



Elimination of Violence Against Women: In Search of Solutions

***WHO/FIGO Pre-Congress Workshop
30 July - 31 July 1997***

Executive Summary



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*Women's Health and Development
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This report was edited, designed and typeset by Nadine France.

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Documentation Centre
Family and Reproductive Health
World Health Organization
20 Avenue Appia
1211 Geneva 27
Switzerland

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PART I - EXECUTIVE SUMMARY

This document is a concise summary of the papers presented at the meeting, including their conclusions and recommendations. It is hoped that this will be most useful for those who do not have the time to read all of the summarised papers, but wish to be informed of important points made in each paper. A full report of the meeting is also available.

PART II - MEETING REPORT

This document includes a summarised version of each paper presented at the meeting. It is hoped that this will be most useful to gynaecologists and other health personnel working to prevent violence against women. In summarising the papers, all of the references have been removed. However, if you would like to receive a copy of the original papers, including the references, please contact the relevant author (contact details in Annex I).

For the purposes of this report, violence against women is defined as:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life and includes physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs. (UN Declaration on Elimination of Violence Against Women, A/RES/48/104, December 1993).

INTRODUCTION

Violence against women is present in most societies but it often goes unrecognised and unreported, and is accepted as part of the nature of things. Most of the violence against women takes place within families and the perpetrators are almost exclusively men, usually partners, ex-partners or other men known to the woman. Although reliable data on the prevalence of violence against women by their partners are scarce, especially in developing countries, a growing body of research confirms its pervasiveness. For example, 40 population-based quantitative studies, conducted in 24 countries on four continents, revealed that between 20% and 50% of the women interviewed reported that they had suffered physical violence from their male partners. In addition, surveys also indicate that at least one in five women suffer rape or attempted rape in their lifetimes.

These and many other revealing statistics about the extent to which women are subjected to violence in different parts of the world, and about the factors that either put them at risk of such violence or protect them against it were discussed during the pre-congress workshop organised jointly by the International Federation of Gynaecology and Obstetrics (FIGO) and the World Health Organization (WHO). The main focus of the workshop was to explore ways that violence against women can be eliminated and how the health sector and organisations such as FIGO and WHO can contribute to this elimination. This emphasis on pro-active involvement rather than a mere passive description of the issue was reflected clearly by the title of the workshop and by the workshop's agenda, which included time for in-depth discussions in working groups on concrete activities that could be undertaken within the health care system to eliminate violence against women.

There were four objectives of the workshop:

- To review what is known about the magnitude of the problem and its consequences on women's health, particularly reproductive health.
- To increase awareness about the underlying and contextual factors which predispose women to violence.
- To provide a forum for the review of interventions for the prevention and management of violence against women, with a particular focus on the role that reproductive health practitioners can play.
- To encourage collaboration between FIGO and other organisations addressing violence against women.

In selecting participants for the workshop, and in drafting the agenda, care was taken to ensure that as many aspects as possible of this multifaceted problem were adequately represented. Thus, participants included not only health care personnel but also representatives of international and national non-governmental organisations,

women's health advocates, members of the legal profession, and women with day-to-day experience in providing shelter and support for those women who have fled from the sexual, physical or psychological abuse inflicted upon them. In all, 60 people attended; included among these was a group of 23 young obstetrician-gynaecologists who had been awarded FIGO fellowships.

Apart from presentations focusing on the magnitude of the problem, topics discussed ranged from the health consequences of violence against women and its implications for health services and health providers, to accounts of initiatives taken at local or national level in the search for solutions to eliminate the problem. Presentations in this session included case studies from countries as varied as Brazil, Canada, Malaysia, Nicaragua, Norway, Pakistan, Republic of Ireland, Sweden and the United States of America. Yet despite this, many health care professionals, including gynaecologists, find it difficult to believe that domestic violence does represent an important public health problem. Many of them find it even more difficult to imagine that it may be happening among their own patients and, probably, even within their own circle of friends and close acquaintances.

This report summarises the key points emerging from each of the presentations. It also includes the general conclusions and recommendations that emerged from the working group discussions. It should be noted that many of the recommendations from individual papers may not be appropriate for all settings.

As the guardians of women's health, we owe it to the women of this world to make violence against them unacceptable not only because of the physical damage it does but also, and perhaps even more so, because of the psychological scars it leaves. As one victim who sought help from a women's centre in India remarked:

"The body mends soon enough. Only the scars remain... but the wounds inflicted upon the soul take much longer to heal. And each time I re-live these moments, they start bleeding all over again. The broken spirit has taken longest to mend; the damage to the personality may be the most difficult to overcome."

* Richters, J. *Women, culture and violence: a development, health and human rights issue*. Leiden, The Netherlands: Women and Autonomy Centre (VENA), 1994

KEY POINTS FROM PRESENTATIONS

KEYNOTE SPEECH: HEALTH, GENDER AND HUMAN RIGHTS ASPECTS OF VIOLENCE AGAINST WOMEN

Dr Tomris Türmen, Executive Director, Family and Reproductive Health, World Health Organization, Switzerland

This keynote speech introduces violence against women, presenting it as a part of a larger struggle for women's human rights and equality. It examines how gender power relations between women and men form the basis for violence in societies. It emphasises the important and unique position of gynaecologists and obstetricians to interact with women experiencing violence and the importance of collaboration with other sectors.

- Violence against women is first and foremost a question of inequality and, by extension, a denial of human rights.
- Only through continued community responsibility and state accountability, will we counter the massive violation of women's human rights in the world.
- Health care providers should work closely with justice and police departments, social and other community workers to create a web of social support for women who are experiencing violence, and find innovative ways of "re-gendering" the men who are the perpetrators.
- New and better indicators should be developed that can be used by health personnel to monitor the burden of violence, and deepen our understanding of the causes of violence.
- Systematic evaluation, documentation and dissemination of successful interventions should be carried out, including treatment and referral protocols, so that they can be replicated internationally.
- Research should be carried out to find out exactly how gender roles lead to violence against women, and how they might be changed in order to eliminate the violence.

VIOLENCE AND HEALTH

Dr Claude Romer, Safety Promotion and Injury Control, World Health Organization, Switzerland

This presentation discusses the epidemiology of violence and what health practitioners can do to alleviate the problem of violence against women. It also describes two recent WHO resolutions including a plan of action involving intersectoral and inter-institutional partnership.

- The epidemiology of violence needs to be established in order to clearly analyse the problem of violence in societies.
- Health personnel and all those at the forefront of women's health should:
 - Develop appropriate tools for identification of violence.
 - Articulate their knowledge with other relevant parties, in the social or judicial system for instance.
 - Develop systematic knowledge of the effects of violence on health, calling for a health research agenda on violence with due attention to the gender dimension.
 - Formulate appropriate curricula for pre- and postgraduate training for health practitioners with due consideration for the role of social science.

WHO INITIATIVES TO ADDRESS VIOLENCE AGAINST WOMEN

Dr Claudia Garcia Moreno, Women's Health and Development, World Health Organization, Switzerland

This presentation outlines the initiatives of the Women's Health and Development (WHD) programme on violence against women, particularly domestic violence against women, outlining the strategies adopted by WHD in its efforts to reduce violence and ensure that violence is viewed in the context of women's health.

- Violence against women undermines the basis for sustainable human development
- Gender-based violence requires urgent action as a public health issue.
- The work on violence against women in families in WHD is focused on the following areas:

Research and Development of Research Methods, including implementation of a multi-country study on the prevalence, risk and protective factors and health consequences of violence against women.

Data Collection and Dissemination, including the development of a database on violence against women, to collect information on the prevalence of domestic violence in families, rape and sexual assault, and their consequences to the health of women and families.

Definitions and international reporting standards, including developing a manual on research methodologies for the study of violence against women.

Advocacy, including increasing sensitivity to violence among researchers, policy-makers and health providers through the production of an "Information Pack on Violence Against Women: A Public Health Priority" and other advocacy materials.

Training and training materials, including improving the capacity of health workers at all levels to identify and respond appropriately to women experiencing mental/emotional, physical and sexual abuse.

Public health interventions, including a review of the published literature leading to the promotion of successful interventions to reduce violence against women.

Collaboration, including working closely with UNIFEM on their Trust Fund in Support of Actions to Eliminate Violence Against Women.

REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE

Dr Charlotte N. Gardiner, Reproductive Health Branch, Technical and Evaluation Division, UNFPA, USA

This presentation describes the programmatic concerns of UNFPA in relation to gender-based violence and the activities undertaken to address these concerns. It also focuses on sexual violence and its reproductive consequences.

- Studies focusing on male participation in reproductive health and their subsequent evaluation are needed in order to demonstrate the impact of this approach.
- Adolescent reproductive health programmes and parent education programmes are successful and necessary initiatives.
- Inclusion of emergency contraception for the management of unwanted pregnancy and the development of psychosocial support services for victims is effective in conflict and refugee situations.
- Strategies to eradicate gender inequalities are fundamental to addressing reproductive health problems.
- Gender-based violence, is among other things, a means of structuring power relations not only between men and women but also between men.
- Guidelines and protocols should be developed to assist physicians and other health staff to address the issue of partner violence.
- Specific training in emergent and chronic care for physical and mental aspects of therapy as well as prophylactic care against genital infections and pregnancy is recommended for all gynaecologists.

VIOLENCE AGAINST WOMEN AND GIRLS: A GLOBAL VIOLATION OF HUMAN RIGHTS

Dr France Donnay, Women's Health, UNICEF, USA

This presentation describes the problems of domestic violence and violence in emergency situations, presenting a set of recommendations to eliminate violence. It also outlines some of the UNICEF initiatives underway to address these problems.

In order to stop violence we must:

- Raise public awareness.
- Develop simple tools and undertake gender sensitisation.
- Advocate for the equal participation of women in peace-building.
- Commit to ensuring quality education for girls.
- Promote organised action around human rights.
- Build on women's coping mechanisms.
- Promote non-violent behaviour in young children.
- Strengthen peace education.

DOMESTIC VIOLENCE, RAPE AND SEXUAL ABUSE, INCLUDING RISK AND PROTECTIVE FACTORS

Ms Lori Heise, The Health and Development Policy Project, USA

This paper presents a short overview of some of the health consequences of violence against women. It also looks at the origins of abuse and what we know about factors that contribute to and prevent violence.

- There are multiple levels of risk factors and causes of violence and abuse.
- Women may have different ideas of what having forced sex, having sex against their will or being raped is. It is important to use terminology carefully when carrying out studies.
- Research should collect population-based data for child sexual abuse, especially in developing countries.
- Sexuality and family life education programmes should be strengthened by adding exercises that directly address myths about male/female sexuality, coercion, sexual communication and assertiveness.

VIOLENCE DURING PREGNANCY

Dr Ana F. Lucas d'Oliveira, Department of Preventive Medicine, University of Sao Paulo

This paper synthesises findings on the prevalence of physical and sexual violence during pregnancy. It describes the risk factors identified, the health consequences for both mother and child and the resulting implications for health services.

- Prevalence of physical and sexual violence in women during pregnancy tends to be greater and more severe than in non-pregnant women.
- There is a greater prevalence of violence associated with low age, lower level of education, unmarried status, use of tobacco, alcohol and drugs, unemployment, and low social and economic level.
- Having the social support of family or friends is a protective factor against violence.
- The implementation of protocols for active case finding of violence increases detection dramatically.
- In some instances, pregnancy is an increased risk factor for violence.
- The pregnancy and puerperal periods are times when most women attend health services for routine appointments and it is therefore a tremendous opportunity to detect and refer these women.
- As younger women are at greater risk of violence, special interventions should be carried out for them.
- Strategies must be implemented to decrease individual, programmatic and social vulnerability to violence.
- Appropriately qualified health workers should consider using the Abuse Assessment Screen during prenatal care.
- Health services should work together with other local institutions to implement primary care programmes aimed at decreasing violence and addressing underlying issues.

VIOLENCE AGAINST WOMEN IN FAMILIES IN PAKISTAN

Dr Fariyal F. Fikree, Aga Kahn University

This paper presents the results of a cross-sectional study carried out in Karachi, Pakistan, in order to examine the extent and consequences of domestic violence and to illustrate the risk factors for anxiety/depression.

- Pakistani women are being subjected to considerable abuse with serious consequences to their physical and mental health.
- Wife battering has adverse effects on a women's reproductive health as well as pregnancy outcomes.
- Education of self and spouse, income, young age at marriage, sexual abuse and severity of physical abuse were significantly associated with increased risk.
- Anxiety and depression were reported in three quarters of women who had been physically abused.
- One of the major predictors of anxiety/depression is domestic violence.
- Health care providers should be trained to regularly screen for domestic violence as part of their practice, especially general practitioners or psychiatrists.
- Information dissemination should be improved both to health care providers and to women, to generate awareness about referral sites where battered women can get sympathetic treatment and psychological support.
- Interventions should be designed at the health care provider level as well as at non-government organisation level.

VIOLENCE AGAINST WOMEN IN FAMILIES IN NICARAGUA

Dr Mary Ellsberg, Department of Epidemiology and Public Health, Sweden

Dr Jerker Liljestrand, Maternal and Safe Motherhood, World Health Organization, Switzerland

Dr Rodolfo Pena, Nicaraguan National Autonomous University, Leon, Nicaragua

Drs Andres Herrera and Anna Winkvist, Dept. of Epidemiology and Public Health, Umea University, Umea, Sweden

This paper presents the results of the first population-based survey carried out in Nicaragua on domestic violence in order to measure lifetime and current prevalence of sexual or physical abuse among women involving a current or previous partner, and to identify possible risk and protecting factors.

- There is a high prevalence of domestic violence in Nicaragua.
- Spousal violence is widespread, is not restricted to specific population groups and crosses social and economic boundaries.
- Battering takes place early on in the relationship, usually within the first two years of marriage.
- The association found between battering and family history is consistent with social learning theories of violence.
- Women of a higher socio-economic status may be more reluctant to disclose battering due to the stigma associated with domestic violence.
- The findings indicate a lack of association between age and battering.
- The vast majority of battered women do not seek help for their situation, and those who do, often do not receive the kind of help they need.
- More effective screening mechanisms and interventions for reaching out to women in violent relationships need to be developed.

VIOLENCE AGAINST WOMEN IN FAMILIES IN ZIMBABWE

Dr Charlotte Watts, London School of Hygiene and Tropical Medicine, UK
Mavis Ndlovu, Musasa Project, Zimbabwe and Dr Erica Keogh, University of Zimbabwe.

This paper presents the results of a survey conducted by the Musasa Project in Zimbabwe. The survey sought to: obtain population-based figures on the extent to which women experience physical, psychological, sexual and economic forms of violence; document the consequences of violence on women's health and well-being; and, identify groups vulnerable to abuse.

- Violence against women is a pervasive problem in Zimbabwe.
- Women who experience violence often experience multiple forms of abuse.
- Pregnancy does not protect women from abuse.
- Higher levels of violence occur in less formal unions.
- Most commonly, the perpetrators are the woman's current or ex-partner.
- Most abused women report frequent contact with health services.

ORGANISED VIOLENCE IN RWANDA: CASE STUDY ON THE NGOs RESPONSE TO VIOLENCE

Dr Carol Djeddah, Women's Health and Development, World Health Organization, Switzerland

This paper presents a WHO project to improve the accessibility of health services for women affected by violence in a conflict situation and to establish a national network of health and counselling assistance for these women through local NGOs and women's groups.

- Despite the changing gender roles in the conflict environment and the level of stress and atrocities faced by women, international assistance programmes do not often address violence against women.
- It was found that the NGOs who support victims of violence provide a broad range of support, i.e. social, health care and economic.
- Very few NGOs specialise on a specific target group.
- To improve the management of abused women, the NGOs recommend strengthening the social and health care support.
- As local NGOs are covering a wide range of interventions, beneficiaries and regions, there is a need to better define their field of activities and specialisation.
- More structured and continuous research to adapt to women's changing needs in these evolving post-conflict situation should be undertaken.
- NGOs should use traditional and culturally appropriate means within projects.

HEALTH CONSEQUENCES OF VIOLENCE AGAINST WOMEN: AN OVERVIEW

Dr Jose Barzelato, Centre for Health & Social Policy, USA

This paper presents an overview of violence against women, exploring underlying reasons for violence, such as social, economic and psychological causes. It also looks at both private and public violence, explaining the differences, and makes some suggestions for alleviating the problem of violence against women in society.

- Violence originates from a breakdown of social integration mechanisms, resulting in a weakening of the role of the family in socialising children, increasing relative deprivation and loss of hope for a better life.
- Violence is promoted by the marginalisation of significant portions of the population, absence of mechanisms for peaceful resolutions of conflicts, and social indifference about moral behaviour.
- Violence is facilitated by: drug and in particular, alcohol abuse; trivialisation of violence by mass media; and the increasing number of individuals possessing fire-arms.
- A more holistic approach to the understanding of violence is needed in order to design more effective prevention policies and programmes.
- In order to prevent violence against women, society at large must be mobilised to redefine many cultural, social, economic and political processes.

OVERVIEW OF REPRODUCTIVE HEALTH CONSEQUENCES - IMPLICATIONS FOR CLINICAL PRACTICE

Dr Berit Schei, Women's Health, Department of Community Medicine, Faculty of Medicine, Norwegian University of Science and Technology, Norway

This paper summarises the reproductive consequences of violence women face at home by their intimate partners. It also addresses how obstetricians/gynaecologists can improve the situation for battered women, proposing a list of questions that can be asked of women attending health services.

- There are still large gaps in the education and training of health care providers.
- The problems of violence can not be fully dealt with in the medical setting.
- Spousal violence is considered one of the most important causes of injuries among women, more important than car accidents, for instance.
- Violence may be a more common problem for pregnant women than pre-eclampsia, gestational diabetes and placenta previa, conditions for which pregnant women are routinely screened and evaluated.
- In order to increase knowledge and skills in the area of violence against women, all physicians training in obstetrics/gynaecology should be offered special postgraduate training in violence against women.
- Collaboration should be established between reproductive health services and services outside the hospital/clinic.
- Models of best practice within the health care system should be developed.

IMPLICATIONS FOR HEALTH SERVICES AND HEALTH PROVIDERS

Dr Richard F. Jones III, American College of Obstetricians and Gynaecologists, USA

This paper describes the magnitude of violence against women outlining the implications for delivery of health care services in the US. It suggests practical guidelines for health care providers to help them overcome difficulties they have in dealing with this issue and discusses some of the barriers physicians face in recognising abused women.

- Health care professionals are in a unique position to provide services to abused women.
- A collective effort between the medical profession, law enforcement, religious institutions, educational systems, and the federal government have made significant steps towards improving the situation for battered women.
- The main barriers physicians encounter when recognising, diagnosing and treating abused women can be overcome.
- The medical profession should be educated about the etiology and sequelae of domestic violence and should be afforded the opportunity to obtain the skills necessary for identification and intervention.
- Health care providers should address six main issues when dealing with violence against women: 1) awareness of the problem; 2) willingness to conduct screening; 3) ability to validate and reassure patients; 4) exploration of personal biases; 5) willingness to address violence in personal and professional life; and 6) willingness to take a leadership role in the community.
- Screening for violence should be conducted with all patients.
- A "zero tolerance" policy must be adopted on violence at home and in the workplace.

THE ROLE OF THE PHYSICIAN

Dr Joseph G. Schenker, Department of Obstetrics-Gynaecology, Hadassah Medical Centre, Jerusalem, Israel, and Chairman, FIGO Committee for the Study of Ethical Aspects of Human Reproduction

This paper presents the role of a physician in the treatment of women who have suffered violence. It focuses specifically on female genital mutilation, sexual assault and violations against women by medical personnel.

Physicians should:

- Publicise information about the frequency of violence against women.
- Inform themselves about the manifestations of violence and recognise cases.
- Treat the physical and psychological results of violence.
- Affirm to their patients that violent acts toward them are not acceptable.
- Advocate for social infrastructures to provide women the choice of seeking secure refuge and ongoing counselling.

THE HEALTH SECTOR WORKING WITH WOMEN'S ORGANISATIONS: A CASE STUDY

Ms Ivy N. Josiah, Women's Aid Organisation (WAO), Malaysia

This paper presents the development and challenges of the violence against women campaign in Malaysia. It discusses the intervention programme 'A One Stop Centre: An Inter Agency Management of Battered Women', which demonstrates the health sector working successfully with women's organisations to respond to the medical, social and legal needs of battered women.

- The success of this health sector initiative confirms that networking and strategic links between the health sector, women's organisations, legal and religious groups are negotiable and viable.
- Introducing a domestic violence act into legislation is a long and challenging process and involves innovative campaigns and commitment by women's groups.
- After the act is passed it is a further challenge involving more campaigning to get the act implemented.
- The lengthy process of introducing new legislation on violence, shows the culture of indifference and disbelief that domestic violence is a significant issue and a crime.
- Participation of women's groups in health sector initiatives is important to ensure a feminist perspective.
- Medical training must not only heighten clinical awareness but include a non-sexist medical response.
- Hospitals need to expand the Department of Medical Social Workers so the counselling of battered women does not depend on volunteer counsellors.
- Adequate shelters must be provided for battered women for each state/region.
- Medical personnel, including health officials from the relevant Ministries should undergo gender training.
- Domestic violence should be included in the medical education curricula.

WOMEN CATALYSING POLICY CHANGE AROUND DOMESTIC VIOLENCE IN NICARAGUA

Dr Mary Ellsberg, Department of Epidemiology and Public Health, Umea University, Sweden

This paper describes the strategy used by the National Network of Violence Against Women in their campaign to draft, lobby and mobilise support for a Domestic Violence Law and to share the lessons learned along the way. It also shows how the creation of strategic alliances between politicians, government officials, community leaders, researchers and legal and health professionals was vital to the campaign's success.

- A multisectoral approach to decrease violence against women includes ensuring protection and care for the abused, more effective sanctions for offenders and violence prevention campaigns.
- The findings from epidemiological research were used successfully to convince policy makers to change laws.
- Social movements can have an impact on public policy, even in the face of adverse political conditions, and challenge the cultural norms that tolerate and perpetuate violence against women.
- Partnership of decision-makers, researchers, professionals from the legal and health sectors and community groups is a very powerful and successful strategy when campaigning for legislation on violence against women.
- Political pressure around a general election was used effectively by the women's network to pass the Domestic Violence Law.
- Consulting with well known professionals such as judges, police, mental health and forensic specialists about the law, not only contributed to the legitimacy of the initiative but also helped create a feeling of ownership and responsibility.
- Successful collaboration between researchers and activists requires flexibility.
- Lasting transformation can only be achieved through the sustained and combined efforts of all sectors of Nicaraguan society.
- There is still much work to be done to ensure successful implementation of the law.
- Motivating health workers into taking a more active role in relation to domestic violence remains one of the central challenges facing the women's movement.
- Increased efforts must be made to train judges, police and community groups to improve application of the law.
- Health workers must be more involved in the development of support services for battered women.

PAHO's Efforts to Address Violence Against Women

Dr Pamela Hartigan, Women's Health and Development, PAHO/World Health Organization, USA

This paper describes the activities of the Pan American Health Organization in relation to violence against women and observations and lessons learned from these experiences. It also presents the findings of a recent study of 18 communities in 10 countries and discusses what has been identified as being the biggest challenges to the health care systems of Latin American and Caribbean countries.

- In many Latin American and Caribbean countries, the legal and health sector respond in an isolated manner to woman's needs.
- It has been difficult to convince Ministries of Health that domestic violence is a public health issue and that it is subject to modification through intervention.
- The process of conducting interviews at the community level was, in itself, a positive intervention as it brought into the open what had before been a private matter.
- Using NGOs that work in the communities and had previously gained the confidence of the women interviewed was a very successful strategy.
- A large problem in Latin America and the Caribbean is the role of the medical forensic examiners as gatekeepers to the legal system - the health sector has little influence here as medical forensics answer to the justice system.
- The health sector must be strengthened to be able to identify and deal with domestic abuse, but also recognise that they are not the solution.
- A multisectoral approach should be used to address violence against women.
- Large multilateral organisations should work together and work with women's organisations, as they cannot be experts in such a multifaceted and complex issue as domestic violence.

HEALTH SYSTEM RESPONSES: NORWAY

Dr Berit Schei, Women's Health, Department of Community Medicine, Faculty of Medicine, Norwegian University of Science and Technology, Norway

This paper describes the setting up of nation-wide services providing psychosocial care and medical treatment for raped women. It also details the efforts made to improve the quality of forensic evidence collected and the importance of developing standards of care for abused women.

- Improved service and increased status within the health care system of services for victims of abuse, can have a preventive effect on violence against women in society as a whole.
- Developing standardised procedures for improving psychosocial care, medical treatment of rape victims and quality of forensic evidence collected, is a successful strategy for the overall improvement of services for abused women.
- Education and training of professionals such as the police and courts, carried out to support women during the legal process, is effective and works well with the improved health initiatives.
- A need to develop common standards of care of abused and raped women has been identified and a network of healthcare workers from all Nordic countries will collect models for best practice.
- Providing support to abused women during the legal process is vital.
- The health service responses, such as preventative programmes in antenatal care to identify abused women, should be further improved.
- Obstetrician/gynaecologist medical curricula should include abuse as a topic and medical forensic curricula should include rape.

HEALTH SYSTEM RESPONSES: BRAZIL

Dr Ana F. Lucas d'Oliveira and Prof Dr Lilia Blima Schraiber, Department of Preventive Medicine, School of Medicine of the University of São Paulo, Brazil

This paper outlines the problem of domestic violence in São Paulo, Brazil. It describes a project to train health professionals and investigate violence-related problems in health care services and the medical attitudes towards violence.

- Incorporating social workers into police stations was a hard task, due to the aggressive and punishing character of the police in Brazil, often extremely violent in itself.
- In addition to detecting situations of violence, health services must acknowledge that violence may also occur in the health service setting, especially in developing countries.

HEALTH SYSTEM RESPONSES: USA

Dr Richard F. Jones III, American College of Obstetricians and Gynaecologists, USA

This paper presents the history of the battered women's movement in the United States and details the activities of the American College of Obstetricians and Gynaecologists (ACOG) and its decade-long commitment to provide physicians with information, education and the skills necessary to recognise violence in the lives of their patients.

Based on the premise that in their unique position, obstetricians-gynaecologists are medically and ethically obliged to recognise and intervene on behalf of their abused patients, ACOG undertook the following activities:

- Integrate information on interpersonal violence, including spouse abuse into the education and training curriculum for under- and post-graduate health professionals
- Integrate questions on interpersonal violence and spouse abuse as part of certification, licensing, accreditation and board examinations
- Advocate that strategies for identification and knowledge of appropriate interventions should be part of standard practice of obstetricians-gynaecologists
- Distribute relevant information to all 37,000 ACOG members in the US

HEALTH SYSTEM RESPONSES: CANADA -THE EXPERIENCE OF THE SEXUAL ASSAULT CARE CENTRE

Ms Mary Addison, Sexual Assault Care Centre, Women's College Hospital, Ontario, Canada

This paper describes the Sexual Assault Care Centre (SACC) that was set up to provide emergency care, medical treatment, counselling and education to sexual assault victims. It outlines the successful strategies and programmes undertaken by SACC to achieve its aims and details future challenges and directions.

- Better informed, and more sensitively-trained health care professionals and community workers facilitate disclosure of sexual assault.
- Greater efficiency has resulted from the provision of comprehensive, coordinated, high quality and accessible care.
- Police services and crown attorneys report that consistency in the collection of forensic evidence and documentation for courtroom testimony has increased the number of offenders apprehended and prosecuted.
- Continuity of care has been improved and physician involvement reduced because of the Sexual Assault Nurse Examiners (SANE) programme.
- Ongoing education for change is required through the health care, legal, social and political systems.
- To increase service accessibility, links to agencies working with under-served populations must be considerably enhanced.

HEALTH SYSTEM RESPONSES: SWEDEN - THE EXPERIENCES OF THE NATIONAL CENTER FOR BATTERED AND RAPED WOMEN

Dr Gun Heimer and Ms Barbro Posse, Department of Obstetrics and Gynaecology, Uppsala University Hospital, Uppsala, Sweden

This paper describes the Swedish National Center that was set up to provide medical and psychosocial support for battered and raped women, initiate research projects within the medical service and provide information and education about violence against women. The paper details some of the strategies employed to achieve these aims.

- The medical services are the best placed to take action against domestic violence.
- Specially trained staff available for examinations and consultations 24 hours a day is a successful strategy.
- Without close cooperation between health workers, the police, the legal system and women's groups, the phenomenon of violence will never be wiped out.
- National cooperation is essential in a small country like Sweden. The legitimacy and financing of this operation must come from national top levels.
- Training on violence and abuse against women should be included in medical postgraduate curricula.
- Research to develop medical models and obtain more knowledge of sexual violence as a phenomenon is needed.
- Cooperation between sectors needs to be further improved in order to develop a model for the care and attention of women who have experienced abuse.

HEALTH SYSTEM RESPONSES: IRELAND: TRAINING GENERAL PRACTITIONERS/HOSPITAL DOCTORS ON DOMESTIC VIOLENCE

Ms Monica O'Connor, Women's Aid, Ireland

This paper presents the process of change in Ireland in relation to women's rights and violence against women in society. It introduces Women's Aid, an organisation that provides medical, social and legal services to abused women and their children. The paper also presents lessons learned and recommendations for future challenges in the struggle to eliminate violence against women in Ireland.

- The fact that Ireland's response to violence against women as a health issue is at an embryonic stage, means that there is opportunity to reflect on the process and look at the critical areas of concern which have emerged in other countries in recent years.
- We have to ensure that the interventions we bring into the lives of women suffering from violence, do not undermine her sense of power, autonomy and control over her own life.
- Statutory agencies need to have a clear analysis of male power in the private and public world to understand domestic violence.
- The response to violence against women should be based on the principles of empowerment and self-help/mutual aid rather than only an individual client-based model.
- In order to make change sustainable, training of medical personnel should focus on attitudinal and cultural reasons why our societies are male dominated and hierarchical and can support rather than create sanctions for male violence.
- Measures should be taken to ensure that women are not made to feel that they are the problem in domestic violence cases.
- Efforts must be made to ensure that male violence does not become invisible in the legal process as a result of women being perceived as the "problem".
- If we are encouraging women to seek state, police and medical intervention, it is essential that the state provides adequate protection at this dangerous stage, particularly on leaving a violent relationship.

ENFORCING AND IMPROVING LEGAL MEASURES

Dr Rebecca J. Cook, Faculty of Law and Faculty of Medicine, University of Toronto,
Canada

This paper considers how responses to violence against women in individual countries fit into a framework of international human rights law, and how the responsibility of states themselves arises from their failures to respond in good faith to women's vulnerability to violence at the hands of members of their families and communities.

- Reporting by states to bodies such as CEDAW on their activities in the area of eliminating violence against women, is a useful strategy to hold governments accountable.
- An increasingly important mechanism for developing state accountability for observance of human rights is the publication of concluding observations by treaty monitoring bodies on reports submitted by states.
- The findings of medical, community health and social science research can be used to highlight violations of women's rights to security and protection against violence.
- Accountability mechanisms at domestic and international levels must be improved by political, legal and other means.

THE LEGISLATIVE FRAMEWORK ON VIOLENCE IN CANADA

Prof Bernard Dickens, Faculty of Law, University of Toronto, Canada

This paper outlines the legislative framework in Canada, concerned primarily with criminal law in relation to violence against women

- A series of case studies showing the manipulation of the legal framework of responses to criminal violence against women has been developed.
- Canadian law makes an impact on incidence of violence by effective deterrence and certainty of conviction. However, this must be balanced against the costs, both financial and emotional for the abused woman.
- Canadian legislative reform presents a model that other jurisdictions might adopt, especially those which have origins in English Common Law.
- Criminal law-enforcement practices should be developed in collaboration with each individual women who has been abused to ensure her wishes and interests are properly represented.
- The processes of criminal law and penal sanctions have limitations when tackling the problem of domestic violence.

THE ROLE OF HEALTH CARE PROVIDERS AS GATEKEEPERS

Ms Samya Burney, Human Rights Watch, USA

This paper presents the ongoing work of the Human Rights Watch Women's Rights Project, outlining the state response to violence against women and the obstacles that abused women face getting access to justice. It presents the results of research in Peru, Pakistan, Russia and South Africa with particular focus on forensic examination.

- It is important that the health and legal sectors work closely together.
- In some countries where medical services are not free, women are forced to choose between prosecuting their perpetrators or getting medical treatment for abuse.
- There are too few medical centres carrying out forensic examinations which means that women cannot physically reach them.
- Many centres operate on very short opening hours, making them inaccessible to most women.
- There is often a lack of female doctors.
- The role of the family is very important for abused women.

CONCLUSIONS AND RECOMMENDATIONS

To explore in greater depth the possible reasons underlying the apparent lack of awareness of violence against women and the remedial measures that could and should be taken, the participants in the workshop were divided into three working groups during the afternoon of the second day. They were asked to discuss the following four questions:

1. What are your concerns in dealing with the issue of violence in your daily work?
2. What are the perceived barriers to dealing properly with the problem of violence in daily practice?
3. How could you be assisted (by the educational system, professional organisations, the health care system) to do a better job in dealing with violence?
4. What do you believe you can start doing tomorrow in your daily work?

Conclusions, Barriers and Constraints to Addressing Violence

The following concerns and constraints to addressing violence against women were identified by the groups:

- Fear of legal implications, appearing in court time consuming.
- Limited facilities and equipment to adequately manage and document cases.
- No referral system.
- Lack of training.
- Lack of support services.
- Lack of networks between gynaecologists and other NGOs.
- Doctors have biomedical approach rather than a holistic approach to treatment.
- Unreliable police.
- Approaches of medical and legal professions very different.
- Medicine and research tends to be hospital-based so community problems are missed.
- Cultural barriers.
- Medical personnel limited in response because they are also affected.

Recommendations

Training

- Training on violence against women should be included in the postgraduate medical school and law school curricula.
- Gender training should be provided to medical, legal, and police students.
- Community health workers should be trained to identify women who need help, especially in areas where there are no doctors.
- Health professionals should become better listeners.
- WHO should provide access to resources such as training modules to groups who are working in this area.

Research and data collection

- Countries should collect epidemiological data to find out the magnitude of the problem.
- Systematic evaluation, documentation and dissemination of successful interventions should be carried out, including treatment and referral protocols.
- Research should be carried out to find out exactly how gender roles lead to violence against women, and how they might be changed in order to eliminate the violence.

Services

- Efforts should be made to encourage close collaboration between the medical, legal, social and police systems.
- Routine screening for violence against women should be closely considered, and only implemented where appropriate training and back-up facilities exist.
- Standards should be developed by WHO for forensic evidence collection.
- Men should be involved in the issue at all levels.
- National associations should come up with protocols for providing care for women experiencing abuse.
- Health professionals should network with local NGOs.
- Doctors should inform other doctors about the problem of violence against women.
- The health sector should work on prevention and provide support for women experiencing violence, while at the same time taking care not to medicalize the problem.
- WHO, FIGO and grassroots organisations should form a coalition to highlight the problem and pressure governments.
- FIGO should highlight the issue, especially in national societies.

FIGO RESOLUTION ON VIOLENCE AGAINST WOMEN

Approved by the FIGO General Assembly at the XV FIGO World Congress of Gynaecology and Obstetrics, Copenhagen, Denmark, 3-8 August 1997

The FIGO General Assembly,

Considering that violence against women in all its forms is widely prevalent throughout and that it is a gross violation of women's human rights;

Recognising that it has serious adverse consequences on the physical, mental and reproductive health of women and can also have serious effects on the health of their infants and children (particularly when they are also victims or in the case of children witnesses);

Recognising the need for developing special expertise and specialised care for meeting the needs of women who suffer violence; and

Recalling the 1993 UN Declaration on Violence Against Women and the Platform for Action of the Fourth World Conference on Women;

Supporting the Recommendations reached by the FIGO Committee for the Study of Ethical Aspects of Human Reproduction

1. Invites Member Societies to:

- Urge their governments to implement the recommendations made by the Beijing Platform for Action and to ratify the Convention on the Elimination of All Forms of Discrimination Against Women if they have not already done so, and to ensure its implementation if they have already ratified it.
- Urge their governments to take legal and other measures needed to make violence against women unacceptable to all groups in society.
- Ensure that violence against women is included in the curricula of all reproductive health care providers, in the specialist training of obstetricians - gynaecologists and in programmes for continuing education and that the health system does not in any way contribute to the victimisation of women.
- Collaborate with national authorities, non-governmental and intergovernmental organisations and the media to promote and support measures to prevent and address the consequences of violence against women, and to communicate with the appropriate bodies to provide an effective safety net for women suffering from violence.

2. Recommends that obstetricians and gynaecologists:

- Educate themselves, other health professionals and community workers about the extent, types, and negative consequences of violence against women.
- Increase their ability to identify women who are experiencing violence and to provide supportive counselling and appropriate treatment and referral.
- Work with others to better the understanding of the problem by documenting the determinants of violence against women and its harmful consequences.
- Assist in the legal prosecution of cases of sexual abuse and rape by careful and sensitive documentation of the evidence.
- Support those who are working to end violence against women in their families and in communities

LIST OF PARTICIPANTS

Ms Mary Addison, Sexual Assault Care Centre, Women's College Hospital, 76 Grenville Street, Toronto, Ontario, Canada M5S 1B2 (Tel: + 1 416 966 7111; Fax: + 1 416 323 7314)

Dr Jose Barzelatto, The Center for Health and Social Policy, 2586 Sykes Creek Drive, Merritt Island, Florida 32953, USA (Tel: + 1 407 459 3643; Fax: + 1 407 452 4651)

Dr Samya Burney, Human Rights Watch, 485 Fifth Avenue, New York, NY 10017, USA (Tel: + 1 212 972 8405; Fax: + 1 212 972 0905; e-mail: burneys@hrw.org)

Dr Rebecca Cook, Faculty of Law, University of Toronto, 78 Queen's Park, Toronto, Canada M5S 2C5 (Tel: + 1 416 978 4446; Fax: + 1 416 978 7899; e-mail: rebecca.cook@utoronto.ca)

Dr Bernard Dickens, Faculty of Law, University of Toronto, 78 Queen's Park, Toronto, Canada M5S 2C5 (Tel: + 1 416 978 4849; Fax: + 1 416 978 7899; e-mail: bernard.dickens@utoronto.ca)

Dr Mary Ellsberg, Coordinator, Domestic Violence Research and Education Project, Lomas de Monserrat A-13, Managua, Nicaragua (Postal address: Nicabox 509, P.O. Box 02-6540, Miami, Florida 33102, USA (Tel/Fax: + 1 505 267 8269; e-mail: provio@ibw.com.ni)

Dr Mahmoud Fathalla, President, FIGO, P.O. Box 30, Assiut Egypt (Tel: + 20 88 334 820; Fax: + 20 88 337 333; e-mail: mfathall@intouch.com)

Dr Fariyal Fikree, Department of Community Health Sciences, The Aga Khan University, Stadium Road, P.O. Box 3500, Karachi 74800, Pakistan (Tel: + 92 21 4930051; Fax: + 92 21 4934294; e-mail: chsaku@biruni.erum.com.pk)

Dr Gun Heimer, Department of Obstetrics and Gynecology, National Center for Battered and Raped Women, Uppsala University Hospital, 751 85 Uppsala, Sweden (Tel: + 46 18 66 30 00; Fax: + 46 18 50 73 94)

Dr Lori Heise, Co-Director, The Health and Development Policy Project, 6930 Carroll Avenue, Suite 430, Takoma Park, Maryland 20912, USA (Fax: + 1 301 270 2052; e-mail: lheise@igc.apc.org)

Dr Richard Jones, III, The American College of Obstetricians and Gynecologists, 409 12th Street, S.W., Washington, D.C. 20024-2188, USA (Tel: + 1 202 863 2487; Fax: + 1 202 484 3917)

Ms Ivy N. Josiah, Executive Secretary, Women's Aid Organisation, P.O. Box 493 Jalan Sultan, 46760 Petaling Jaya, Selangor, Malaysia (Tel: + 603 7563488; Fax: + 603 7563237)

Dr Ana F. Lucas d'Oliveira, Department of Preventive Medicine, University of Sao Paulo Medical School, Av. Dr Arnaldo, 445 - 2 andar, Sao Paulo, Brazil 01246-903 (Tel: + 55 11 813 33 05; Fax: + 55 11 212 86 81; e-mail: aflolive@usp.br)

Ms Monica O'Connor, Women's Aid, P.O. Box 791, Dublin 1, Ireland (Tel: + 353 1 8745302; Fax: + 353 1 8745525; e-mail: waiddub@iol.ie)

Dr Berit Schei, Atkinson Chair in Women's Health, 790 Bay Street, 749, Toronto, Ontario M5G 1N8, Canada, (Tel: +416.3513800 ext 3800; Fax: + 416.3513746; e-mail: berit.schei@utoronto.ca)

Dr Joseph G. Schenker, Department of Obstetrics and Gynaecology, Hadassah Hospital, P.O.B. 12000, Jerusalem 91120, Israel (Tel: + 972 2 677 64 24; Fax: + 972 2 643 24 45)

Dr Charlotte Watts, Department of Psychology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK (Tel: + 44 171 927 2176; Fax: + 44 171 637 5391; e-mail: c.watts@lshtrn.ac.uk)

NFOG/FIGO'97 FELLOWSHIP PROGRAM

Dr Nils-Otto Sjonerg, Department of Obstetrics and Gynecology, Malm` University Hospital, 205 02 Malm`, Sweden (Tel: + 46 40 332081; Fax: + 46 40 962600)

NFGO/FIGO FELLOWS

Dr Joseph Aliyu, 9 Abdul Razak Road, G.R.A., Ilorin, Nigeria (Tel: + 234 31 220233; Fax: + 23431 223532)

Dr Sharifa Al-Sibiani, P.O. Box 10747, 21443
Jeddah, Saudi Arabia (Tel/Fax: + 966 2 6715 866)

Dr Janos Aranyosi, Vezer u. 33. 1/3, H 4032
Debrecen, Hungary (Tel: + 36 52 430754; Fax: +
36 52 414577)

Dr Aykut Barut, 37 sokak No. 7/3 Bahcelievler,
06500 Ankara, Turkey (Tel: + 90 312 3201953;
Fax: + 90 312 43147872)

Dr Elizabeth Bukusi, Box 19658, Nairobi, Kenya
(Tel: + 254 2 763314; Fax: + 254 2 712007)

Dr Pushpa Chaudhary, Maternity Hospital,
Thapathali, 5307 Kathmandu, Nepal (Tel: 977 1
520247; Fax: + 977 1 524042)

Dr A. Mutalab Imam, University of Khartoum, Dept
of Obstetrics & Gynaecology, P.O. Box 102,
Khartoum, Sudan (Fax: + 249 11 784247)

Dr Aleksandar Jurisic, Radovana Dragovica Str.
No. 6, 11030 Beograd, F.R. Yugoslavia
(Tel: + 381 11 642067; Fax: + 381 11 552497)

Dr Khaing Mi Mi, No. 206, 74th Street between
32nd and 33rd Street, Mawragiwa Quarter,
Mandalay, Myanmar (Tel: + 95 2 34787; Fax: 95 1
525195)

Dr William Obwaka, P.O. Box 19701, Nairobi,
Kenya (Tel: + 254 2 720223;
Fax: + 254 2 569478)

Dr Dwiana Ocviyanti, Jalan Wolter Monginsidi No.
62, Jakarta Selatan, 12170 Jakarta, Indonesia (Tel:
+ 62 21 7243235; Fax: + 62 21 3148620)

Dr Milica Piskaninova, Ladzianskeho 10, 831 01
Bratislava, Slovakia (Tel: + 421 7 375533; Fax:
+ 421 7 374866)

Dr Pilka Radovan, I.P. Pavlova 6, 779 00 Olomouc,
Czech Republic
(Tel/Fax: + 420 68 5414975)

Dr Chetan Ramaiya, Kaluta Street/TMJ Medical
Clinic, P.O. Box 4, Dar es Salaam, Tanzania (Tel:
+ 255 811 324753; Fax: + 255 51 113931)

Dr Ahmed M. Rammah, Al Azhar University,
International Islamic Center, for Population
Studies, P.O. Box 1894, 11651 Cairo, Egypt (Tel:
+ 20 2 2188192; Fax: + 20 2 5122749)

Dr Sergey Sergienko, Nicolsko-Botanicheskaya 2,
Apt. 24, 252033 Kiev, Ukraine

(Tel: + 380 44 224 2605; Fax: + 380 44 564
9726)

Dr Andrei Syritsa, Lossi 36, EE 2400 Tartu,
Estonia (Tel: + 372 7 432 668; Fax: + 372 7 433
630)

Dr Khaled Terras, Hopital Charles Nicolle,
Boulevard 9 Avril 1938, 1006 Tunis, Tunisia
(Tel: + 216 1 663125; Fax: + 216 1 562777)

Dr Andrei Adrian Tica, Parcul Crizantemelor, No.
K1, 1100 Craiova, Romania
(Tel: + 40 51 142153; Fax: + 40 51 134376)

Dr Chau Khac Tu, 18/4B Nguyen Thien Ke, Hue
City, Viet Nam
(Fax: + 00 84 54 821 788)

Dr Maria L. Tumbocon-Cabrera, 419 Duke Street,
Greenhills East Subdivision, 1550 Mandaluyong
City, Philippines (Tel: + 63 2 723 7695; Fax: + 63
2 524 1098)

Dr Hui-Min Yu, No. 1, Tong Dao North Street, Inn.
Mongolia Medical College, 1st Teaching Hospital,
010050 Huhhot, China (Tel: 86 471 696 3300;
Fax: + 86 471 696 5120)

Dr Sandra Vitina, A. Deglava str. 124-20, LV 1082
Riga, Latvia (Tel: + 371 25 94420; Fax: + 371 78
21154)

WHO/FIGO JOINT TASK FORCE MEMBERS

Dr Giuseppe Benagiano, Consultant, Special
Programme of Research, Development and
Research Training in Human Reproduction, World
Health Organization, 1211 Geneva 27 (current
address: Director General, Istituto Superiore di
Sanita, Viale Regina Elena, 11061 Rome, Italy [Tel:
+39 6 44 86 9455; Fax: + 39 6 44 86 9440])

Dr Ho Kei Ma, Secretary General, FIGO, 27 Sussex
Place, Regent's Park,
London NW1 4RG, UK (Tel: + 44 171 723 2951;
Fax: + 44 171 258 0737)

Dr Markku Seppala, Department of Obstetrics &
Gynaecology, Helsinki University Central Hospital,
2 Haartmaninkatu, 00290 Helsinki 29, Finland (Tel:
+ 358 9 471 2800; Fax:
+ 358 9 479 102)

Dr Paul F.A. Van Look, Associate Director, Special
Programme of Research, Development and
Research Training in Human Reproduction, World
Health Organization, 1211 Geneva 27, Switzerland

(Tel: + 41 22 791 3307; Fax: + 41 22 791 4171;
e:mail: vanlookp@who.ch)

FIGO MEMBERS

Dr Jorgen Falck Larsen, FIGO Congress President,
Department of Obstetrics and Gynaecology,
Copenhagen County Hospital Herlev, Herlev
Ringvej 75, 2730 Herlev, Denmark (Tel: + 45 4453
5330; Fax: 45 4453 5332)

Dr Milton Lum, 939-941 Jalan Ipoh, 51200 Kuala
Lumpur, Malaysia (Tel: + 603 6272691; Fax: +
603 6216029) - 31 July only

Dr John J. Sciarra, Chairman of the FIGO
International Scientific Program Committee,
Department of Obstetrics and Gynecology,
Northwestern University Medical School, Prentice
Women's Hospital and Maternity Center, 333 East
Superior Street, Chicago, Illinois 60611-3095,
USA (Tel: + 1 312 908 7504; Fax: + 1 312 908
1416)

Dr John O'Loughlin, Treasurer, 53 Waiter Street,
North Adelaide, South Australia 5006, Australia
(Tel: + 618 8 239 1299; Fax: +618 8 239 1394) -
30 July only

WHO SECRETARIAT

Dr Assia Brandrup Luknow, Regional Adviser,
Sexual and Family Health, World Health
Organization, Regional Office for Europe, 8
Scherfigsvej, 2100 Copenhagen O, Denmark (Tel:
+ 45 39 171426; Fax: + 45 39 171850)

Dr Carol Djeddah, Medical Officer, Women's
Health, World Health Organization, 1211 Geneva
27, Switzerland (Tel: + 41 22 791 3499; Fax: + 41
22 791 4189; e:mail: djeddahc@who.ch)

Dr Claudia Garcia-Moreno, Chief, Women's Health,
World Health Organization, 1211 Geneva 27,
Switzerland (Tel: + 41 22 791 4353; Fax: + 41 22
791 4189; e:mail: garciamorenoc@who.ch)

Dr Pamela Hartigan, PC, HDW, Pan American
Health Organization/World Health Organization,
525 Twenty-Third Street, N.W., Washington, D.C.
20037-2895, USA (Tel: + 1 202 974 3000; Fax: +
1 202 974 3671)

Dr Serguei Litvinov, Director, Programme
Management, World Health Organization, Regional
Office for Europe, 8 Scherfigsvej, 2100
Copenhagen O, Denmark (Tel: + 45 39 171351;
Fax: + 45 39 171888)

Dr Jerker Liljestrand, Chief, Maternal and Safe
Motherhood, World Health Organization, 1211
Geneva 27, Switzerland (Tel: + 41 22 791 3350;
Fax: + 41 22 791 4189; e:mail:
liljestrandj@who.ch)

Dr Viviana Mangiaterra, Regional Adviser, Women
and Child Health, World Health Organization,
Regional Office for Europe, 8 Scherfigsvej, 2100
Copenhagen O, Denmark (Tel: + 45 39 171358;
Fax: + 45 39 171850; e:mail: vma@who.dk)

Dr Leila Mehra, Special Adviser, Global
Commission on Women and Health, World Health
Organization, 1211 Geneva 27, Switzerland (Tel: +
41 22 791 2965; Fax: + 41 22 791 4868;
e:mail: mehral@who.ch)

Dr Claude Romer, Chief, Safety Promotion and
Injury Control (SPI), World Health Organization,
1211 Geneva 27, Switzerland (Tel: + 41 22 791
3468; Fax: + 41 22 791 0746;
e:mail: romerc@who.ch)

Dr Tomris Türmen, Executive Director, Family and
Reproductive Health (FRH), World Health
Organization, 1211 Geneva 27, Switzerland (Tel: +
41 22 791 3364;
Fax: + 41 22 791 4189; e:mail: turment@who.ch)

OTHER AGENCIES

Dr France Donnay, United Nations Children's
Fund, UNICEF House, 3 United Nations Plaza, New
York, NY 10017, USA, USA (Tel: + 1 212 824
6325; Fax: + 1 212 824 6460;
e:mail: fdonnay@unicef.org)

Dr Charlotte Gardiner, Technical and Evaluation
Division, United Nations Population Fund, 220
East 42nd Street, New York, NY 10017, USA (Tel:
+ 1 212 297 5232; Fax: + 1 212 297 4915)

OBSERVERS

Dr Ayse Akin, Department of Public Health,
Hacettepe University, Ankara, Turkey
(Tel: + 90 312 3243975; Fax: +90 3123110072)

Ms Janet Chapin, The American College of
Obstetricians and Gynecologists, 409 12th Street,
S.W., Washington, D.C. 20024-2188, USA (Tel: +
1 202 863 2487;
Fax: + 1 202 484 3917)

Dr Birgitta Essen, Department of Obstetrics and
Gynecology, Malmö University Hospital, 205 02

Malmö, Sweden (Tel: + 46 40 332140; Fax: + 46 40 962600)

Ms Sophia Drengsted-Nielsen, Fiskedamsgade 13, 2th, 2100 Copenhagen O, Denmark

Ms Marlene Hinshelwood, 43 Park Avenue North, London N8 7RS, UK
(Tel/Fax: + 44 181 340 3087;
e:mail: marlene@hindufak.demon.co.uk

Ms Deborah Horan, Manager, Special Issues, Division of Women's Health, The American College of Obstetricians and Gynecologists, 409 12th Street, S.W., Washington, D.C. 20024-2188, USA
(Tel: + 1 202 863 2487; Fax: + 1 202 484 3917;
e:mail dhoran@acog.com)

Dr Luella Kline, Director, Division of Women's Health, The American College of Obstetricians and Gynecologists, 409 12th Street, S.W., Washington, D.C. 20024-2188, USA (Tel: + 1 202 863 2487; Fax: + 1 202 484 3917)

Dr Behire Oncuek, JHPIEGO Country Representative, Abidin Daver Stk 7/5 Gankaya, Ankara, Turkey (Tel: + 90 312 4414184-85; Fax: +90 312 4411499)

Mrs Naana Otoo-Oyortey, Technical Officer, Gender and Youth, International Planned Parenthood Federation (IPPF), Regent's College, Inner Circle, Regent's Park, London NW1 4NS, UK (Tel: + 44 171 486 0741; Fax: + 44 171 487 7865)

Ms Angela Raven-Roberts, Acting Policy Adviser and Programme Officer, Emergency Programmes, United Nations Children's Fund, 3 United Nations Plaza, New York, NY 10017, USA (Tel: + 1 212 326 7322; Fax: + 1 212 326 7037)

Dr Katrine Sidenius (Member of the Danish Society of Obstetricians and Gynaecologists) Department of Gynecology and Obstetrics, Glostrup Hospital, Copenhagen, Denmark)

Mr Bo Wagner Soerensen, Institute of Anthropology, Frederiksholms Kanal 4, 1200 Copenhagen K, Denmark

Dr Hanne Wielandt (Member of the Danish Society of Obstetricians and Gynaecologists) Department of Gynecology and Obstetrics, Clinical Institute, University of Odense, 5000 Odense, Denmark