



BPWI INTERNATIONAL STANDING COMMITTEE ON HEALTH

ACTION PLAN 2014 – 2017

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BPW International

International Federation of Business and Professional Women

Making a Difference through Leadership and Action

www.bpw-international.org

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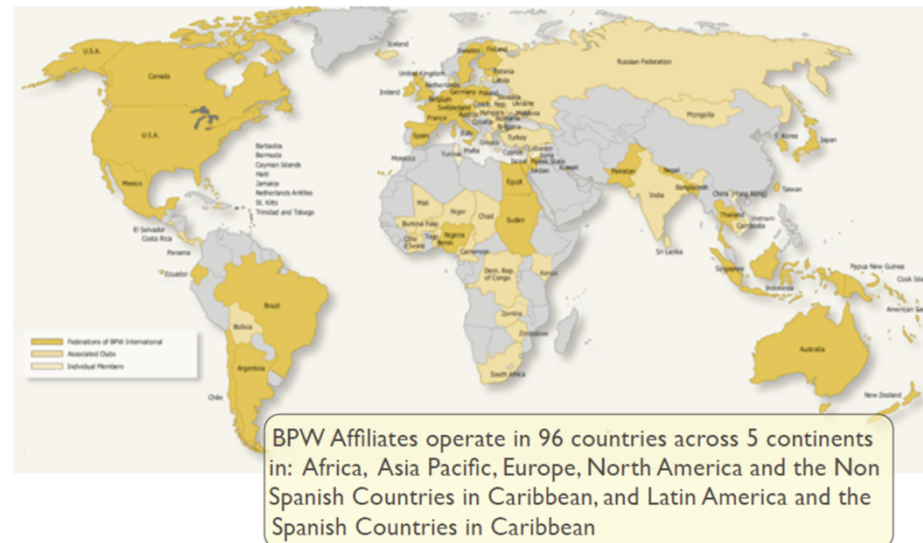
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History and roots

- **Founded in 1930** by Dr. Lena Madezin Phillips
- International **network** of **30.000** business professional women
- Consultative status with the United Nations Economic and Social Council (ECOSOC) and participatory status with the Council of Europe
- Representation at UN Headquarters in New York, Vienna, Geneva; UN regional offices and UN specialized agencies

BPW World Map



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International focus



“Building a stronger, more meaningful and more prosperous international society based on women’s improvement”

RATIONALE

“Each woman, as a citizen, must bring to the national policy of her own country, the contribution of forward-looking and constructive thought 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

“I strongly believe that what makes BPW so special is its members. If we join our efforts and work as a team and with our partner organizations in the initiatives, programs and projects, that we have and in those that may come before us, not only will we be empowering our own members, but all women in general. It is through our common action that we will see the results of our work. BPW was built by strong, hardworking pioneers who led us by example and who, through their efforts, improved the lives of women throughout the world. It is my commitment to work shoulder to shoulder with our members, *keeping our roots, building our future*. Together, we will be making a difference through leadership and action”.

Dr. Yasmin Darwich- International President 2014-2017

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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 World Health Organization (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 change in legislation where necessary
3. Representative from each region to lead the regional health network and coordinate regional activities
4. Network in each region of BPW members who 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 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 Yasmin Darwich 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. The theme for 2015 is "ACTION FOR PEACE"

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Health rationale



Women's health is the **key** to:

- Achieve equality
- Become a force for change and improvement

POINTS FOR ATTENTION

- Women are half of the world's population
- Non-communicable diseases affect everyone, but are not addressed as aggressively for women as they are for men
- Violence against women continues to drive discrimination and remains a unique problem that affects women all over the world
- Disabled women face double discrimination, and should receive double the efforts
- BPW International stands for Peace in the world respecting and supporting human rights and non discrimination. Let's fasten the knots of this great feminine network combining experience and commitment

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Objectives



1. Light up the world
2. Call for action against Noncommunicable diseases (NCDs)
3. Equality for women with disabilities
4. Women in Science (Wins) on board
5. Women's health, safety and well-being as human rights

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Women's empowerment principles (WEPs)

1. Establish high-level corporate leadership for gender equality
2. Treat all women and men fairly at work- respect and support human rights and non discrimination
3. Ensure the health, safety and well-being of all women and men workers
4. Promote education, training and professional development for women

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Key Performance Indicators (KPIs)

- Membership list and contact details
- Standing Committee and Task Force Guidelines
- Health Committee Action Plan
- WHO-BPW Collaboration Plan between WHO Department of Gender, Women and Health, and International Federation of Business and Professional Women 2011-2014 sent to Health Committee and Action Group
- Reports/Information provided by requested dates
- Triennial Report by March 2016
- Respond to requests by due dates
- Notify Health Committee and affiliates of the annual theme in February each year
- Affiliates will report an activity to observe World Health Day each year

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Target Data

- Interest Group formed (number of members TBD)
- Committee member appointments
- Triennial Report 31/3/2016
- Reports as requested
- World Health Day 7th April annually

Objective 1 – Light up the world for peace, respecting and supporting human rights and non discrimination



RATIONALE

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%;
- only 12% of the diplomatic bodies is of female gender.

However, women pay the higher price in terms of physical or moral violence and of wars.

BPW International stands for Peace in the world. Peace brings along justice, social equality, the right for education and jobs.

WEP 2: Respect and support human rights and non discrimination

STRATEGIES

- Promote IT education for women, targeting in particular young girls and middle aged women, to strengthen women's voices all over the world
- Lobby local governments to uphold the universal declaration of human rights as adopted by the UN General Assembly on 10 December 1948
- Lobby local governments to sign a disarmament agreement
- Lobby local governments for better assistance to war refugees
- Push for women scientists to hold positions of responsibility within governments in order to further contribute to world peace
- BPW for Peace: organize concerts, conferences or artistic exhibitions promoting the culture of peace as seen through the eyes of women artists
- BPW for Peace gala dinner: a night to honor past Nobel Peace Prize winners and this year's winner, teenager Malala Yousafzai

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Objective 2 – Call for action against NCDs and childhood obesity: Red Belt for health, to prevent cardiometabolic risk (1/2)



RATIONALE

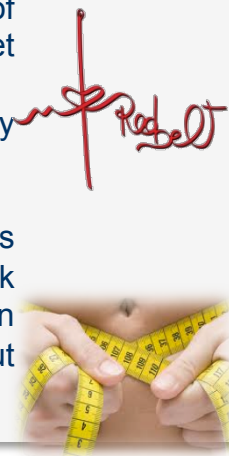
NCDs, such as cardiovascular diseases, cancers, chronic respiratory diseases, obesity, kill more than 36 million people each year. In the 65th World Health Assembly held in Geneva in 2012, Governments and NGOs were poised to agree to a historic target to **reduce premature deaths** from NCDs **by 25% by 2025**. By acting on seven modifiable risk factors (physical inactivity, high blood pressure, high cholesterol, high blood glucose, overweight, harmful use of tobacco and alcohol) it will be possible to reduce the disability-adjusted life years (DALYs).

There is no economic growth without a healthy population.

THE RED BELT PROJECT

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 broncho-pulmonary pathologies, for 70% of disability and 85% of deaths around the world.

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.



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Objective 2 – Call for action against NCDs and childhood obesity: Red Belt for health, to prevent cardiometabolic risk (2/2)



More attention 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 actual 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

STRATEGIES

- Advocate for and raise awareness, spread knowledge and share information for the prevention and control of NCDs 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 NCDs, health of people and welfare and development of nations
- Establish a series of webinars starting in 2015 to support and spread information about NCDs
- 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
- Conduct an awareness campaign in schools promoting healthy diets and physical activity, against obesity. 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)
- Promote the **Red Belt project** for monitoring the cardiovascular health of women and children in a simple and safe way, while providing guidelines for behavioral healthy lifestyle and well-being, fighting the main cardiometabolic risk factors

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Objective 3 – Equality for women and girls with disabilities



E-1 / E-2 Resolutions for BPW Congress 2014 by BPW New Zealand

RATIONALE

Around 15% of the world population has disabilities. Half of them are women, who are more likely to experience discrimination. In particular, they are:

- twice as likely to be victims of domestic violence
- disproportionately represented among those who lack education/qualifications, do not work and have low income
- more likely to experience poor social and economic outcomes across the course of their lives
- institutionalized in accommodation for the elderly, the ill and the dying, when they are still young

The Convention on the Rights of Persons with Disabilities (CRPD), adopted by the UN General Assembly in 2006, emphasized *“the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities”*.

STRATEGIES

- **Drive** governments or state to sign and ratify UNCPRD or optional protocol (E-1/E-2 resolutions for BPW Congress 2014 by BPW New Zealand)
- **Drive** governments or state to prepare regulations for the protection of women with disabilities at the workplace, home and social spaces
- **Prepare** positive actions for the prevention of abuse, sexual and non sexual violence at workplace, home and social spaces
- **Drive** governments towards the development of building plans that envisage the use of home automation and telematics when building homes for elderly and disabled people (smart houses)
- **Promote** the use of domotics and IT for the support of women with disabilities, lobbying governments for the subsidizing of specific technology to improve the lives of women with disabilities, and web accessibility
- **Promote** the use of telemedicine at government level (call centres - contact centres: teleconsultation, multi-specialist videoconsultation, second opinion, telenursing and nursing triage)
- **Improve** the quality of life of elderly disabled people and their care-givers and relatives
- **Promote** the culture of [“friendly cities”](#) for disabled girls, women and the elderly
- **Organise** information meetings on urban areas for disabled and elderly women with the involvement of health and wellbeing stakeholders
- **Prepare** information campaigns (leaflets, calendars, gadgets, commercials, posters) on healthy lifestyles, guiding women towards right physical activities, appropriate diets and a safe and fulfilling sexual life
- **Set up** awareness policies (organise meetings, promote events) aimed at the health staff dealing with the “reproductive path” of women with disabilities drive governments or state to signet and ratified UNCPRD or optional protocol

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Objective 4 – Women in science (WINs) on board, building women for leadership in the healthcare profession



RATIONALE

- In the US, only about 15% of board member are women
- In Europe, only about 15% of non-executive board members and only 8.9% of executive board members are women

→ The objective is to destroy the glass ceiling preventing women from accessing executive positions and pursue equal duties with men to share the 50% of family care

- **WEP 1:** Establish high-level corporate leadership for gender equality
- **WEP 4:** Promote education, training and professional development for women
- E-5 Resolution for BPW Congress 2014 by BPW Europe

STRATEGIES

- Implementing at country and regional level appropriate and binding measures to increase the number of women in academic research, on boards and as CEOs of pharmaceutical 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 science for research and management
- Clubs should urge governments to invest in scientific and technological research carried out by women and encourage the 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 organize 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 state promoting conciliation actions providing kindergartens, nursery schools, day schools and promoting family friendly policies

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Objective 5 – Women’s health, safety and well-being as human rights



RATIONALE

The WHO defined health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* and **the right of health** was recognized internationally. The WHO Constitution affirms 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"*.

WEP 3: Ensure the health, safety and well-being of all women and men workers

- Resolution 17 for BPW Congress 2008 by BPW New Zealand
- E6 4° resolution for BPW Congress 2014 by BPW Africa

STRATEGIES

- **Push** 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
- **Advocacy** – creating awareness and sensitizing traditional and religious leaders, government officials, women groups, opinion leaders and other stakeholders on the implication of child marriage; and advocating for free and compulsory basic education for the girl child.
- **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 diet, in different countries.
- **Inform** women on the appropriate diet in terms of: quantity, quality, safety, eco sustainability and profitability, using all available mass-media.
- **Promote** the culture of living and not of mere survival among women: emergency situations, disasters, crises, conflicts and poverty.
- **Raise awareness and help** countries prepare survival emergency plans; contribute to disseminate and train women in survival emergency plans
- **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)**
- **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** events devoted to the values of life: “Life is beautiful“ (cosmetic treatments, fashion, spa treatments, cultural and music meetings, relaxation techniques, indoor/outdoor physical exercise, good and safe sexual activity, good and safe food)
- **Promote** the establishment of musical environments in schools, in workplaces, in hospitals, in prisons to improve the physical and mental wellbeing.

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HIV / AIDS

"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".

Melbourne Declaration made by the Nobel Prize Françoise Barré-Sinoussi

- **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
- **Sub-Saharan Africa** is the **most affected region**, with 24.7 million people living with HIV in 2013
- 19 million of the 35 million people living with HIV today do not know that they have the virus
- 12.9 million people living with HIV received ART globally, at the end of 2013. About 740,000 of those were children.
- Even though, there was an increase of 5.6 million people receiving ART since 2010, **3 out 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 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

- Cervical Cancer is the second most **common** cancer in **women**, with **530.000 new cases** every year
- HPV is the most common viral infection of the reproductive tract
- 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
- Prevention of cervical cancer is a public health priority
- Use of condoms provides some protection against HPV

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
- 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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OSTEOPOROSIS

- Due to its important prevalence 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 programs about preventive measures, and screening facilities for early detection and treatment.
- Where these are inadequate, to 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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