

WOMEN GRADUATES–USA

WG-USA is the USA affiliate of Graduate Women International

Resolution

Issue: Global Women’s Health

Title: Promote Global Women’s Health and Universal Health Care as Cornerstone for Women’s Education, Sustainable Economic Development and Societal Prosperity

Resolution Number: 2022.R19

Resolution Text:

WG-USA RESOLVES:

- *To advocate for health as a human right for everyone and strengthening this for women and girls.*
- *To incorporate the actions of the Global Women’s Health working group aligned to recognize the core role of health for education, sustainable economic development, and societal prosperity.*
- *To advocate for achieving the SDG 3 – good health and wellbeing for all, and universal health care for all genders.*
- *(To) build partnerships and advocate to eliminate socio-economic disparities by guaranteeing sustainable health equity.*
- *(To) recognize and protect women’s basic right to access to health care, particularly at critical life stages of puberty, reproductive, menopause and eldercare.*

We urge women’s health to be highlighted at all levels.

Note: This is an update of Resolution 2020.R1. The balance of text on pages 2-6 is unchanged.

Supporting Statement:

Healthcare is a necessity and core value of human existence. Despite this awareness, nation states including the USA are not recognizing this in their capacity building, policies or decision making; nor allocating priority resources for effective comprehensive services or investing in education and training. Hence, there is an urgent need for immediate action in all levels in USA and globally to support the Alma Ata Declaration. These disparities are made more apparent during the COVID19 pandemic.

This resolution is in support of the WG-USA Resolution 15 to urge the US Ratification of the UN Convention on the Rights of the Child and clarify the need to address the issues of neglecting health as a human right, both nationally and globally.

We need to advocate at all levels to eliminate systemic racism and institutional bias and take action to remove obstacles and practices that currently prevent the progress of under-served populations. Additionally, take responsible steps for achieving the SDG3, for good health and wellbeing, and sustainable health equity for all by 2030. The following from the World Health Organization (WHO) provides contextual history.

WHO called at the Global Conference on Primary Health Care in Astana to return to the Declaration of Alma-Ata after 50 years since 1978. The Alma-Ata Declaration emerged as a major milestone of the twentieth century in the field of public health, and it identified primary health care as the key to the attainment of the SDG3 goal of Health for All. The following are excerpts from the Declaration:

- Health, which is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right. The attainment of the highest possible level of health is a most important global social goal. The realization requires action of many social and economic sectors in addition to the health sector.
- The existing inequalities in the health status of the people, is politically, socially, and economically unacceptable and is, therefore, of common concern to everyone globally. We, the people have a right and duty to participate individually and collectively in the planning and implementation of our health care.
- Primary health care is essential and is based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families. Health care needs to be affordable, fully inclusive, with comprehensive coverage for all life stages from birth to aging; and including preventative care for psychological and mental well-being of women and girls.

Based on the above it is a priority to recognize health as a human right, critical to achieve gender equality and transform women's empowerment into reality.

Decision makers and providers are not operating with inclusive engagement of all sectors to update their policies, provisions and understanding of global health to provide services accordingly.

Women's health has to be high priority in policy making at national, global and all sectors of non-governmental organizations, research, academic institutions and private sector to include:

- Access to all the comprehensive, competent health care, inclusive of all services.
- Socially responsible programs which integrate health and wellbeing as a priority, including a holistic approach to care and treatment.
- High level of diversity, indigenous individuals and the differently abled population are included in every action for improving health
- Prioritizing the needs of all generations especially during vulnerable life stages.
- Focusing immediate attention on prevention, psychological support and reduction of stigma on health concerns including menstrual and reproductive health, postpartum depression, breast, endometrial and ovarian cancers, and menopause and aging.
- Prioritizing maternal health and reduce mortality and morbidity of all pregnant women and girls in USA, especially diverse and black pregnant women and underserved communities, including calling for urgent funding changes.

Plan of Action:

Our steering committee within the Global Women's Health working group will develop a plan of implementation to address the priorities below.

1. Review challenges and explore new opportunities for addressing the socioeconomic determinants of health and identify key areas and priorities on women's health and access to care for all genders.
2. Advocate to take actions to track and influence current and upcoming legislation on health care to include Women Graduates priorities.
3. Support and promote capacity building and leadership development of professionals in global health, public health, maternal health and mental health, including midwives, nurses and community health workers.
4. Develop collaboration and resources for the actions in regard to WHO, UN agencies, foundations and think-tanks to support SDG3; take actions toward universal health care and sustainable health equity.
5. Establish strong collaboration and participate in research with academic institutions for improve available data; and work to strengthen the education of professionals in healthcare.

6. Build a library of accessible grants and stipends for research projects; develop proposals for micro grants for young leaders to further their education and expertise and participation in presenting at scientific and policy making events, thus increasing WG's visibility and contribution.

Supporting documents and resources:

Graphic depiction of communities receiving the healthcare they need and the related SDGs. https://sustainabledevelopment.un.org/content/documents/22807soucat_backdrop_new%20SDGs_UHC_HSS%20framework%20revised%20AS.pdf

World Health Organization and the World Bank, Tracking Universal Health Coverage: 2017 Global Monitoring Report <http://documents1.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISEDPUBLIC.pdf>

The World Health Report 2005: Make every mother and child count. Chapter 1: Mothers and children matter – so does their health. https://www.who.int/whr/2005/whr2005_en.pdf?ua=1

Global Conference on Primary healthcare October 2018 <https://www.who.int/primary-health/conference-phc>

Pan American Health Organizations and the World Health Organization Regional Office for the Americas Strategy on Human Resources and Universal Access to Health and Universal Health Coverage https://www.paho.org/hq/index.php?option=com_docman&view=download&category_slug=mandates-9399&alias=42891-strategy-on-human-resources-for-universal-access-to-health-universal-health-coverage-csp29-10-csp29-r15-891&Itemid=270&lang=en#:~:text=Strategy%20on%20Human%20Resources%20for%20Universal%20Access%20to,health%20services%2C%20particularly%20at%20the%20first%20level%20of

UN Women Policy Brief on the Impact of COVID-19 on Gender Equality in the Arab Region [policy_brief_on_the_impact_of_covid-19_on_gender_relations_in_the_arab_region_en_0.pdf](#)

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Analysis and Commentary:

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Coll-Seck A, et al. Framing an agenda for children thriving in the SDG era: a WHO–UNICEF–Lancet Commission on Child Health and Wellbeing. *Lancet*. 2019;393(10167):109-112.

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Additional Resources:

The Universal Pursuit Towards Health & Well-Being

<https://www.youtube.com/watch?v=oApYcmfZjQk> (Filmed in 2016, this is still an outstanding overview of Universal Health Care issues)

FAWCO. CEDAW and Background Information: An update on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and background information. n/d (I'm guessing 2005, but it's still very relevant).

<https://www.fawco.org/component/content/article?id=188&Itemid=0> (This resource has excellent background information, especially for US students who want a sense of the chronology and issues. There are many sub-articles, some investigating various country experiences with CEDAW. The one on the USA is listed below.)

Heinrich Boell Stiftung: The Green Political Foundation. "Special: 40 Years CEDAW: The International Bill of Rights for Women." <https://www.boell.de/en/cedaw>. (Another excellent resource/overview. Includes three short videos useful to learners.)

American Bar Association: Health Care As a Human Right, by Mary Gerisch

https://www.americanbar.org/groups/crsj/publications/human_rights_magazine_home/the-state-of-healthcare-in-the-united-states/health-care-as-a-human-right/

Financial Impact:

There are no current financial implications. The working group will devote time and resources to implement actions.

Proposed by Shaila Rao Mistry and Dr. Tatjana Kobb, Co-chairs WG-USA Global Women's Health Working Group



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