

WMA STATEMENT ON ACCESS OF WOMEN AND CHILDREN TO HEALTH CARE

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and amended by the 59th WMA General Assembly, Seoul, Korea, October 2008,
by the 70th WMA General Assembly, Tbilisi, Georgia, October 2019 and
by the 72nd WMA General Assembly (online), London, United Kingdom, October 2021*

PREAMBLE

For centuries, women and girls worldwide have suffered from gender inequality and an uneven balance of power between men and women. Historically based gender bias has led to women and girls being restricted in their access to, inter alia, employment, education and health care.

Gender inequality creates dangers in medical treatment. When both genders are not offered equal quality treatment and care for the same medical complaints or when different manifestations of disease are not considered based on sex, patient outcomes will suffer.

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

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

National laws, policies and practices can also foster and perpetuate discrimination in health care settings, prohibiting or discouraging women and girls from seeking the broad range of health care services they may need. Evidence demonstrates the harmful health and human rights impacts of such laws. For example, in some countries and due to national laws, legislations or social norms, women and girls lack decision-making power about their own medical treatment, surgery, childbearing or contraception.

Addressing discrimination in health care settings will contribute to the achievement of many of the United Nations Sustainable Development Goals (SDGs), ensuring that no woman or girl is left behind. It is fundamental to securing progress towards SDG 3, Good health and wellbeing, including achieving universal health coverage and ending the AIDS and tuberculosis epidemics; SDG 4, Quality education; SDG 5, Gender equality and women's empowerment; SDG 8, Decent work and inclusive economic growth; SDG 10, Reduced inequalities; and SDG 16, Peace, justice and strong institutions.

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

Access to healthcare, including both therapeutic and preventative strategies, is a fundamental human right. This imposes an obligation on government to ensure that these human rights are fully respected and protected. Gender inequalities must be addressed and eradicated in all aspects of healthcare.

Machine learning, predictive algorithms and artificial intelligence (AI) in healthcare are expected to drastically change the way healthcare is practiced and managed. For example, AI could change the way in which diseases such as cancer are diagnosed and treated. However, even with the introduction of AI in healthcare, resource limitations may prevent most women globally from accessing such healthcare. In order not to amplify any gender inequalities, information being programmed into artificial intelligence algorithms being created to inform medical diagnoses and management must take into account the specific health considerations of women, for example women may present with different symptoms to men.

The WMA Declaration of Geneva establishes the physician's respect for human dignity and that it should not allow considerations of gender to come between *"my duties and my patients."*

RECOMMENDATIONS

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

1. Promote the equal human right of health for women and children;
2. Categorically condemn violations of the basic human rights of women and children, including violations stemming from social, political, religious, economic and cultural practices;
3. Insist on the rights of all women and children to full and adequate medical care, especially where religious, social, and cultural restrictions or discrimination may hinder access to such medical care, and promote women's and children's health and access to health as human rights;
4. Advocate for parity of health insurance premiums and coverage to ensure that women's access to care is not impeded by prohibitively high expenses;
5. Governments have an obligation to ensure that the information being programmed into artificial intelligence algorithms being created to inform medical diagnoses and management must include a representative sample of data from women to ensure the gender inequality gap is not amplified further.
6. Ensure universal access to sexual and reproductive healthcare;
7. Promote the provision of pre-conception, prenatal and maternal care, and post-natal care including immunization, nutrition for proper growth and healthcare development for children.
8. Advocate for educational, employment and economic opportunities for women and for their access to information about healthcare and health services.
9. Work towards the achievement of the human right to gender equality of opportunity and gender equality of treatment.