

WMA RESOLUTION ON ACCESS OF WOMEN AND CHILDREN TO HEALTH CARE AND THE ROLE OF WOMEN IN THE MEDICAL PROFESSION

Adopted by the 49th WMA General Assembly, Hamburg, Germany, November 1997
and revised by the 59th WMA General Assembly, Seoul, Korea, October 2008
by the 70th WMA General Assembly, Tbilisi, Georgia, October 2019

PREAMBLE

For centuries, women and girls worldwide have suffered from gender inequality and an uneven balance of power between men and women. Historically based gender bias has led to women and girls being restricted in their access to, inter alia, employment, education and health care. Gender inequality may lead to health risks, suboptimal health behaviors and inferior health outcomes for women and girls [1].

In addition, in some countries, female doctors and nurses have been prevented from, or face barriers to practicing their profession due to religious and/or cultural convictions, or discrimination based on the intersecting grounds of sex and religion/ethnicity. A lack of gender representation and diversity within the medical profession may lead to female patients and their children not having equitable access to health care.

Gender is a social determinant of health and health problems may manifest themselves differently in men and women. There is a need to address the differences in health and health care between men and women, including both the biological and socio-cultural dimensions.

Discrimination against girls and women damages their health expectation. For example, the education of girls positively affects their health and well-being as adults. Education also improves the chances of their children surviving infancy and contributes to the overall well-being of their families. Conversely, secondary discrimination due to social, religious and cultural practices – which diminishes women’s freedom to make decisions for themselves and to access employment and healthcare opportunities – has a negative impact on health expectation.

The WMA has several policies that focus on women and children’s health. They include: [WMA Resolution on Women’s Rights to Health Care and How That Relates to the Prevention of Mother-to-Child HIV Infection](#), [WMA Resolution on Violence against Women and Girls](#) and [WMA Declaration of Ottawa on Child Health](#). This statement stresses the importance of equal access to health care and the effects of discrimination against women and children.

RECOMMENDATIONS:

Therefore, the World Medical Association urges its constituent members to:

- Categorically condemn violations of the basic human rights of women and children, including violations stemming from social, political, religious, economic and cultural practices;
- Insist on the rights of all women and children to full and adequate medical care, especially where religious, social and cultural restrictions or discrimination may hinder access to such medical care;
- Advocate for parity of health insurance premiums and coverage to ensure that women's access to care is not impeded by prohibitively high expenses;
- Promote the provision of pre-conception, prenatal and maternal care, and post-natal care including immunization, nutrition for proper growth and health-care development for children;
- Ensure universal access to sexual and reproductive health;
- Promote women's and children's health as human rights;
- Advocate for educational, employment and economic opportunities for women and for their access to information about healthcare and health services;
- Work towards the achievement of the human right to equality of opportunity and equality of treatment, regardless of gender.

Reference

[1] Men et al, "Gender as a social determinant of health: Gender analysis of the health sector in Cambodia in Cambodia". World Conference on Social Determinants of Health. World Health Organization. October 2011.