



**Convention on the Elimination
of All Forms of Discrimination
against Women**

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COMMITTEE ON THE ELIMINATION OF
DISCRIMINATION AGAINST WOMEN

IMPLEMENTATION OF ARTICLE 21 OF THE CONVENTION ON THE ELIMINATION
OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN

Reports provided by specialized agencies of the United Nations
on the implementation of the Convention in areas falling within
the scope of their activities

Note by the Secretary-General

Addendum

WORLD HEALTH ORGANIZATION

Introductory note

On behalf of the Committee, the Secretariat invited the World Health Organization (WHO) on 31 May 1995, to submit to the Committee by 1 September 1995 a report on information provided by States to WHO on the implementation of article 12 and related articles of the Convention on the Elimination of All Forms of Discrimination against Women, which would supplement the information contained in the reports of those States parties to the Convention that will be considered at the fifteenth session. These are the latest reports of Belgium, Cuba, Cyprus, Ethiopia, Hungary, Iceland, Israel, Paraguay, the Philippines and Ukraine.

Other information sought by the Committee refers to the activities, programmes and policy decisions undertaken by WHO to promote the implementation of article 12 and related articles of the Convention.

The report annexed hereto has been submitted in compliance with the Committee's request.

Annex

REPORT TO THE COMMITTEE ON THE ELIMINATION OF DISCRIMINATION
AGAINST WOMEN ON THE WORK OF THE WORLD HEALTH ORGANIZATION
IN THE AREA OF WOMEN, HEALTH AND DEVELOPMENT

Introduction

1. The Fourth World Conference on Women held in Beijing in September 1995 recognized the importance of women's health for the health of families and communities and the social and economic development of societies, and as a human right of women. There is increasing awareness, within the World Health Organization (WHO), as well as outside it, that neglect of women's health concerns stems from a failure to recognize and take account of their unique health needs, which are determined by both the physiological differences between men and women and also by culturally determined attributes that lead to social and economic inequalities between the sexes, i.e. gender. This neglect has a cumulative negative impact on women's health. The gender differences in nutritional status, disease prevalence, access to and quality of health-care services for women exemplify the persistent and pervasive effects of discrimination on women's health status.

2. The 1992 WHO technical discussions on "Women, health and development" highlighted the impact of gender inequalities on women's health. WHO's position paper on Women's health prepared for the Fourth World Conference on Women points out some of the progress made in women's health, but also the many constraints that still face many millions of women in achieving good health. It reviews the factors affecting women's health and identifies the major health issues for women, discusses WHO's role in women's health and gives an overview of the work of WHO in women's health and areas for future action. An executive summary of the position paper also exists in the six official languages of the United Nations.

Global Commission on Women's Health

3. The Global Commission on Women's Health was established in 1993 in response to World Health Assembly resolution WHA45.25 on Women, health and development, emanating from the technical discussions on women's health. The Global Commission's role is to promote the adoption and implementation of effective measures at all levels for improving women's health; to make policy makers aware of women's health issues by using sex-specific disaggregated data on women's socio-economic and health conditions; and to advocate for promotion of women's health issues within all development plans and at the international level. A working group was established in WHO to coordinate follow-up on this resolution and serve as secretariat. This group has harnessed the expertise of WHO's technical programmes at all levels, and of other relevant agencies of the United Nations system and non-governmental organizations.

4. At its first meeting in March 1993, the Commission agreed on the importance of approaching women's health issues within an overall framework of human rights. It further agreed to focus on six priority areas: nutrition,

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reproductive health, the health consequences of violence, ageing, lifestyle-related conditions and the work environment. Past meetings of the Commission have concentrated on human rights, adolescent health and the health of ageing women; future meetings will focus on trends affecting women's health and work-related health hazards. Regional meetings will identify specific priorities in women's health for each region.

Women's health and human rights

5. The Global Commission Working Group commissioned a WHO document entitled "Human rights in relation to women's health", which was presented at the World Conference on Human Rights held in Vienna in June 1993. The paper highlights ways in which existing international human rights laws may be better used to protect and promote women's health. Human rights, including the right to health and reproductive rights issues, were also extensively addressed at the International Conference on Population and Development held in Cairo in September 1994 and the Beijing Conference. The next stage will be to develop guidance on how the human rights framework can be applied and laws revised or developed so that they protect and promote women's health, including their reproductive health. Existing commissions could play an important role in monitoring the compliance of countries with women's health interests. Furthermore, education and guidance on, for example, how the principles of non-discrimination, informed consent and freedom of choice apply to issues concerning access to existing services will also be needed.

6. WHO, as the technical agency responsible for global public health, seeks to improve the relationships between women and health-care providers, needs and services. Women and men in many countries have little access to health care, particularly if they are poor. Women often face additional barriers to the use of health services as a result of social or cultural practices. Barriers such as time and travel costs may pose greater obstacles for women, as do health-system deficiencies. There is a need to improve quality of care by improving the technical competence of health-care providers, as well as their interpersonal skills, and ensuring the availability of essential supplies, equipment and medication. The norms and guidelines for quality must be responsive to women's needs and concerns.

7. Three health issues that reflect the unequal health status of women and which are amenable to substantial and short-term improvement have been selected for priority action in a first phase - nutrition, fertility and maternal mortality. They can be used as indicators to monitor progress on women's health.

Nutrition

8. Dealing with the nutritional needs of girls and women throughout their lives implies developing strategies to end discrimination in terms of food allocation and nutritional status. An enormous burden of ill-health is associated with malnutrition, which causes wasting, blindness from vitamin A deficiency, mental retardation from iodine deficiency and widespread iron deficiency anaemia. Malnutrition affects women and girls more than boys, both because of discrimination in feeding and health care and because of the extra

demands for energy and iron imposed by menstruation, childbearing and lactation. Malnutrition also contributes to increased morbidity and death from a variety of infectious and chronic diseases. Anaemia, which affects some 450 million women aged between 15 and 49 years, is the most widespread and neglected nutritional deficiency disease in the world today. It is largely a problem for women, particularly during pregnancy and lactation. The WHO Nutrition Programme is working to implement a range of interventions targeting anaemia, including modification of dietary patterns, alternative treatment schedules and delivery systems for iron supplementation to overcome problems such as lack of compliance and logistic difficulties, and food fortification.

9. A collaborative project with the International Food Policy Research Institute will examine whether sex and age biases exist on intra-household resource allocation. An update of the 1986 WHO and United Nations Children's Fund (UNICEF) publication on the health implications of sex discrimination in childhood is being prepared, focusing on data from the last 10 years. More work is needed to identify strategies to address this concern.

10. Improving women's nutritional status, in particular removing the burden of chronic fatigue that accompanies anaemia, will be a vital step in breaking the cycle of neglect and ill-health. The commitments made in the Plan of Action on Nutrition of the International Conference on Nutrition and reaffirmed in Beijing, including a reduction world wide of severe and moderate malnutrition among children under the age of 5 by one half of 1990 levels by the year 2000, giving special attention to the gender gap in nutrition, and a reduction in iron deficiency anaemia in girls and women by one third of the 1990 levels by the year 2000, should be used for monitoring progress towards improving women's nutritional status.

Reproductive health

11. Recent United Nations conferences such as the International Conference on Population and Development, the World Social Summit, held in Copenhagen in March 1995, and the Fourth World Conference on Women agreed on a number of fundamental principles and broad plans of action in the area of health and development. In particular they affirmed that development policies should improve the health and well-being of individuals. They also emphasized quality of life goals and paid particular attention to gender equity and the need to improve the status of women. The International Conference on Population and Development proposed and the others endorsed a broad reproductive health framework, which includes the regulation of fertility and sexual health and advocated comprehensive reproductive health programmes to be made available through the primary health-care system no later than the year 2015. Success and sustainability will depend on integrating the perspectives of women and men into the development and implementation of reproductive health policies and programmes.

12. The importance of reproductive health has been recognized within WHO by the recent creation of the family and reproductive health programme. WHO will continue to work with Governments to implement integrated reproductive health programmes reflecting the broader approach to reproductive health, the empowerment of women and equitable gender relations as endorsed by the

International Conference on Population and Development and the Beijing Conference. WHO is devoting its energies to developing practical and appropriate methodologies in this area. Priority will be given to involving women in the identification of needs and the development and evaluation of policies and programmes.

Fertility regulation

13. Access to reproductive health information and services, including family planning, would lead to a vast improvement in women's health. Giving women power to take free and informed decisions about how many children to have and when to start and stop childbearing, as well as the ability to have them safely, is an important element in improving women's health and lives. As was clearly stated at the Beijing Conference, empowering women to take decisions about their sexuality and their fertility also empowers them in other domains such as household decision-making and participation in educational and economic life. Particular attention needs to be paid to the needs of adolescent girls for information and services, in keeping with the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

Maternal health

14. Women's poor nutritional and health status too often culminates in high rates of maternal mortality or chronic ill-health suffered by millions of women who experience complications during pregnancy and delivery. Half a million of them die each year as a result, mostly from infection, high blood pressure, obstructed labour and unsafe abortion. The death of a woman in childbirth must be regarded as a failure of society. In addition to the unnecessary loss of life, these deaths also affect families, particularly the children left behind. Most of these deaths can be either prevented or avoided through the application of cost-effective technologies at the community or health centre.

15. High quality services for pregnant women should be available as close to where women live and work as possible. However, this is often not the case: only 55 per cent of the births in developing countries are attended by trained personnel and only 37 per cent take place in health institutions. WHO seeks to encourage health-care providers to ensure that services are welcoming, flexible and low cost. Accessibility, appropriateness, affordability and quality are prime considerations in the provision of maternal health care.

16. The World Health Organization, in collaboration with UNICEF, has developed a package of interventions - the Mother and Baby Package. This package consists of a minimal set of interventions for the care of the mother and baby before and during pregnancy, during childbirth and after delivery. They focus on early detection and management of the most common complications in the mother and the infant. These interventions can be applied at community level or at the health-centre level. Many life-saving procedures can and should be performed by midwives and other non-physician health workers in the health centre, which is the place where the most cost-effective interventions can be provided. This will facilitate access to care for all women, especially those disadvantaged by poverty, distance or sociocultural and economic barriers.

Women's perspectives in health care

17. Because removing inequalities in health status and ensuring equitable access to care will depend critically on greater collaboration between health-care systems and their clients, health-care providers and women themselves, WHO is seeking to stimulate a process whereby programmes for women's reproductive health are placed in the broader context of primary health-care services and reproductive choice is central to service provision. The work of the organization will increasingly emphasize the involvement of non-governmental organizations and women's groups to ensure that women's perspectives are at the centre of all reproductive health-care strategies.

18. To this end, the Special programme for research, development and research training in human reproduction and the Family Health Division have collaborated to establish and foster the integration of women's perspectives into research on human reproduction and into the provision of services for reproductive health. Several meetings bringing together women's health advocates, researchers and policy makers have already taken place. They have proved a useful tool for the exchange of views and identification of mechanisms for ensuring women's input and participation at national, regional and international levels.

19. The Special programme for research, development and research training in human reproduction is at present establishing a gender advisory panel, which aims to ensure that gender considerations are brought into all of the programme's work; give guidance on the ongoing work of integrating women's perspectives and experiences; examine how research can contribute to increased responsibility of men for women's reproductive health as well as their own; and assist the programme in keeping abreast of the developments outside the programme in the understanding of gender roles and perspectives in reproductive health.

Gender-based indicators

20. WHO activities in women, health and development (WHD) aim to address the relationships between the health of women and their social, political, cultural and economic status (i.e. gender) and their contribution to health and overall development. Over the years WHD has successfully advocated integrating gender considerations into health systems. Among the important outcomes are the promotion, collection and dissemination of sex-specific health data; gender analysis of the impact of disease and health-related conditions; promotion of women's perspectives; participation and leadership in health and development; and promotion of women's role and status in health and health-related matters from the family to national decision-making levels.

21. To facilitate the process of incorporating women's perspectives in WHO's general programme of work, the Steering Committee on Women, Health and Development prepared a check-list of indicators for programme managers. It includes a series of questions, including consideration of the following: indicators of gender differentials in health and access to and use of health services; the impact of the programme's activities on the health of women in countries; the provision of services and the participation of women and/or women's organizations in health promotion and disease prevention and control;

and research needs as related to women's concerns in the context of primary health care. The ninth general programme of work of WHO gives attention to matters affecting women's health and includes targets on several aspects.

22. A working group for Beijing was convened to coordinate the input to the Conference and to ensure a high profile for women's health on the proposed Platform for Action. This group will continue to work on the follow-up to Beijing. Discussions have been held with the various programmes in WHO and mechanisms for strengthening the commitment and action on women's health are being put in place, including the continuation of the Working Group that coordinated WHO's inputs into the Conference. Activities such as the collection of women's health profiles and the identification of women, health and development country focal points, are ongoing in the regional offices.

23. WHO has long sought to ensure sex-specific data collection on mortality and morbidity, focusing particular attention on collecting data to fill information gaps on issues that affect only women and that have been neglected in many official data collection efforts. The Division of Family Health continues to maintain several bibliographic and/or indicator databases on women's health and has close links with other programme areas with sex-disaggregated data sets. It is planned that eventually these databases will form the starting-point of a comprehensive bibliographic and indicator database on women's health across the lifespan, bringing together all available information from different programme areas.

24. There is a recognized need for mechanisms for bringing together the information in a coherent manner and, more important, for disseminating it to those interested in women's health. This would permit a move away from a purely disease orientation for classifying women's health into one that starts from the concept of good health and permit the definition of indicators to measure and assess it. It would also permit the identification of information gaps, the definition of relevant and appropriate indicators, stimulate research and foster the development of data collection instruments appropriate for analysis of women's health needs.

25. A feasibility study for the establishment of a resource centre on women's health has been undertaken with the support of the Carnegie Foundation. The study has just been completed and a report is in preparation; the recommendations include a gradual building up of databases and resources on women's health. The unit will disseminate the information thus amassed to others working in the field, particularly women's groups and NGOs around the world, policy makers and planners. The women's health resource centre would build on existing databases currently maintained by the Division of Family Health on maternal mortality, maternal morbidity, coverage of maternity care, nutritional anaemia in women, incidence of and mortality from abortion, prevalence of infertility and adolescent health.

26. Stimulated by the activities of the Steering Committee on Women, Health and Development, and by linkages with the Global Commission on Women's Health, there is a growing awareness among WHO's programmes of the invisibility of women's health problems. This has led to efforts to quantify the extent of

underreporting and to develop research and data collection methods to fill the information gap.

27. The special programme for research and training in tropical diseases is concerned that both biomedical and social research on the effects of tropical disease on women have been too narrowly focused on reproductive health, and is promoting research on the determinants and consequences of tropical diseases for women. In collaboration with the International Development Research Centre in Canada, it is running the Fourth Special Programme for Research and Training in Tropical Diseases/IDRC Award in 1996, which is on gender, health and technology.

28. An informal working group on gender and health research has come together, under the coordination of the Special Programme for Research and Training in Tropical Diseases to discuss gender research issues of common concern. One of its activities is a multicountry intervention study on the development of a "Healthy women counselling guide". This is in the final stages of production and aims to help policy makers and NGOs and others better address women's health problems. A manual for health workers, entitled "Health workers for change", which aims to increase health workers' effectiveness in meeting the needs of female clients, will also be produced in 1995.

29. Several programme areas have worked to develop strategies to address the gender aspects of diseases and health condition. The issue of women and drugs was the subject of a consultation held in August 1993. A United Nations system-wide position paper on women, drug abuse and HIV/AIDS and a number of other documents will provide an essential contribution to the 1995 Conference in Beijing. They include "Women and substance abuse: A gender analysis and review of health and policy implications"; "Women and substance abuse: 1992 interim report"; and "Women and substance abuse: 1993 country assessment report". A project is under way on the victimization of women substance users, which aims to sensitize drug treatment agencies to gender issues, particularly the special needs of women. A report entitled "Preventing fetal effects of substance abuse", which will include guidelines for the selection of appropriate educational messages on psychoactive drug use and pregnancy, will soon be published. A multi-agency project on women and substance abuse may be developed in cooperation with the United Nations Drug Control Programme and other United Nations organizations.

Programme on tuberculosis

30. This programme is carrying out research to improve understanding of the differences between men and women in terms of the risk of infection with tuberculosis; risk of progression from infection to disease; barriers to access for tuberculosis care; and the socio-economic impact of tuberculosis. With this information, it will make recommendations for changes in tuberculosis control programmes to ensure optimal tuberculosis control for both genders, and will make recommendations for cost-effectiveness for tuberculosis control interventions. Two documents are due to be produced this year: "Gender differentials in TB: A review of the role of socioeconomic and cultural factors" and "A review of epidemiological data".

Office of Global and Integrated Environmental Health

31. WHO promotes a definition of occupation which includes all women's paid and unpaid tasks, performed inside or outside the home. Women are more likely than men to work in situations where they are not protected against exposure to potential health hazards. Outside the home, women tend to work in the informal sector or in smaller, less regulated enterprises. In rural areas women and men are frequently exposed to pesticides and other toxins.

32. Whether in the formal or informal sector, the health hazards relating to women's work have been inadequately studied, and as a result are poorly addressed.

Women and violence

33. Violence against women and girls has gained increasing recognition as both a human rights and a public health issue and is extensively addressed in the Beijing Platform for Action. WHO's Colloquium on Women and Health Security in Beijing emphasized that violence against women has to be seen in its broadest context, referring not only to the physical and mental abuse to which women are subjected but also to the hidden violence that women face when they suffer from discrimination or are denied the basic human rights of food, medical care, education and a safe environment. A task force on violence and health is being set up in WHO and a plan of action for the health consequences of violence against women has been prepared. A database on violence against women is being set up to bring together quantitative and other data from both published sources and grey literature. Work in this area will focus on increasing the knowledge of the magnitude of the problem and its health consequences and improving the capacity of the health sector in prevention and management of the health consequences of violence against women and girls.

Female genital mutilation

34. Another form of violence against women, certain harmful traditional practices, in particular, female genital mutilation, affect over 80 million girls and women, in around 30 countries. The Forty-sixth World Health Assembly adopted a resolution on maternal and child health and family planning (WHA46.18) that highlighted the importance of eliminating such harmful traditional practices and other social and behavioural obstacles affecting the health of women, children and adolescents. The Assembly requested that the Director-General provide additional information on the scope and health implications of such practices. WHO continues to provide technical and financial support for national surveys, for training of traditional birth attendants, midwives and other health workers and for grass-roots initiatives to put a stop to the perpetuation of such practices.

35. WHO recognizes that genital mutilation of girls and women represents a serious health hazard for them and reinforces the inequality suffered by women in the communities where it is practised and must seriously be addressed if the health, social and economic development needs of women are to be met. WHO has consistently recommended that Governments should adopt clear national policies to abolish female genital mutilation, and intensify education programmes to

inform the public about the harmful effects of female genital mutilation. WHO has also consistently and unequivocally advised that female genital mutilation, in all its forms, should not be practised by any health professionals in hospitals or any other establishments. Recently (1994), the Forty-seventh World Health Assembly (1994) adopted resolution WHA46.18 on maternal child health and family planning which included particular reference to eliminating harmful traditional practices with specific reference to female genital mutilation.

36. Since that time, the WHO Division of Family and Reproductive Health has commenced background work towards developing a strategy to strengthen country efforts to eliminate female genital mutilation. An information brochure on female genital mutilation and a joint WHO/United Nations Population Fund/UNICEF policy statement on female genital mutilation have been prepared. These are aimed at sensitizing policy makers, administrators, health authorities and other influential leaders in education, social welfare and development, labour, women's and men's organizations and youth agencies. To begin the process of developing standards and norms for research and action on female genital mutilation, a WHO technical working group on female genital mutilation was convened in July 1995. The Working Group has assessed the latest knowledge in the area of female genital mutilation and has identified priorities in research and in intervention to guide WHO's future support to countries for the elimination of female genital mutilation and in the management of the health complications of female genital mutilation.

Women at decision-making levels

37. With regard to articles 7 and 8 of the Convention, on women at the decision-making level in WHO, in order to achieve the Organization's objectives of increasing the number of women in all Professional and higher graded posts as well as the participation of women in WHO programmes, technical meetings and meetings of WHO's governing bodies, several institutional mechanisms are in place:

(a) Steering Committee on the Employment and Participation of Women. This Committee is composed of members of the WHO Executive Board, the administration, representatives of the Director-General and of Fifty-Fifty. ^{1/} The Steering Committee advises and makes recommendations to the Organization. Following a consultant report commissioned by the Steering Committee, the Director-General appointed a special adviser on the employment and participation of women (see below);

(b) Joint Committee on the Employment and Participation of Women. This is a tripartite committee composed of representatives of the administration, the WHO Staff Committee and the Fifty-Fifty Group. This Committee reports regularly on the situation regarding the employment of women in the organization, and assists the administration in implementing recommendations made by the Steering Committee. A report on this issue will be presented to the session of the Executive Board at the beginning of 1996;

(c) Adviser to the Director-General on the Employment and Participation of Women in WHO. Dr. Tomris Türmen, Executive Director of Family and Reproductive Health, was appointed as Adviser to the Director-General on the Employment and

Participation of Women in WHO. In this role, she works in close collaboration with the Joint Committee. The terms of reference of the Adviser include identifying women both inside and outside the Organization with potential for appointment to decision-making and policy-making positions in WHO and stimulating a search for qualified women candidates for posts throughout WHO, through contacts with colleagues, member States, other agencies, universities, research centres and NGOs. The Adviser is part of the ad hoc and senior staff selection committees in order to contribute to the equitable consideration of women candidates for vacant posts in the Professional and higher categories. A mechanism exists to monitor progress towards the achievement of the Organization's objectives for increasing the participation of women at all levels in WHO. The Adviser reports regularly to the Director-General on current trends and on further action needed to achieve increased participation of women in WHO's programmes.

Women at decision-making levels

38. At headquarters, the proportion of women in Professional and higher categories increased from 27 per cent in 1993 to 29 per cent in September 1994 and 30.1 per cent in September 1995. There are now 2 women in the current 18 ungraded posts. The overall WHO total stood at 25.8 per cent. The agreed overall target of 30 per cent of women in Professional and higher graded posts throughout WHO by 30 September 1995 has not been met, although there was some slight improvement from 1994-1995.

39. For all established WHO offices, the percentage of women from P-1 to the ungraded level rose from 24.8 per cent in November 1993 to 26.5 per cent in September 1994 and to 27.3 per cent in September 1995. The proportion of women at higher-graded categories is well below the proportion of women in categories P-1 to P-4, indicating a disproportionate concentration of women at lower grades. Further efforts are required by management at all levels of the organization to achieve as a minimum the 30 per cent target for representation of women in the Professional categories in the near future. WHO has already taken action based on the policy statement on the status of women adopted by the Administrative Committee on Coordination (ACC).

Policy documents and decisions regarding women in development

40. WHO policy is set by World Health Assembly resolutions. Those with particular reference to women in recent years are listed below.

WHA48.19	Reproductive health: WHO's role in the global strategy	Notes the present fragmentation of reproductive health activities within WHO, calls for a more coherent approach in priority setting, programme development and management, underlines the need to coordinate with other United Nations agencies, and urges member States to develop further and strengthen their reproductive health programmes.
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WHA46.18	Maternal and child health and family planning for health	Collaborate with organizations and bodies of the United Nations governmental and NGOs in contributing to the preparation of a plan of action for eliminating harmful traditional practices, such as female genital mutilation.
WHA45.25	Women, health and development	Establish a global commission on women's health; produce an agenda for action; make policy-makers aware of women's health issues; provide a forum for consultation and dialogue with women's organizations and groups at all levels.
WHA45.24	Health and development	Disseminate the results and message of the Accra Initiative; ensure that all WHO programmes identify highly vulnerable economic groups and provide the means to improve and evaluate their health status.
WHA44.42	Women, health and development	Ensure the integration of aims and objectives relating to women, health and development in all WHO programmes; expedite the development of indicators sensitive to changes in women's health for monitoring progress; provide technical support to member States; intensify advocacy role of WHO for women's health.
WHA43.10	Women, children and AIDS	Continue to strengthen WHO's role in promoting health of women and children with appropriate attention to the control of HIV infection/AIDS.
WHA42.42	Women's health	Continue to assist Member States to ensure adequate and equitable health care for women by strengthening WHO's technical support at all levels; maintain and extend in all regions the network of WHO collaborative institutions and centres and strengthen collaboration with NGOs; maintain and strengthen intersectoral approaches through collaboration with United Nations, governmental and NGO agencies at all levels.

- WHA40.27 Maternal health and safe motherhood Assist countries with high rates of maternal mortality in studies on dimensions and causes of the problem; support collaborative operational research on safe motherhood; intensify technical cooperation; increase the Organization's collaboration with appropriate United Nations agencies and NGOs; intensify efforts to mobilize appropriate human, scientific and financial resources for maternal health programmes.
- WHA38.27 Women, health and development Ensure WHO's active participation in World Conference; continue to pay close attention to cooperation with Member States in their activities and to provide expertise to promote women's physical and mental health; strengthen coordination with United Nations agencies that pay special attention to economic role of women; evaluate contribution made by WHO's programmes to promotion and protection of women's physical and mental health.

41. Documentation of women's health:

Women, health and development and the Fourth World Conference on Women (Beijing, September 1995). Report by the Director-General (A/48/37).

Women's health: WHO position paper for the Fourth World Conference on Women, Beijing, 1995 (WHO/FHE/95.8). (An executive summary of this position paper also exists in the six official languages of the United Nations.)

Health population and development: WHO position paper, International Conference on Population and Development, 1994, Cairo (WHO/FHE/94.1).

Report of the Inter-agency/Interregional Meeting on the Global Commission on Women's Health, WHO/HQ, March 1993.

Women, health and development. Progress report by the Director-General (WHO/FHE/WHD/92.5).

Women's health: across age and frontier (background document to technical discussions on women, health and development, May 1992).

Report of the 1992 technical discussions: women, health and development (7-9 May 1992).

Women's health and human rights: the promotion and protection of women's health through international human rights law, prepared by Rebecca J. Cook, J.D., LL.M.

Notes

1/ Fifty-Fifty is an informal network of people whose common objective is to increase the participation of women at all levels in the Organization.
