

International Federation of Business and Professional Women
“Empowering women to realize the Sustainable Development Goals”
Amany Asfour - President 2017-2020



BPWI INTERNATIONAL STANDING HEALTH AND WELL-BEING TASK FORCE ACTION PLAN 2017-2020

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“The most important thing is not Life, but the Good Life” (Socrates)



BPW International
International Federation of Business and Professional Women

Empowering Women to realize the Sustainable Development Goals

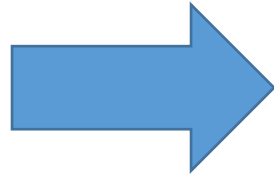
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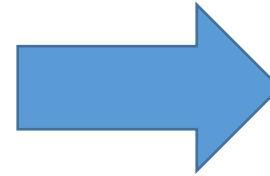


Summary

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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
- Participatory status with the Council of Europe
- Representation at UN Headquarters in New York, Vienna, Geneva; UN regional offices and UN specialized agencies



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International Focus



“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 I 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

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Overall strategies



1. Work in collaboration (and synergy) with: the UN liaison, the BPWI permanent representative to the Commission on the Status of Women (CSW), the WHO liaison, through Michelle Gerber, 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, 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.

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Action plans



1. Confirm and activate the Health Standing Committee 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 with Michele Gerber, the BPWI permanent representative at the WHO, 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”.

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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.



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Health and Well-Being Rationale



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.

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Health and Wellbeing Objectives

to advance toward selected SDGs by the Health and Wellbeing Taskforce



1. Live in peace (SDG N. 16)
2. Call for action against NCDs and childhood obesity (SDG N.3)
3. Equality for women and girls with disabilities (SDG N. 10)
4. Women in STEM: Fixing the leaking pipeline (SDG N. 5)
5. Reshaping the future: girls & women go digital (SDG N. 5)
6. Healthy Ageing Revolution (SDG N. 3)
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
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)
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

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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.*

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Key Performance Indicators (KPIs)



- Health Committee 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.
- Affiliates will report an activity to observe on World Health Day each year.

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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.

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Objective 1: “LIVE IN PEACE” (SDGS 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).

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.

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Objective 2: “CALL FOR ACTION AGAINST NCDS AND CHILDHOOD OBESITY” (SDG N.3)



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.

“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”.

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Objective 2: “CALL FOR ACTION AGAINST NCDS AND CHILDHOOD OBESITY” (SDG N.3)



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.

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Objective 3: “EQUALITY FOR WOMEN AND GIRLS WITH DISABILITIES” (SDG N.10)



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.

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.

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Objective 3: “EQUALITY FOR WOMEN AND GIRLS WITH DISABILITIES” (SDG N.10)



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.

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Objective 4: “WOMEN IN STEMM: FIXING THE LEAKING PIPELINE” (SDG N.5)



Rationale

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.

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Objective 4: “WOMEN IN STEMM: FIXING THE LEAKING PIPELINE” (SDG N.5)



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.

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Objective 5: “RESHAPING THE FUTURE: GIRLS & WOMEN GO DIGITAL” (SDG N.5)



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.

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 Healthcare 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

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Objective 5: ““RESHAPING THE FUTURE: GIRLS & WOMEN GO DIGITAL”” (SDG N.5)



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.

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Objective 6: “HEALTHY AGEING REVOLUTION” (SDG N.3)



Rationale

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.

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.

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Objective 6: “HEALTHY AGEING REVOLUTION” (SDG N.3)



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.

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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

Rationale Ensure The Health And Well Being For All

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.”*

Rationale Fit For Success

“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”

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Objective 7: “HOW BPW INTERNATIONAL CAN IMPACT ON DAILY LIVES OF WOMEN” (SDG N.18)



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.

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Objective 7: “HOW BPW INTERNATIONAL CAN IMPACT ON DAILY LIVES OF WOMEN” (SDG N.18)



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.

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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)



Project A: Prevention of work-related stress

Rationale

The changing world of work is increasing demands on workers, though downsizing and outsourcing, the grater 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...).

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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)



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.

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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.

Action Plan C.1

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.

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Project C: Prevention on the work place against violence

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 C.2

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

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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.

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.

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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.

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.

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HPV / CERVIX UTERI CANCER

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).

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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.

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.

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OSTEOPOROSIS

Rationale

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.

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INFECTUOUS DISEASES

Rationale

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.

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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.

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REPRODUCTIVE, MATERNAL, NEONATAL AND CHILD HEALTH

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.

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CONCLUSION: Towards a New Era of 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.

**Definitely we have entered the New Era of Medicine of The
four ‘P’s
Predictive, Preventive, Personalized, Participatory**

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CONCLUSION: Towards a New Era of Genomics and Medicine



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.

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CONCLUSION: Towards a New Era of Genomics and Medicine



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.

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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.

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”.*

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