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Agenda item 16

**STATEMENT BY MARGARET D. MAXWELL, M.B.CH.B (N.Z)**

**REPRESENTATIVE, MEDICAL WOMEN'S INTERNATIONAL  
ASSOCIATION (MWIA)**

Mr. Chairman, Your Excellencies and Distinguished Delegates:

Thank you for giving me this opportunity to represent MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION (MWIA) at this Meeting and to outline some of the Association's aims.

MWIA is an NGO in official relations with WHO since 1954.

MWIA was formed in 1919. To-day it is the umbrella organisation of approximately 18,000 women doctors from 91 countries worldwide.

Within Western Pacific Region (WPR) National Associations are established in Mongolia, Japan, Korea, Philippines, Australia and others. Individual Members come from other countries including New Zealand.

Many issues addressed by WHO and other UN agencies are foremost on our Agenda. These stress the importance of provision for optimal health from conception to old age. MWIA believes that high quality health must be available, accessible, affordable and appropriate to all. MWIA encourages its members to strive towards these aims for all those under their care taking cognisance of social and cultural factors.

Specially prepared Manuals have been extensively circulated through the National Associations -

- Gender Mainstreaming training Manual (2001) is used to educate physicians in providing a gender perspective to health care

- Training Manual for Adolescent Sexuality (2004) especially for doctors/nurses dealing with this age group
- Leadership for women doctors -encouraging women doctors to take on Leadership roles especially now that many more women are in Medical School training.

As Dr Gro Harlem Brundtland, Secretary-General of WHO stated

"No country treats their women the same as they treat their men." Doctors need to be pro-active to ensure that their influence does not decline as the majority of medical doctors around the world become female.

One major issue confronting WHO, UN and all practising doctors is the HIV/AIDS pandemic. MWIA has been at the forefront of mainstreaming gender into health issues and nowhere is this more important than in reduction and eradication of HIV/AIDS worldwide.

In the sub Saharan African situation increasing numbers of women are becoming affected.

Although where transmission of HIV/AIDS is heterosexual the low status of women does not allow them to negotiate safer sex (Most are married women who are infected by their husbands. Sexual violence is an added factor)

The majority of the trained health care providers are women, and there is a low morale amongst them especially when increasing numbers of young people become infected with HIV/AIDS.

Additionally, there are not enough resources directed to help women who care for their family members who are living with HIV/AIDS.

Accessibility to preventive care and ongoing medication for treatment of HIV/AIDS needs further governmental support and implementation as a matter of urgency.

MWIA advocates empowerment of women and gender equity as a new approach for reversing the HIV/AIDS pandemic.

Although the WPR is not so hard-hit as Sub Saharan Africa, we can learn valuable lessons from their experiences and we must be pro-active and adopt all possible measures to keep HIV/AIDS from disseminating through WPR countries in a similar fashion.

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