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;
- Protect 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