immunization Week" with the final goals to raise public awareness on how immunization saves lives, and to support people everywhere in order to get access to the vaccinations needed against deadly diseases for both themselves and their children.

Immunization can protect against 25 different infectious agents or diseases, from infancy to old age, including Diphtheria, Measles, Pertussis, Polio and Tetanus. WHO estimates active immunization currently averts 2 to 3 million deaths every year. However, 22.6 million infants worldwide are still missing out on basic vaccines, mostly in developing countries. Inadequate immunization coverage rates often result from limited resources, competing health priorities, poor management of health systems and inadequate surveillance.

In the last 30 years, despite a drop of 50% of preventable children deaths and of maternal mortality, today over 6 million children still die before their fifth birthday. According to UNDP, with respect to the SDG N. 3: “Ensure healthy lives and promote wellbeing for all at all ages”, we have to fight to obtain a global health coverage and to give access to safe and affordable medicines and vaccines for all.

Supporting research and development is essential in this process. Immunization is also a fundamental strategy in achieving other health priorities: The viral pattern control, the contrast of antimicrobial resistance, the consolidation of a platform for adolescent's health, and the improvement of prenatal and neonatal health.

OBJECTIVES

to advance toward selected SDGs
By the Health and Wellbeing Taskforce

GOAL N. 3

Ensure healthy lives and promote wellbeing for all at all ages

The third Sustainable Development Goal clearly states that by 2030 we want to live on a planet where everyone has access to good mental and physical health all throughout their lives, no matter where they were born.

- **Health and Wellbeing, Objective 1**
Live in Peace (SDG N. 16)
- **Health and Wellbeing, Objective 2**
Call for action against NCDs and childhood obesity (SDG N.3)
- **Health and Wellbeing, Objective 3**
Equality for women and girls with disabilities (SDG N. 10)
- **Health and Wellbeing, Objective 4**
Women in STEM: Fixing the leaking pipeline (SDG N. 5)
- **Health and Wellbeing, Objective 5**
Reshaping the future: girls & women go digital (SDG N. 5)
- **Health and Wellbeing, Objective 6**
Healthy Ageing Revolution (SDG N. 3)
- **Health and Wellbeing, Objective 7**
How BPW International can impact on daily lives of women (SDG N. 18)
 - Ensure the health and well-being for all
 - Fit for Success

- **Health and Wellbeing, Objective 8**
Against any form of violence, treat all women and men fairly at work, respect and support Human Rights and non-discrimination (SDG N.3)
- **Health and Wellbeing, Objective 9**
Human and socio-economic values of Health and Well-being in the Globalization Era (SDG N. 3)
 - HIV/AIDS (Human Immunodeficiency Virus)/ HPV (Human Papilloma Virus)/ Breast Cancer/ Osteoporosis/ Infectious Diseases/ Reproductive, Maternal, Neonatal and Child Health.
- **CONCLUSION: Towards a New Era of Genomics and Medicine**

LIASONS

Work in collaboration (and synergy) with:

- ✓ The UN liaison, our vice-presidents, the BPWI representative to the Commission on the Status of Women (CSW).
- ✓ The WHO liaison, Dr. Xx, through the Focal Point, the BPWI representative to the WHO.

In order to reach BPW goals of women's health in the world, seek solutions and establish synergies with:

- ✓ FAO, ILO, UNESCO, UNICEF, UNAIDS, EU, UNIFEM, UNGC, Government Departments and study groups.
- ✓ Regional Offices as: UNECE, ECLAC, ESCAP, ESCWA.

Encourage affiliated Clubs to develop synergies and lobbies with:

- ✓ Governments and Local Institutions (Ministries, Universities ...).

Encourage Affiliates to press for change in legislation where necessary.

KEY PERFORMANCE INDICATORS (KPIs)

Health and Wellbeing Taskforce and Action Group members have been confirmed and will receive the following information:

- ✓ Membership list and contact details.
- ✓ Health and Wellbeing Task Force Action Plan.
- ✓ WHO-BPW Collaboration Plan between WHO Department of Gender, Women and Health, and International Federation of Business and Professional Women 2017-2020 sent to Health and Wellbeing Task Force and Action Group.
- ✓ Reports / Information provided by requested dates.
- ✓ Triennial Report by 03/03/2020.
- ✓ Respond to requests by due dates.
- ✓ Notify Health and Wellbeing Taskforce and affiliates of the annual WHO theme in February each year.
- ✓ Each year Affiliates will report activities to observe on World Health Day each year.

TARGET DATAS

- ✓ Interest Group formed (number of members, TBD).
- ✓ Committee member appointments.
- ✓ Triennial Report 03/31/2020.
- ✓ Reports as requested.
- ✓ World Health Day April 7th annually.

OBJECTIVE 1

“LIVE IN PEACE” (SDG N.16)

RATIONALE

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. (Universal Declaration of Human Rights – December 10th, 1948).

According to a recent Report of the United Nations, women are excluded from the decisional boards that lead to Peace: only 3% of the agreements is signed by women; the participation of women in Peace negotiations is less than 8% and only 12% of the diplomatic bodies is of female gender. Women neither have a say in peace nor take part in wars, even though they are the ones who suffer more in terms of physical or moral violence.

But Peace is not only the absence of war. Aung San Suu Kyi, Nobel Prize for Peace in 1991 says that War is not the only moment when Peace is killed: “Wherever suffering is ignored the seeds of war will be sown because suffering degrades people and makes them wicked”. Any chance for suffering, bullying and violence must become a reason for women to line up in defence of their children, their community, their territory, and their rights. Peace brings along Justice, social equality, the right for education and jobs. War is the opposite! Increasing numbers of women and children are finding themselves in combat zones worldwide.

Violence against women and their children can lead to Post Traumatic Stress Disorders, which can prevent women from rebuilding their lives. The resulting psychological and emotional disability has a major impact on the sufferers as well as on their families. BPW International stands for Peace in the world. Let's fasten the knots of this great feminine network combining experience and commitment.

STRATEGIES

- ✓ **Promote** Information Technology Education for women, targeting in particular young girls and middle aged women, to strengthen women's voices all over the world.
- ✓ **Push** for women scientists to hold positions of responsibility within governments in order to further contribute to world peace.
- ✓ **Raise awareness** of the causes and symptoms of PTSD (Post Traumatic Stress) among health professionals and those working with children.
- ✓ **Encourage** the development of programs for raising awareness especially among women that PTSD is a recognized medical disorder.
- ✓ **Encourage** the development of strategies, including Self-Help Groups and social support, for the families of sufferers so that there is a collaborative approach with the therapeutic and medical treatment for the sufferer to facilitate restorative changes.

ACTION PLAN

- ✓ **Lobby** local Governments to uphold the Universal Declaration of Human Rights as adopted by the U.N. General Assembly on December 10th, 1948.
- ✓ **Lobby** local Governments to sign a Disarmament Agreement.
- ✓ **Lobby** local Governments for better assistance to war refugees.
- ✓ **Encourage** all Clubs to undertake at least one activity relating to PTSD (meetings, webinars, information pamphlets).
- ✓ **BPW for Peace:** organise concerts, conferences or artistic exhibitions promoting the culture of peace as seen through the eyes of women artists.
- ✓ **Organize** gala dinners, inviting a special guest who has greatly contributed to Peace in the world.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 2

“CALL FOR ACTION AGAINST NCDS AND CHILDHOOD OBESITY”:

- **Red Belt for Health project** to prevent cardio-metabolic risk
- **Tommy & Ollie for Health project** to prevent overweight and obesity in childhood

The **BPW International Commission for Health**, campaigned hard in these last years through the **Red Belt** and **Tommy & Ollie for Health projects** against overweight and obesity, promoting cardiovascular risk awareness in women and in children, to safeguard their future and the future of the world.

RATIONALE

Non-communicable diseases affect everyone, but are not addressed as aggressively for women as they are for men.

Non-communicable diseases are so called because they are not transmitted from person to person. The main types of NCDs are cardiovascular diseases (Heart Attacks and Stroke), Cancers, Chronic Respiratory Diseases (Chronic Obstructed Pulmonary Disease and Asthma) Diabetes, Obesity. Non-communicable diseases (NCDs) kill more than 36 million people each year. In the 65th **World Health Assembly** held in Geneva in 2012, Governments and NGOs were poised to agree to a historic target to reduce premature deaths from NCDs **by 25% by 2025**.

Action on just seven modifiable risk factors (physical inactivity, high blood pressure, high cholesterol, high blood glucose, overweight, harmful use of tobacco and alcohol) would reduce the Disability-Adjusted Life Years (DALYs) lost by nearly 60% in the WHO European Region and 45% in high-income European Countries. Cardiovascular Diseases account for most NCD deaths, or 17.3 million people annually (**41% of mortality in women versus 33% in men**). Identifiable risk factors account for 90% of global risk. Diet and physical activity alone account for 33%, adding tobacco and alcohol we reach 50%.

The cardiovascular diseases are responsible, with bronco-pulmonary pathologies, for 70% of disability and 85% of deaths around the world. There can be no economic growth without a healthy population. Therefore, it is mandatory to adopt preventive strategies.

For these reasons more attention aimed at the female population is necessary as well as simple tools to easily check some parameters, apparently trivial, but important for the prevention and care of their health and that of their children. In fact, the last **WHO's call is for action against childhood obesity, almost a pandemic, with 42 million children under the age of 5 overweight or obese in 2013**. Close to 31 million of these live in developing countries.

“Overweight and obese children are likely to stay obese into adulthood and more likely to develop non-communicable diseases like diabetes and cardiovascular diseases at a younger age. Overweight and obesity, as well as their related diseases, are largely preventable. Prevention of childhood obesity therefore needs high priority”.

For these reasons more attention aimed at the female population is necessary as well as simple tools to easily check some parameters, apparently trivial, but important for the prevention and care of their health and that of their children.

THE RED BELT

Several epidemiological studies have confirmed the importance of abdominal circumference and its relationship with height (waist/ stature ratio) as an indicator of abdominal fat and cardiovascular risk (the optimal value of this parameter should be equal to or below 0.50), more effective and trusted than Body Mass Index (BMI) which describes the relationship between weight and height without considering the distribution of body fat.

<https://www.youtube.com/watch?v=1nxxnwd7rv4>

(VIDEO PROMO THE RED BELT)

<https://www.youtube.com/watch?v=czalltebjm0&feature=youtu.be>

(PROF. ANDREA POLI EXPLAINS THE VALUE OF THE NEW INDICATOR FOR ABDOMINAL OBESITY)

<https://www.youtube.com/watch?v=4mt7rxayrwq>

(STATEMENT ON THE RED BELT AT THE WHO REGIONAL COMMITTEE FOR EUROPE SIXTY-THIRD SESSION)

<https://www.youtube.com/watch?v=PJ8yqUT6PJs>

(TOMMY & OLLIE FOR HEALTH)

STRATEGIES

- ✓ **Advocate** for and raise awareness, spread knowledge and share information for the prevention and control of Non-Communicable Diseases based on scientific evidence and/or best practices.
- ✓ **Develop** a web-based platform that builds and spreads information about the necessary evidence base to inform women and policy-makers about

the relationship between Non-Communicable Diseases, health of people and welfare and development of nations.

- ✓ **Establish** a series of webinars to support and spread information about Non-Communicable Diseases.
- ✓ **Lobby** Health Care Institutions and Governments to recognize sedentary lifestyle as a disease which, in all ages, has to be cured with the right therapy that is the physical activity by competent professionals such as sports physicians and fitness trainers.
- ✓ **Promote** the Red Belt project for monitoring the cardiovascular health of women and children in a simple and safe way, while providing guidelines for behavioural healthy lifestyle and wellbeing, fighting the main cardio-metabolic risk factors.
- ✓ **Conduct** an awareness campaign in schools promoting healthy diets and physical activity, against obesity, through different tools such as a specific mobile phone's App, children books, school learning activities on foods, and so on.
- ✓ **Sensitize** the Health Institutions on the adoption of measurements of waist/ stature ratio as an indicator of abdominal fat, which is more effective and trusted than body mass index (BMI).

ACTION PLAN

- ✓ **Organize** initiatives in city squares with stands, where doctors and nurses can measure the waistlines, height and weight and immediately provide women with their cardiometabolic risk.
- ✓ **Guide** women towards the right physical activities through the organization of fitness inclusive groups and meetings.
- ✓ **Encourage** Affiliates to undertake an activity to promote healthy eating and physical activity.
- ✓ **Lobby** Institutions and Governments to apply a tax on trash food sold in vending machines, especially those placed in schools.
- ✓ **Encourage** schools to take initiatives on physical activity and healthy foods in schools to stimulate correct behaviours in children.
- ✓ **Motivate** mothers to involve their children in the food preparation and cooking processes through activities organized by the Club.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 3

“EQUALITY FOR WOMEN AND GIRLS WITH DISABILITIES” (SDG N.10)

- Social protection has been significantly extended globally, yet persons with disabilities are up to five times more likely than average to incur catastrophic health expenditures (SDG N.10)
- Disabled women face double discrimination, and should receive double the efforts.

RATIONALE

There are over a billion people (around 15% of the world’s population) with disabilities on the planet. Approximately half of them are women with disabilities. They are grandmothers, mothers, partners, lovers and sisters. They are seldom seen in market places, the fields, the classrooms, at the Health Clinics or in the workplace. Women with disabilities are by and large an **invisible group** in society. Their invisibility is partly due to the multiple forms of discrimination and the intersectionality of disability and gender.

Women and girls with disabilities experience double discrimination:

- They are twice as likely to be victims of domestic violence.
- They are disproportionately represented among those who lack education and qualifications, do not work or are living on a low income.
- They are more likely to experience poor social and economic outcomes across the course of their lives.

- Frequently while they are still young, they are institutionalised in accommodation for the elderly, the ill and the dying.
- The Convention on the Rights of Persons with Disabilities (CRPD), adopted by the U.N. General Assembly in 2006, recognized that “*women and girls with disabilities are often at greater risk, both within and outside the home of violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation*” and emphasized “*the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms of persons with disabilities.*”

STRATEGIES

- ✓ **Prepare** positive actions for the prevention of abuse, sexual and non-sexual violence in workplaces, at home and in social spaces.
- ✓ **Promote** the use of Domestic Robotics in order to support women with disabilities.
- ✓ **Promote** the use of Telemedicine at government level (call centres-contact centres: tele-consultation, multi-specialist video-consultation, second opinion, tele-nursing and nursing triage).
- ✓ **Improve** the quality of life of elderly disabled people, their caregivers, and relatives.
- ✓ **Promote** the culture of friendly-cities that are “inclusive, safe, resilient and sustainable (SDG goal N.11) for disabled people and the elderly”.

- ✓ **Prepare** information campaigns (leaflets, calendars, gadgets, commercials, posters) on healthy lifestyles, guiding disabled women towards right physical activities, appropriate diets and a safe and fulfilling sexual life.

ACTION PLAN

- ✓ **Drive** governments or States to sign and ratify UNCPRD or Optional Protocol (**e-1/e-2 Resolutions for BPW Congress 2014 by BPW New Zealand**).
- ✓ **Lobby** Governments to subsidize specific technologies to improve the lives of women with disabilities, and web accessibility.
- ✓ **Drive** governments towards the development of building plans that envisage the use of Home Automation and Telematics when building smart homes for elderly and disabled people.
- ✓ **Drive** Governments or States to prepare Regulations for the protection of women with disabilities in the workplace, at home and in social spaces.
- ✓ **Set up** awareness policies (organise meetings, promote events) aimed at the health staff dealing with the “reproductive path” of women with disabilities.
- ✓ **Organise** information meetings on urban areas for disabled and elderly women with the involvement of health and wellbeing stakeholders.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 4

“WOMEN IN STEMM: FIXING THE LEAKING PIPELINE”

ACHIEVING GOAL N. 5 WITH ICTs

RATIONALE

In all regions of the world it is very common to observe executive roles held largely by men and a corresponding glass ceiling preventing access to such positions for the women whom work in the STEMM sector. There is a “leaky pipeline” in Science, Technology, Engineering, Medicine and Mathematics (STEMM): Women move away from them at multiple stages from childhood through mid-career. Remedies need to be introduced from childhood through adulthood trying to find and tackle the most common barriers women encounter. Despite the huge commitment from Governments and NGOs aimed at promoting the advancement of women in the world of Science, Politics, Economics and Culture, there are still considerable gender inequalities. At universities, for instance, women researchers make up more than half of all the researchers, but at a higher level, when it comes to associate professors, women are less than 30% and only 10% at the top level, that is full professor. A recent work published in 2014 on PNAS (the Official Scientific Journal of the National Academy of Sciences) titled “Elite male faculty in the Life Sciences employ fewer women”, shows that women are vastly underrepresented at faculty level in the Life Sciences. One cause of the ‘leaky pipeline’ in Biomedical Research may be the exclusion of women or their self selected absence from certain high-achieving laboratories.

In Europe, as in the rest of the western world, females are still under-represented in science faculties. There are four critical periods that influence the retention of women in STEMM, starting from childhood.

During childhood and at the beginning of adolescence, girls internalize stereotypes from parents, peers, and the overall culture that STEMM courses and careers are for boys. Studies show that girls tend to value communal goals like collaboration, altruism, and social problems, and they often don't see the many ways that STEMM careers can target these goals. In addition, some of the difficulties in combining career and family responsibilities have to be considered at the base of the discrepancy between female presence and senior positions: the incompatibility of the time devoted to the family (children, parents, disabled members of the family) with the time devoted to work that is necessary to reach top positions gets interrupted (or abruptly slowed down at least) by pregnancies, breastfeeding and childcare. A disheartening element shows that 30% of women holding an important position are either single or separated. As regards men, only 10% of them have a similar situation. And again: One woman doctor out of three does not have children whereas this percentage drops to about one out of five (13%) when it comes to men.

Professionals play a vital role in building the third millennium Science and Technology enterprises that will create solutions and jobs to solve problems in energy, sustainability, the environment, water, food, disease, and healthcare. Actions that encourage greater gender equality are required. Some Countries are already taking steps to ensure greater representation of women in Science.

BPW International contributes to improving the situation of women and reducing the gender gap in Science, Technology, Engineering, Medicine and Mathematics (STEMM) fields in all countries at all levels of education and research. To achieve these objectives, it determines, measures and assesses sex-disaggregated data, as well as supports the design and implementation of Science, Technology and Innovation (STI) policy instruments that affect gender equality in STEMM.

STRATEGIES

- ✓ **Ensure** women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.
- ✓ **Adopt** and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.
- ✓ **Enhance** scientific research, upgrade the technological capabilities of industrial sectors in all countries, in particular developing countries.
- ✓ **Encourage** by 2030 Innovation and Substantially by increasing the number of research and development workers per 1 million people, public and private research.
- ✓ **Implement** at Country and Regional level appropriate and binding measures to increase the number of women in academic research, on boards and as CEOs of companies.

- ✓ **Supporting** work-life fit, non-linear career path for women.
- ✓ **Coaching** and mentoring initiatives to empower women.
- ✓ **Creating** a BPW International award for young women on board in STEMM for research and management.
- ✓ **Increase** the visibility, participation and respect of women in STEMM.
- ✓ **Build and improve** the capacity of measures for data collection on gender in STEMM.
- ✓ **Identify and reduce** the gender gap in STEMM at all levels of education and research.

ACTION PLAN

- ✓ Clubs **should urge** Governments to invest in scientific and technological research carried out by women and encourage universities to offer students of scientific and economic faculties a basic training in terms of intellectual property and transfer of technologies in order to put together scientific research and business.
- ✓ Clubs **should promote** positive actions to facilitate and strengthen small and medium businesses run by women in health and social services aiming at creating jobs and promoting reconciliation actions.
- ✓ Clubs **must organise** conferences to stimulate women at all stages of their lives to take part in learning experiences, as well as helping to develop the education and training sectors across different countries.

- ✓ Clubs **should urge** for greater commitment of Government or States promoting conciliation actions providing kindergartens, nursery schools, day-schools and promoting family-friendly policies.

By working towards these goals and harnessing women's full potential in STEMM fields, Countries will reach higher levels of development, increase their research output and build capacity, thereby reducing inequalities and knowledge gaps. This, in turn, will enable countries to achieve many other SDGs targets.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 5

“RESHAPING THE FUTURE: GIRLS & WOMEN GO DIGITAL”

ACHIEVING GOAL SDG N. 5 WITH INFORMATION AND COMMUNICATION TECHNOLOGIES

RATIONALE

Technology in its various forms, including ICTs, continues to redefine and revolutionize the way we all live and work. The link between Technology and women’s rights is clearly reflected in SDG N. 5 on gender equality and the empowerment of women, which includes a specific target on utilizing technology and ICTs to realize women’s and girls’ empowerment.

ICTs offer vast potential for women and girls; from ending poverty, to improving Education and Health, to agricultural productivity, and creating decent jobs. It’s mandatory to change the stereotypes in girls even if it is not a simple matter. A recent study shows that, by the age of 6, girls are already less likely than boys to describe their own gender as ‘brilliant’, and less likely to join an activity labelled for ‘very, very smart’ kids. When a young girl believes she is less intelligent and capable than a boy, she is also less likely to pursue STEMM subjects that are often perceived as ‘hard’ through school and beyond. This study is one of many that paint a worrying picture of generations of girls being affected by negative stereotyping.

The 2030 Agenda for Sustainable Development, which was adopted by UN Member States in September, identifies ICTs as key enablers of development and as an essential component of transformative solutions to meet today’s development challenges.

The catalytic power of ICTs for development is recognized as holding ‘great promise for human progress’ and cited specifically in 4 of the 17 goals and indicated as a cross cutting tool to be utilized for the achievement of all of the Sustainable Development Goals (SDGs). It has already been widely recognized throughout past decades that the inclusion of women is vital for the shift towards development and poverty eradication. Yet, persistent concerns regarding female inclusion and gender equality remain.

Exactly 23 years ago, the Beijing Declaration and Platform for Action 1995 called for the ‘full and equal participation of women’ in and through media and new technologies of communication; yet, according to a report by the UN Broadband Commission Working Group on Gender, 200 million fewer women than men around the world have Internet access today. Moreover, the digital gap may well be widening, and according to Intel’s estimations this number might be as high as 350 million by 2016. As technology is ubiquitous in today’s society, this has wide repercussions to women’s social inclusion. Given that over 95 per cent of jobs today have a digital component, if women are not adequately trained, they will have reduced access to employment which could have further ramifications for their social, economic and political inclusion. The gender gap in ICTs has to be addressed in various dimensions of access, affordability, skills and usage, and only by closing the digital gender gap shall we be able to realize the full potential of ICTs as a catalytic and transformative tool for sustainable development. ICTs are tools through which gender equality and women's empowerment can be advanced, and are integral to the creation of societies in which both women and men can substantively contribute and participate.

STRATEGIES

- ✓ **Coaching** and mentoring initiatives to empower women and girls in digital, changing the current stereotypes.
- ✓ **Train** women and girls to use and exploit “networks and ICT and computer science programming, designing, robot programming, etc.
- ✓ **Eradicate** the inappropriate use of Technology against violence on women and girls.
- ✓ **Develop** a social opportunity and hHealthcare model using new technologies.
- ✓ **Improve** the quality of life of elderly people, their caregivers, and relatives.
- ✓ Help to **personalize** Health and Social Care through new technologies.
- ✓ **Raise awareness** and building consensus via the cooperation of stakeholders.
- ✓ **Provide** unparalleled **opportunities** for people across the world, especially young people.
- ✓ **Promote** information technology education for women, targeting in particular young girls and middle aged women, to strengthen women's voices all over the world.

ACTION PLAN

- ✓ **Lobby** Institutions and Governments to establish a best practices Internet portal for Smart Homes and Independent Applications.
- ✓ **Break down barriers** that isolate and separate them thanks to new Technologies (including mobile telephony, wireless media devices and on-line spaces such as the World Wide Web) and the applications they make available (social networking sites such as Facebook and MySpace, Twitter, You Tube and other interactive media).
- ✓ **Activate** Regional Health and Wellbeing Taskforce members to develop the Focal Point Networks in their regions and anchorage local Federations and affiliates to action the implementation strategies of BPW ICT policies.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 6

“HEALTHY AGEING REVOLUTION”

RATIONALE

The world is rapidly ageing. In almost every country, population life expectancy is increasing and now women can live up to 85 year and men up to 80 years. The proportion of people aged over 60 is growing faster than any other age group, as a result of longer life expectancy and declining fertility rates. Population ageing can be seen as a success story for Public Health policies and for socioeconomic Development, but it also challenges society to adapt, in order to maximize the health and functional capacity of older people as well as their social participation and security. Healthy ageing emphasizes a rights-based approach that recognizes people’s rights to equal opportunities and treatments, particularly as they age. It fosters a positive attitude to growing old throughout life and seeks to break down stereotypes and change attitudes to ageing, promoting understanding between the generations. It is estimated that by 2025 there will be approximately 1.2 billion people over 60, and 2 billion in 2050. Women also live longer than men in virtually all societies, therefore among the very elderly population, the ratio of women to men is 2 to 1.

Too often - both as individuals and as a society - we tend to think of aging as a threat rather than as a conquest. Over the years, we accumulate valuable experience and skills that can be transmitted to younger generations. Therefore, *aging well*, especially *aging healthily*, is fundamental.

The theme of Active Ageing inevitably brings with it the theme of Health, considered not as the absence of disease but rather as a state of physical and mental wellbeing. Therefore, another fundamental objective is providing information and guidance on chronic degenerative diseases such as Diabetes, Cardiovascular illnesses, Hypertension, Cancer, Metabolic Syndrome — and especially on the adoption of disease preventive lifestyles. It is estimated that the annual cost of treatment and care incurred in treating the above-mentioned diseases in Italy is around 40 billion euros.

STRATEGIES

- ✓ **Promote** women's Health, in adulthood and in old age.
- ✓ **Promote** the culture of living and not of mere survival among women.
- ✓ **Inform** women on the appropriate diet in terms of: quantity, quality, safety, eco-sustainability and profitability, using all mass media available.
- ✓ **Educate** women in how to combat malnutrition, whether meaning excess or poor diet, in rich and poor countries (e.g. Mediterranean diet, vegetarian diet ...).
- ✓ **Help** women to **combat** Infectious Diseases (HIV, Malaria, TBC) and Chronic-Degenerative Diseases (NCD: Obesity, Diabetes, Hypertension, Stroke, Heart Attack, Neurodegenerative Diseases, Arthritis, Osteoporosis).

- ✓ **Prepare itineraries** of “cure” and “care” for women suffering from: breast, uterine, colorectal Cancer; Diabetes, Obesity, Osteoporosis, Hypertension, heart and circulation Diseases, Neurodegenerative Diseases, Dementias, Depression, Anxiety, Substance Abuse Syndrome.

ACTION PLAN

- ✓ **Prepare agreements** with Institutions and Healthcare Organizations to open women’s day service.
- ✓ **Organize events** devoted to the values in life: “Life is Beautiful” (cosmetic treatments, fashion, spa treatments, cultural and music meetings, relaxation techniques, indoor/outdoor physical exercise, good sexual activity, good food ...).
- ✓ **Guide** women towards the right physical activities, also by means of local dances and music, for the control of neurodegenerative diseases (Parkinson, Alzheimer), Osteoporosis (posture control, falling, fractures) and endocrine-metabolic diseases (Diabetes, Obesity etc.).
- ✓ **Establish** women’s services for the treatment of sick women (special openings at week-ends and late in the evening).
- ✓ **Develop** a brain training program (art, culture, mentally-engaging games etc.) with several experts to prevent and learn to live well with neurodegenerative aging Disorders such as Dementia and Alzheimer's Disease.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 7

HOW BPW INTERNATIONAL CAN IMPACT ON DAILY LIVES OF WOMEN (SDG N.18)

- **Ensure the health and well-being for all**
- **Fit for Success**

RATIONALE BY AMANY ASFOUR

“BPW International can offer a great contribution to the global Agenda of SDGs, but also to the Goal 18 of sustainability of BPW International and how our Federation could have an impact on the daily life of women and their health and wellbeing”

A.A. - BPW International President 2017-2020

According to the current BPW International president Amany Asfour, BPW International should take action and implement plans to positively impact the lives of women all over the world and consequently improve their Health and Well-being.

The most important step for women to be empowered is their physical and mental Health.

RATIONALE ENSURE THE HEALTH AND WELL BEING FOR ALL

Health and Well-being are deeply personal matters. The evolution towards defining Health as a social issue led to the founding of the World Health Organization (WHO) in 1946. With the emergence of Health as a public issue, the conception of it changed. WHO developed and promulgated the understanding of Health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

It defined an integrated approach linking together all the factors related to human well-being, including physical and social surroundings conducive to good Health. With the establishment of WHO, for the first time the right to Health was recognized internationally. **The WHO Constitution** states that “*the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.*”

Not only is health a Human Right, but also "**Women's rights are Human Rights**"; this was the main message sent from the Beijing action platform in 1995 shared by all the governments of the world. Such message was reaffirmed at the meeting held in New York in March 2005, at the U.N. building, during the fifth world conference on women "Beijing + 10". During the following meeting in 2015, still in Beijing, the governments of the whole world had to fully undertake turning those commitments into reality in order to assert women's Human Rights. First of all, the right of global health intended as physical, psychological and social condition.

Current gender disparities also affect sexual and reproductive Health because economically and socially disadvantaged women are less likely to access Health services and information, negotiate safer sex and act upon self-defined reproductive choices. For many women and girls in developing countries, reproductive Health outcomes are dismal. Some 290,000 women die each year from pregnancy-related causes and nearly all of those deaths occur in the developing world. Additionally, 222 million women want to delay or avoid pregnancy, but are not using effective contraceptives.

- **Articles 23 and 24 of the CRC** (Convention on the Rights of the Child) recognize the right to health for all children and identify several steps for its realization.
- **Cedaw** establishes the obligation to adopt adequate measures to guarantee women access to health and medical care, with no discrimination whatsoever, including access to family planning services. It also establishes the commitment to guarantee adequate maternal and Child Health Care (art. 12[2]).
- **UN Convention on the Rights of the Child** considers marriage before the age of 18 a Human Rights violation.
- **Unicef** described child marriage as “*perhaps the most prevalent form of sexual abuse and exploitation of girls*”.

RATIONALE FIT FOR SUCCESS

As said above, Women’s Health is the key to achieving empowerment and equality, as “We cannot be a force for change and improvement if we are continually silenced and marginalized not only by society but by our very own bodies”. Women face a variety of specific issues that are often sidelined by seemingly “universal” issues that are, in fact, male issues. This is why we must take care of ourselves and other women, and pay particular attention to our health as women, as mothers, as business owners and workers, as artists, as politicians, as doctors and researchers, as teachers and mentors, as victims and as fighters, as lovers, as daughters, as sisters, as grandmothers.

As leaders, all of us play an important role in training other women for leadership. Through mentoring, supporting and coaching, we can help other women have courage, gravitas, strong communication skills. The world around us is evolving, and the opportunities that exist today create new choices that bring to bear unlimited potential. All of us are capable of making great things happen. We can seek guidance from those who have humanity's interests at heart, like the U.N. and the WHO, but we must effect our own change and give back guidance on what we need as women first and foremost.

STRATEGIES

Basic health & fitness is essential for BPW affiliates to improve their individual status and awareness for better helping other women to advance in their own life.

- ✓ **Raise** the Health and Well-being of women through the promotion of Self-Health, education and individual action.
- ✓ **Facilitate** advocacy to remove barriers to women attaining an optimum level of personal health and wellbeing.
- ✓ **Raise awareness** and **sensitize** traditional and religious leaders, government officials, women groups, opinion leaders and other stakeholders on the implications of child marriage.
- ✓ **Advocate** for free and compulsory basic education for girls.

- ✓ **Promote** information campaigns to spread the culture of reproductive Health and safer sex to prevent STDs and unwanted and at risk pregnancies.
- ✓ **Encourage** affiliates to fight Communicable Diseases, in particular STDs (HIV/AIDS, HPV).
- ✓ **Educate** women on how to fight malnutrition due to both too rich or too poor diets in different countries.
- ✓ **Inform** women on the appropriate diet in terms of: quantity, quality, safety, eco sustainability and profitability, using all available mass-media.
- ✓ **Guide** women towards right physical activities, even by means of dance and music, for their Wellbeing and control of neurodegenerative diseases (Parkinson, Alzheimer), Osteoporosis (Posture Control, falling prevention) and Endocrine-metabolic Diseases (Diabetes, Obesity etc.)
- ✓ **Promote** the establishment of musical environments in schools, in workplaces, in hospitals, in prisons to improve the physical and mental well-being.
- ✓ **Promote** the culture of living and not of mere survival among women: emergency situations, disasters, crises, conflicts and poverty.
- ✓ **Contribute** to disseminate and train women in survival emergency plans.

ACTION PLAN

- ✓ **Lobby** Governments, public and private Institutions and NGOs to increase resources, strengthen facilities and build effective partnerships, to make sure that all the people living in low- and middle-income countries can access and use healthy, affordable and high-quality food supplies to ensure a healthier and safer life.
- ✓ **Develop** a “Fit for Success” programme and send out to all Federations for distribution to their Clubs.
- ✓ **Prepare** survival emergency plans.
- ✓ BPW Clubs have to **implement** the BPW “Fit for Success” programme in their Club activities.
- ✓ **Support** the BPWI representative to WHO promoting observation of “Move for Health Day” on May 10 each year.
- ✓ **Encourage** all Clubs to undertake a health related activity annually, preferably on or around May 10th, e.g. Group Walk, Health Speaker / Seminar, Health Checks.
- ✓ **Promote advocacy and lobbying** activities to implement BPWI policies relating to Health.
- ✓ **Prepare** itineraries of “cure” and “care” for women suffering from: breast, uterine, colorectal cancer; Diabetes, Obesity, Hypertension, Heart and Circulation Diseases, Neurodegenerative Diseases, Dementias, Depression, Anxiety, Drugs Abuse Syndrome, **HIV/AIDS, HPV, Osteoporosis (see below).**

- ✓ **Gain** the approval of WHO and BPWI for the proposed Wellness Project.
- ✓ **Develop and implement** the detailed programme of the Wellness Project in consultation with Health and Wellness Taskforce and the Health Interest Group.
- ✓ **Take action** to promote women's right to good Health and Well-being.
- ✓ **Advancing** the Health status of women requires a global approach developed from local issues and priorities, and supported by coordination of activities at Clubs level.
- ✓ **Work in collaboration** with the BPWI representative to WHO to ensure that our programmes align with WHO objectives for women's health.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 8

“TREAT ALL WOMEN AND MEN FAIRLY AT WORK, RESPECT AND SUPPORT HUMAN RIGHTS AND NON DISCRIMINATION”

- PROJECT A: Prevention of work-related stress

RATIONALE

The changing world of work is increasing demands on workers, though downsizing and outsourcing, the greater need for flexibility in term of function and skills, increasing use of temporary contracts, increasing job insecurity and work intensification (with higher workload and more pressure), and poor work-life balance stress in the workplace is now widely recognized as a major problem facing a growing number of companies all over the world. Stress at work affect anyone at any level. Protracted stress becomes a risk to safety and health.

ACTION PLAN

- ✓ **Promote** prevention and health at work.
- ✓ **Prevent** absenteeism, turnover, disciplinary actions related to stress at work.
- ✓ **Inform** about Stress Psycho-somatic Reactions (back problems, headaches, weakened immunity, heart problems, hypertension, depression...).

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

- **PROJECT B:** Prevention on the work place against the “harassment”

RATIONALE

Harassment (also known as bullying, mobbing, or psychological violence) refers to repeated, unreasonable behavior directed towards an employee, or group of employees, aimed at victimizing, humiliating, undermining or threatening harassed person.

ACTION PLAN

- ✓ **Promote** social and corporate culture of prevention from harassment.
- ✓ **Spread** a participating **leadership** favouring individual’s worth and organizational well-being.
- ✓ **Raise awareness** of Organizations and Institutions in setting up the taking of responsibility for harassment victims as well as their assistance.

- **PROJECT C:** Prevention on the work place against violence

RATIONALE C.1 (PHYSICAL VIOLENCE)

Physical violence is one of the most serious occupational hazards, it covers insults, threats or physical aggression, the consequences of violent incidents, which include injury, Post-Traumatic Stress Disorder, sickness absence and poor job performance, can be extremely serious for both individuals and Organizations.

RATIONALE C.2 (NEW TECHNOLOGIES)

New technologies (including mobile telephony, wireless media devices and on-line space such as the world wide web) and the applications they make available (social networking sites such as Facebook and Myspace, Twitter, YouTube and other interactive media) provide unparalleled opportunities for people across the world, especially young people, to break down barriers that isolate and separate them sadly, as Technology advances, becoming cheaper and more accessible, and as children and young people grow in skills and familiarity and move out of the protection nets once provided by their families and other adult careers, there is an urgent need to take action in this area. This action should be complementary to the action of Government and Law Enforcement, and should focus on using the social outreach and privileged position of BPWI in the community (Resolution 2 Helsinki 2011).

ACTION PLAN (under rationale C.1 - Physical violence)

- ✓ **Propagate** the “culture” of safety in the workplace- working with the public, handling money, working alone - (including journeys to and from work and at home).
- ✓ **Prepare** positive actions for the prevention of abuse, sexual and non sexual violence in workplaces, at home and in social spaces.
- ✓ **Drive** Governments to prepare regulations for the protection of women in the workplace, at home and in social spaces.

ACTION PLAN (under rationale C.2 - New technologies)

- ✓ **Train** women to use and exploit “networks and cloud services”.
- ✓ **Eradicate** the inappropriate use of technology against violence on women and girls (Resolution 2).
- ✓ **Develop** a Social Opportunity and Healthcare model using the principles of Cloud Services.
- ✓ **Improve** the quality of life of elderly people and their care-givers and relatives.
- ✓ **Help** to personalise Health and Social Care.
- ✓ **Raise awareness** and building consensus via the cooperation of stakeholders and the establishment of a best practices internet portal for smart homes and independent applications.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OBJECTIVE 9

HUMAN AND SOCIO-ECONOMIC VALUES OF HEALTH AND WELL-BEING IN THE GLOBALIZATION ERA (SDG N. 3)

HIV/AIDS

RATIONALE

The Melbourne Declaration made by the Nobel Prize Françoise Barré-Sinoussi sums up in a few lines the thinking of the scientist and of all those who, like her, are fighting the HIV and everything that (from the social, political, cultural and economic point of view) prevents patients from seeing their fundamental human rights recognized. The statement is “To defeat HIV and achieve universal access to prevention, treatment and care, no one should be discriminated because of sex, age, race, ethnic origin, disability, religion, country of origin, sexual orientation, gender identity, status as a prisoner or detainee, use of illicit drugs or the fact that they are living with HIV”. Repressive attitudes, according to scientists, do nothing but promote the spread of the virus which, in fact, 31 years after its discovery, continues to affect millions of people around the world.

According to the WHO, there were approximately 35 million people worldwide living with HIV/AIDS in 2013. Of these, 3.2 million were children (<15 years old), most of whom live in sub-Saharan Africa and were infected by their HIV-positive mothers during pregnancy, childbirth or breast-feeding. Sub-Saharan Africa is the most affected region, with 24.7 million people living with HIV in 2013. In addition, 19 million of the 35 million people living with HIV today do not know that they have the virus.

At the end of 2013, 12.9 million people living with HIV were receiving ART globally, of which 11.7 million were receiving ART in low- and middle-income countries. About 740,000 of those were children. This is a 5.6 million increase in the number of people receiving ART since 2010. However, almost 22 million other people living with HIV, or 3 of 5 people living with HIV, still have no access to ART.

STRATEGIES

- ✓ **Collect, analyse and disseminate** data and information that identifies the special risk to girls and women of HIV/AIDS.
- ✓ **Identify and advocate** for the removal of barriers to access by women and girls to HIV/AIDS education, prevention and treatment.
- ✓ **Use** the influence of women living with HIV/AIDS to promote the development of education and treatment programs with their involvement.
- ✓ **Build** partnership with local and international media to promote social change and reduce the stigma of HIV/AIDS.
- ✓ **Encourage** Governments and NGOs to further support research into a definite cure and vaccines and to promote wider availability of present treatments especially in poor regions.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

HPV / CERVIX UTERI CANCER

RATIONALE

Cervical cancer is the second most common cancer in women, with an estimated 530,000 new cases every year caused by HPV, although the viruses also play a significant role in cancers of the vulva, vagina, anus, penis, and oropharynx. Every year, more than 270,000 women die from cervical cancer; more than 85% of these deaths are in low- and middle-income countries.

Human Papillomavirus (HPV) is the most common viral infection of the reproductive tract, sexually transmitted, but not only by penetrative sex; skin-to-skin genital contact is a well-recognized mode of transmission. Most sexually active women and men will be infected at some point in their lives and some may be repeatedly infected. There are more than 100 types of HPV. Two HPV types (16 and 18) cause 70% of cervical cancers and precancerous cervical lesions.

The WHO recommends that HPV vaccines be introduced into national immunization programs where prevention of cervical cancer is a public health priority and vaccine introduction is feasible and sustainable. By the end of 2012, 45 countries had introduced HPV vaccination.

Two vaccines, Cervarix® and Gardasil®, are approved by the U.S. Food and Drug Administration (FDA) to prevent several HPV-associated diseases. These vaccines prevent infections by the two most prevalent types of cancer-causing HPV: HPV16 and HPV18.

Use of condoms

Condoms provide some protection against HPV but they don't completely prevent infection because they don't cover every possible HPV-infected area of the body, such as skin of the genital or anal area. Female condoms fit inside the vagina and can help protect against pregnancy. They also can protect against sexually transmitted infections, including HPV and HIV, although for this they aren't as effective as male condoms.

STRATEGIES

- ✓ **Support** the WHO in recommending that HPV vaccines be introduced into national immunization programs where prevention of cervical cancer is a public health priority and vaccine introduction is feasible and sustainable, and promote screening.
- ✓ **Promote** action by all Affiliates to strongly encourage HPV vaccination of age-eligible males and females whenever other vaccines are administered, and especially introduction in low-income countries
- ✓ **Promote** information programs geared towards young girls and especially their parents, involving Health Officials (paediatricians, general practitioners, gynaecologists, vaccine operators), who are the direct contact on the ground.

These events could include politicians and decision makers so that they may increase priority on current prevention programs.

ACTION PLAN

- ✓ **Organize** a day for female and male teenagers to increase awareness of the importance of primary prevention (vaccines, screening, safer sex, etc.).
- ✓ All Women should **begin** cervical cancer testing (screening) at age 21. Women aged 21 to 29, should have a Pap Test every 3 years. (HPV testing should not be used for screening in this age group, it may be used as a part of follow-up for an abnormal pap test. Beginning at age 30, the preferred way to screen is with a Pap Test combined with an HPV test every 5 years. This is called co-testing and should continue until age 65).

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

BREAST CANCER

RATIONALE

Cancer is one of the most serious health problems in Public Health given its high and increasing prevalence worldwide, being one of the main causes of morbidity and mortality and also responsible for a significant decrease in life quality. With new cancer cases worldwide expected to rise from 14 million to 22 million per year within the next two decades, and annual cancer deaths rising from 8.2 million to 13 million, the United Nations today called for multipronged preventive action including treaties and laws extending tobacco-style restrictions to alcohol and sweetened beverages. There are several factors that can be associated with breast cancer, such as gender, bad eating habits and respective lifestyles, family history, alcohol or tobacco consumption, lack of breast feeding, hormone treatments, overweight, and obesity, among others. Treatment alone will not win war on cancer: prevention is crucial.

STRATEGIES

- ✓ **Encourage** Affiliates to participate in projects on education on healthy life styles: healthy nutrition, physical activity.
- ✓ **Encourage** BPWI Clubs in each region to ensure that members are aware of sources of relevant Health information and how to access it.
- ✓ **Encourage** BPWI Affiliates to support relevant UN/ WHO activities regarding in their own Regions.

ACTION PLAN

- ✓ Where these are inadequate, **lobby** Governments to improve information, services and access to high-quality screening and early detection programmes, which are an investment rather than a cost.
- ✓ **Adequate legislation** is needed to reduce exposure and risk behaviours, citing the first international treaty sponsored by WHO, the Framework Convention on Tobacco Control, as critical to reducing tobacco consumption, a major contributor to lung and other Cancers, through taxes, advertising **Restrictions**, and other **Regulations** and measures to control and discourage its use of tobacco.

LIASONS

- ✓ See above on p. 14.

KPIs

- ✓ See above on p. 15.

TARGET DATAS

- ✓ See above on p. 16.

OSTEOPOROSIS

RATIONALE

Due to its significant occurrence worldwide, osteoporosis is considered a serious public health concern. Currently it is estimated the over 200 million people suffer from the disease. Approximately 30% of all postmenopausal women have osteoporosis in the US and Europe, and at least 40% of them and 15-30% of men will sustain one or more fragility fractures in their remaining lifetime.

Ageing of populations worldwide will be responsible for a major increase in the incidence of osteoporosis everywhere.

In 1998 the WHO established a Task Force to develop a strategy for the management and prevention of osteoporosis.

In 1999 a partnership was formed between the **International Osteoporosis Foundation (IOF) and BPW International** with the aim of working together to fight osteoporosis and skeletal diseases.

In 2008 at the XXVI BPW International Congress, Resolution n.17 proposed by BPW New Zealand confirmed the commitment of BPW International to the partnership and to taking action to reduce the impact of Osteoporosis on women.

STRATEGIES

- ✓ **Maintain** communication between the IOF and BPW International to identify any program we can support and promote through our network.
- ✓ **Survey** Affiliates on the status of their local Osteoporosis Society, of their governments' education programmes about preventive measures, and screening facilities for early detection and treatment.

ACTION PLAN

- ✓ Where these are inadequate, **lobby** their Governments to improve information, services and access.
- ✓ **Encourage** Clubs to promote the benefits of regular weight-bearing exercise to their members.
- ✓ **Place** relevant articles on BPW online websites.

INFECTIOUS DISEASES

RATIONALE

Major advances have been made in combating infectious diseases. Globally in 2015, there were 0.3 new HIV (Human Immunodeficiency Virus) infections per 1,000 uninfected people; among children under 15 years of age, there were 0.08 new HIV infections. That data represents a decline of 45 percent and 71 per cent, respectively, since 2000. The incidence of HIV infection remained highest in sub-Saharan Africa, with 1.5 new infections per 1,000 uninfected people in 2015.

In 2015, 10.4 million new cases of Tuberculosis were reported worldwide, which represents 142 new cases per 100,000 people, or a decline of 17 percent since 2000. The global malaria incidence rate in 2015 was 94 per 1,000 people at risk, a 41 percent decrease since 2000. In 2015, 1.6 billion people required mass or individual treatment and care for neglected tropical diseases, a 21 percent decline from 2010. Around 1.34 million deaths were attributed to Hepatitis in 2015, including 0.9 million deaths owing to Hepatitis B. Hepatitis B can be prevented through vaccinations; global coverage of vaccinations for that disease among children 1 year of age increased from 29 percent in 2000 to 84 percent in 2015.

A major risk factor for Infectious Diseases and mortality is the lack of safe water, sanitation and hygiene (WASH) services, which disproportionately affects sub-Saharan Africa and Central/Southern Asia. Death rates owing to the lack of WASH services in those two regions were 46 and 23 per 100,000 people, respectively, compared to 12 per 100,000 people globally in 2012.

STRATEGIES

- ✓ **Support** the research and development of vaccines and medicines for the communicable diseases that primarily affect developing countries,
- ✓ **Provide access** to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health.
- ✓ **Provide access** to medicines for all.

REPRODUCTIVE, MATERNAL, NEONATAL AND CHILD HEALTH

RATIONALE

In 2015, the global maternal mortality ratio stood at 216 maternal deaths per 100,000 live births. Achieving the target of less than 70 maternal deaths by 2030 requires an annual rate of reduction of at least 7.5 percent, more than double the annual rate of progress achieved from 2000 to 2015. Most maternal deaths can be prevented. In 2016, 78 percent of live births worldwide benefited from skilled care during delivery, compared to 61 per cent in 2000. In sub-Saharan Africa, however, the rate in 2016 was only 53 percent of live births.

The mortality rate for children under 5 years of age globally was 43 deaths per 1,000 live births in 2015. That rate represents a 44 percent reduction since 2000. Mortality among children under 5 years of age remains high in sub-Saharan Africa, with a rate of 84 deaths per 1,000 live births in 2015.

Children are most vulnerable in the first 28 days of life (the neonatal period). In 2015, the global neonatal mortality rate was 19 deaths per 1,000 live births, a decrease from 31 deaths per 1,000 live births in 2000. Neonatal mortality is highest in Central and Southern Asia and in sub-Saharan Africa, at 29 deaths per 1,000 live births in each of those regions in 2015.

Preventing unintended pregnancies and reducing adolescent childbearing through universal access to sexual and reproductive health care is crucial to the health and well-being of women, children and adolescents. In 2017, 78 percent of women of reproductive age (15 to 49 years of age) worldwide who were married or in union

had their need for family planning satisfied with modern methods, up from 75 percent in 2000. Progress has been substantial in the least developed countries, with a rise of 18 percentage points from 2000 to 2017.

Globally, the adolescent birth rate among females aged 15 to 19 declined by 21 percent from 2000 to 2015; in Northern America and Southern Asia, it dropped by more than 50 percent. However, the adolescent birth rate remains high in two thirds of all countries, with more than 20 births per 1,000 adolescent girls in 2015. The new era of medicine will open enthusiasts and innovative scenarios at the same. More than ever, we have to remind that the most important thing is to take care of our physical and mental health, living in harmony with nature and respecting it.

STRATEGIES

- ✓ **Prioritize Sexual and Reproductive Health and Rights (SRHR)** and family planning more than ever.
- ✓ Not reinventing the wheel! **Use** existing policies, programmes and architecture for family planning, and identify opportunities to strengthen and align family planning and the SDGs instead of creating a parallel structure. Align policy recommendations.
- ✓ **Work** with key relevant government ministries – the Ministry of Health, Ministry of Planning, Ministry of Finance, Ministry for Women or Gender Equality and other ministries – to ensure greater alignment, and appropriate resources to implement national priorities.
- ✓ **Map** the links between the SDG and targets and national family planning.
- ✓ **Advocate** for alignment in expanding family planning access.

- ✓ **Encourage** the scaling up of sustainable investments as a critical component in fulfilling the SDGs, including full financing from domestic and international resources.
- ✓ **Advocates** may want to recall investment in family planning as a ‘best buy intervention’ in development and health outcomes.
- ✓ **Sustain**, expand and lead existing SRHR networks towards linking up with other issue-based coalitions doing SDG advocacy through common platforms on sustainable development.
- ✓ **Draw the Government’s attention for improving and investing in SRHR**, one of the most cost-effective investments that can be made towards sustainable development.
- ✓ **Strengthen** the inclusion of family planning within the broader Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCAH) and Universal Health Coverage (UHC) Agendas.
- ✓ **Strengthen** the advocacy message for policy, budget and implementation commitments to SRHR.
- ✓ **Help and coordinate** Civil Society efforts to advance SRHR and family planning.

CONCLUSION

Towards the Era of New Genomics and Medicine

The new Era of personalised medicine was born as a reaction to the “One size fits All” Medicine that treated in the same way different illnesses and patients with failures and adverse reactions to drugs. As there is not one shoe that fits all feet and not one size that fits us all, we need individual shoes – medicine. The revolution moved in three steps and began in the 1930s with the era of incidental discoveries such as aspirin and penicillin – medicine that helped without researchers knowing how and why they worked. The second revolution started in the 1970s with new experimental methods and systematic screenings to finding chemical cures. The last step began in the early 2000s with the end of the human genome project and is now localizing medicine to a personal level. Today’s Medicine uses new approaches to better manage patients’ Health and target therapies to achieve the best outcomes in the management of a patient’s disease or predisposition to disease. The disease is treated in the context of the patient, that is a world of proteins, of emotions, a family one. Since the first sequencing of the Human Genome in 2000 (at the cost of 1 billion dollars each) only 16 years have passed, and today we can have the genome of a person in a few hours and with a few hundred dollars, with a more precise profile of a person and a better treatment. By submitting DNA, we are submitting very special information. At that point we will know every thing about that person: their past illnesses and the best treatment, but also their possible future ones. So we have to be very careful and know who can have access to this data, who should use them and those who report them.

This is a very important issue: the security of data, the consent and the privacy arrangements for patients are paramount. If we do a mastectomy of a patient with mammal cancer and after we tell her that she is bearing a gene that predisposes her to have cancer on the contralateral breast too, should we advise her to undergo mastectomy? Ovariectomy? To tell it also to her daughters? In many situations of our lives lack of knowledge and uncertainty are unbearable. In the field of Medicine, it's often the opposite, as certainty can sometimes have the devastating effect of a landmine; whereas not knowing what is written about us in the Book of Life is an important factor of stability. This is an explosive issue that cannot only be of interest to the scientific world because there are also bio-ethical, social, religious and political issues of great relevance.

Definitely we have entered the New Era of Medicine

of the 4 'P's

Predictive, Preventive, Personalized, Participatory

Predictive

Until now individual care has been based on medical diagnostics, the study of family history, social circumstances, environment and behaviors. Now we have the genome, yet the genome isn't the whole story. It is the basic script, we need to deepen our knowledge on proteins, which are the machines that make us who we are; the proteome is doing the job and it might be changed by living standards, stress, food and plenty more. We have learned a lot about Epigenetics in the last ten years, which means that genes are the basic script, but which genes are active

or not changes through our lifetime and it is some kind of reprinting on a second layer above our genes. Although 16 years have passed after the sequence of the human genome, we still have a quantity of information but not much the ability to interpret it.

Preventive

Using genomic technologies and other diagnostics we will be able to identify people most at risk of disease even before the onset of their symptoms. Earlier detection will open up the prospect of new treatment options and support people to make informed lifestyle choices. This will create the potential to reduce the growing burden of diseases, particularly for long-term conditions such as c.v. diseases, cancer, chronic respiratory diseases and diabetes. With respect to man's expectations from techno-medicine for the "length of life, without diseases", we cannot create illusions and that even if we can prolong our life, in nature there are no "free lunches" and everything has a price. We have to recall that, even if life is 30-40 years longer, the price to pay is the higher incidence of cancer, cardiovascular and neurodegenerative diseases. The burden of these diseases will not be sustainable for long because people will be so old that it will not be possible to cure all of them. The economies of the countries, even the richest ones, will be affected by the ageing of the population.

Personalised

We are all unique. Personalised medicine offers the opportunity to move away from 'trial-and-error' prescribing the optimal therapy the first time round.

Currently, key pharmaceutical treatments are effective in only 30-60% of patients due to the differences in the way a person responds to, and metabolises medicines. The knowledge of the genetic variants at the basis of individual drug response can be used to create an individual's 'pharmacogenomic' profile, identifying optimal treatment. We can strengthen our ability to design appropriate health and care for our local populations through a more sophisticated understanding of the impact of age, gender and ethnicity or lifestyle factors that influence the onset of disease. This will enable us to be far smarter in the way that we manage and leverage the limited resources that we have.

New partnerships will be central in driving forward a personalised medicine approach – bringing together clinical practice, academic rigour, industry skills and the active involvement of patients and patient groups. Personalised medicine has advantages for individual patients, for populations, for science and for the wider economy.

Participatory

Medicine will be more and more participative with the patients who will take an active part in their therapy. It is not the time anymore when the doctor could say to the patient “I am the doctor, trust me...” Today, thanks to the information that the patient can access, doctors can transfer more and more responsibilities to the patients and their relatives. The ability for a clinician to discuss with their patients (e.g. information about individual genomic characteristics, lifestyle and environmental factors) and to interpret personal data from wearable technology will drive a new type of conversation.

They can consider lifestyle changes, and when treatments might not be necessary. It might also lead patients to consider preventative measures when there is high likelihood of a disease developing. This is a new era of medicine and it requires new knowledge amongst professionals, patients and the public to have confidence in using the information available to them.

Especially in the current globalized society where different stories, colors, religions and cultures mix together. We have to take into consideration different parameters; we have to approach every single individual in a very discreet way, depending on their real requirements. We can't possess other people's diseases and needs. Rather, every patient must be involved personally in the treatment they are given and, above all, they must be free to accept it or refuse it.

At this point I'm glad to remind you that the general and founding principles are stated in documents like the Convention on the Rights of Mankind and Biomedicine (1997) Oviedo and its related "Additional Protocol on Research", and also in the "Universal Declaration on Human Genome and the Rights of Mankind of UNESCO (1996) (United Nations Educational, Scientific, and Cultural Organization). The text of the Oviedo Convention declares: "The signatory parties of this Convention protect the Human Being in their dignity and identity and ensure every individual without discriminations the respect of their integrity and of the the Fundamental Rights and freedoms regarding the applications of Biology and Medicine. The interest and the wellbeing of human beings must prevail over the main interest of Society and Science.

The text of the UNESCO Universal Declaration on Genome declares:

art.1) “The Human Genome implies the fundamental unit of all the members of the human family as well as the recognition of their intrinsic dignity and their diversity. symbolically it is heritage of humanity”.

art.2) “Every individual is entitled to the respect of their dignity and of their rights whatever genetic characteristics they have. such dignity imposes not to limit individuals to their genetic characteristics and to respect the unique character of each person and their diversities”.