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*When women do well, business and economy do better*

FIRST YEARLY REPORT  
HEALTH COMMITTEE  
2011-2014

It has been an exciting first segment in my tenure as Health Chair of BPW International, which has presented itself with stimulating challenges as well as wonderful opportunities.

My aim, both in my position and as a trained medical doctor, has always been to promote women's health, because I truly believe that when women do well, economy and business do better. And I'm sure you'll all agree that Empowerment and Equality count for nothing when your Health is lacking. In coordination with our President Freda Miriklis I am supporting the Women's Empowerment Principles outlined by UNIFEM from the Health point of view, and in particular WEPs 2, 3 and 4:

- Treat all women and men fairly at work.
- Ensure the health, safety and well being of all women and men workers.
- Promote education, training and professional development for women.

**The European Region**, thanks to the efforts of Regional Coordinator Sabine Schmelzer and Health Standing Committee members Livia Ricci and Gabriella Canonica, has reported a great deal of activities from a long list of Clubs which have enthusiastically taken up the fight for women's health.

I wish in particular to thank the FIDAPA-BPW Italy members for the truly spectacular amount of work they have poured into their wide-range of activities. They had far-reaching aims, from the more pleasurable healthy eating and diet to the serious like cancer awareness, pain therapy and palliative treatments, psychological issues, maternity and menopause, Healthy Ageing, plastic surgery and beauty treatments, all the way to Osteoporosis and other non-communicable diseases, including cardiovascular diseases which is the focus of a new project I've launched personally at the XVI European BPW Congress in Sorrento called [The Red Belt](#) (which will soon be launched globally), an initiative to raise awareness of risk factors in women for a silent killer that today is claiming more lives among women than men, and which is still largely ignored.

I had the pleasure of meeting BPW Turkey's Arzu Ozyol at the WHO meeting in Geneva organized by our President Freda to strengthen BPW International's ties to such an important global organization, and she unveiled some very interesting projects that have been developed in her

country. An awareness project in line with WEP 4 which promotes women's business, reproductive health and body integrity; a project to support children with chronic illnesses and their families at home; and the fight for any type of cancer in women. All of these were coordinated by BPW member Cemile Oztin Ogun, who also sent a report about the psychological issues and social problems arising from the tradition of child brides being given away by their families to much older men, a study that hopes to encourage stronger legislation at a governmental level to oppose this barbaric practice.

An interesting contribution was also made by young BPW member Dechelle Miette from the Central and Eastern Europe Cluster with a series of events to raise awareness and train BPW members to lobby successfully at high levels, as per WEP 4, skills which will undoubtedly be useful to advance medical research and women's causes.

BPW Sweden's Solveig Staffas highlights the numerous activities promoted by [www.1.6miljonerklubben.com](http://www.1.6miljonerklubben.com) an association that involves BPW clubs also from Norway, Finland, Germany and Russia, and guided by Alexandra Charles, BPW Woman of the Year 2008; they organize medical seminars and workshops to raise awareness of a wide range of health issues, including stroke, cancer and Alzheimer disease, and they produce a newsletter for all members. If you're in Bruxelles this coming November check out their event at the Swedish embassy on diabetes.

BPW Spain's Carlota De Dios reports that they have started a collaboration with a company that works to promote and develop health in the workplace, contributing to WEP 3.

Some Northern European countries reported that the goals of the WEPs 2, 3 and 4 have already been achieved and therefore they see no need for further effort in that direction.

I would like to point out that in these times of financial crisis and austerity programs that we are living through, work and health care are directly influenced and as always women, more than men, bear the brunt of this, and that all European countries are openly affected. This is why I hope that the next report will see all of us working together including BPW International Affiliates in Central and Eastern Europe (whence unfortunately we received no direct contribution), towards the common goal of defining key issues that especially today are holding back women's empowerment, and addressing them effectively.

I recently attended the 15<sup>th</sup> European Health Forum in Bad Gastein where, among all the problems addressed by the policy makers, those stemming from the crisis were deemed dramatic for public health care:

*The "austerity experiment" has failed as an answer to the financial and economic crisis, according to experts at the European Health Forum Gastein. The consequences have been recession instead of growth and dramatic effects on public health - but ideological attitudes are proving stronger than evidence of those effects. Experts are calling for stimulus measures in place of austerity programs, and more involvement of health politicians and health experts in the debate on how to deal with the crisis.*

*"Europe's politicians have to realize that stringent austerity policies are harming their economies as well as the health of their populations," Prof Dr Martin McKee from the London School of Hygiene and Tropical Medicine told the European Health Forum Gastein (EHFG). "There is an alternative to austerity programs, but I fear at the moment ideology is triumphing over evidence."*

*In many European countries, austerity measures are having a dramatic effect on health budgets. The current OECD Health Data 2012 report shows that, in 2010, after years of increases in health expenditures, deep cuts were made in a number of European countries: minus 7.6% in Ireland, minus 7.3% in Estonia, minus 6.5% in Greece. Other studies show a 25% reduction in the health budget in Latvia between 2008 and 2010, and a cut of 30% for the Czech Republic. "The troika even demanded that Ireland further reduce its health expenditures. That is a very dangerous proposition," according to Prof McKee. "The European institutions, especially the Commission, have a duty to assess the effects of such measures on the health of people. The human cost of austerity has been largely invisible so far."*

**The Asia Pacific Region**, thanks to the tireless efforts and superb coordinating established by Faye Gardiner, has sent some lovely reports, showing that the Clubs there have worked very hard.

The Singapore Club has addressed WEP 3 by targeting Healthy Ageing through diet and exercise for working professional women.

New Zealand has similarly targeted Healthy Ageing, but also diabetes, cancer, support for rape survivors, diet and exercise, and WEP 3 with Affiliate Katherine Archer's personal business of ensuring health and safety at the workplace.

Australia has covered all three WEPs, number 2 with harassment at the workplace, number 3 with diet and health of working women, number 4 with specific training to encourage women to take up positions of power on decision-making boards. They have also worked a lot with schools for cancer awareness, body-image issues, domestic violence, gynecological problems, incontinence, and alcohol fetal syndrome.

Even BPW Ormoc in the Philippines has been working on WEP 4, specifically targeting poverty and promoting financial empowerment; they will be holding conferences on women issues and legislation directly affecting women throughout 2013.

**North America and Caribbean Region** have similarly worked well, and the Committee there (comprised of Young BPW Anastasia Safarian, Janet Basset and Katherine Ciccolini) have organized events focusing on Healthy Ageing, the fight against breast cancer and non-communicable diseases, as well as gender-based violence. Nurse Ciccolini has also developed a new local website to communicate more efficiently directly with the Affiliates, at [bpwnorthamericahealth.com](http://bpwnorthamericahealth.com).

However I regret to report that up to now I've been unable to get any information about the activities in Canada, specifically, a situation which I aim to rectify over the next report.

**The Latin America Region** in the person of Sara Louzan reported that Argentina has worked hard and addressed WEP 2 in the fight against violence on the place of work, and the abuse of women, cancer, maternity issues, stress, transfusions and transplants. A big project will involve displaced teens and the psychological effect of emigration with the collaboration of Liliana Ferrero. We owe a big thanks to Regional Coordinator Graciela De Oto for greatly facilitating communication here.

**From the African Region** I received an indirect report through Amélie Leclerque from Rwanda and Professor Shirley Randell. It appears that the government there is heavily investing in education and Health Care, also through the collaboration of foreign countries such as France and the US, and that they have put in place laws to promote equality in the workplace that are getting

important results: women make up 45% of the government now. Among health initiatives that directly target women, the aim to bring family planning to 70% of women by 2015 seems achievable, given that they are already at 52% up from only 4% in 2000.

Cameroun, in the person of Rose Ngobo Toby, has expressed an interest in collaborating for the next report, same as Gisèle Nissak from France who plans to develop WEP 4 for the African Region, where she comes from.

I wish to thank all of BPW International Affiliates in the Clubs for the great amount of work they have undertaken in these months both in relation to the WEPs and other important women's issues.

Regarding BPW Africa I hope to have more contacts from the Regional Coordinator Adenike Adeyanju Osadolor to develop further initiatives and that the African Region, with the help of the Health Standing Committee representative Obalin Abiodun Monijsola, will be able to contribute significantly to the next report, with activities addressing the issues they will feel should have priority in the fight for Health and Female Empowerment.

And finally, I would once again like to thank all the Regional Coordinators for their contributions and their work, both for last segment and for the coming one, where I'm confident the networks between the Clubs they are cultivating will help us promote WEPs 2, 3 and 4 on a global scale, to well and truly achieve Equality, Wellbeing and Empowerment for all Women of all Nations.

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