

The Health-Care Professional Associations' response to the Honoring Women's Demands paper



About Us

Members of the [Partnership for Maternal, Newborn and Child Health \(PMNCH\)](#) Health-Care Professional Associations (HCPAs) constituency play a vital and active role in the delivery of sexual, reproductive, maternal, newborn, child and adolescent health care and services in all settings. Given their critical role as front line healthcare providers, the HCPA organizations have specific insights that can help to identify critical health issues and challenges being faced by women, children and adolescents and advocate for/support efforts to address them.

The specific HCPA organizations contributing to this paper are: Council of International Neonatal Nurses (COINN), International Confederation of Midwives (ICM), International Council of Nurses (ICN), International Federation of Gynecology and Obstetrics (FIGO) and International Pediatric Association (IPA).



Introduction

In early 2022, the White Ribbon Alliance, in partnership with International Stillbirth Alliance, Human Rights in Childbirth, National Birth Equity Collaborative and Fòs Feminista, summarized views expressed by over 1.2 million women and girls, through the *What Women Want* campaign, in a paper called [Honoring Women's Demands](#). The results were clear; women want to be treated with respect and dignity when receiving health care.

We sincerely thank women and girls for sharing their experiences and expressing their asks, which are critical to our efforts to ensure that universal quality health care reaches every woman, infant and child. As health care providers professionals, we are unified in our commitment to address these asks, and to put additional measures in place to provide all women, girls and gender-diverse people quality and respectful care at every interaction.

Our dedication to principles of respectful and quality care, are reflected in statements and principles adopted by our organizations.¹ However, in practice, this does not always happen. Disrespectful and abusive practices are pervasive and unfortunately present in all countries,² including in humanitarian settings.³ Such experiences can have direct negative impacts on the health and wellbeing of a care-seeker in the short- and long-term.

The indirect consequences can be equally devastating as they reduce the chances that women will seek care for themselves and their babies, thus having a negative impact on maternal-newborn wellbeing.⁴

The reasons for failure to provide respectful care are multifold, including: a failure to consider or prioritize respectful care, a lack of clear understanding of what respectful care means in diverse settings, systems and norms that do not value women's rights or needs, the needs of gender-diverse people, under resourced or overextended health care professionals, to mention a few. While systemic and societal barriers require larger efforts, we, as health professionals, need to make every effort to ensure respectful and quality care are the norm.

Below we have outlined examples of some of the work already in progress, as well as additional steps we plan to take in response to each of the asks presented in the *Honoring Women's Demands* paper. We also commit to reviewing the progress in these areas on an ongoing basis, to inform and adapt our efforts with an ultimate aim of providing respectful and quality care to every woman, girl and gender-diverse person, everywhere.

"I would feel respected as a teen mother if I had been treated in a comfortable and private area, without any judgmental attitude. I would like to think that respectful care and system would have saved my baby and kept me safe and healthy"

— Rwandan mother

1. Such statements include: [FIGO statement on Health System Strengthening and Respectful Care](#) and [Childbirth Bill of Rights](#); [ICM Statements on respectful care](#); [ICN Statement on Women's Health](#).

2. [DOI 10.26633/RPSP.2019.36](#); [DOI 10.4103/jpgm.JPGM_648_19](#); [DOI 10.1016/S0140-6736\(16\)31472-6](#); [DOI 10.1155/2020/8186070](#); <https://dx.plos.org/10.1371/journal.pone.0228378>.

3. [Approaching Implementation of Respectful Maternity Care in Humanitarian Settings](#), IAWG Maternal and Newborn Health Sub-working Group, March 2022.

4. [DOI 10.1136/bmjgh-2020-004698](#).

HCPA's response to each demand

Ask #1 Acknowledge Systems of Oppression

"Western medicine has participated in and perpetuated racism, sexism, and colonialism. In order to build an equitable future, professional associations and organizations must acknowledge their professions' role in the past and the resulting structures and norms that continue to be prevalent today.

- Issue statements and commitments to change, acknowledging the respective profession's role in the perpetuation of racist, sexist, or colonial attitudes and practices.
- Work with national professional organizations to issue similar statements".

— HONORING WOMEN'S DEMANDS paper

Sexism, racism, discrimination and gender inequality have unfortunately run through our societies and health systems globally for far too long.^{5,6} Health care professionals are in a position to implement improved systems that would ensure the delivery of respectful and quality care to all patients. It is therefore important to critically assess the impact of bias and assumptions on the nature and quality of the care provided and put in place measures that effectively address these.

None of these actions can exist in isolation, but require coordinated systemic change in health care education, delivery, regulation and legislation if health services are truly to become equitable, meeting the needs and circumstances of individuals, upholding their rights to respect, informed consent and culturally safe quality care.



Some examples of HCPA-led initiatives to address these challenges:

1. American Academy of Pediatrics [Equity Agenda](#) sets out specific actions on racism, equity, diversity and inclusion.
2. In Canada, the Indigenous Midwives Council is setting up an Indigenous Midwifery Working Group to offer advice on indigenous health care issues.
3. The [International Council of Nurses' Code of Ethics](#) released in 2021 affirms that nurses promote environments in which human rights are acknowledged and respected.



We commit to:

1. Providing training for leaders of our member organizations on unconscious biases, how to identify and dismantle systems of oppression in the way we deliver care, and related accountability measures.
2. Collaborating with member organizations and other stakeholders to advocate for public policies designed to eliminate inequities in the delivery of health care and in health outcomes, including policies addressing systemic and institutional inequities outside of health care that lead to poor health outcomes.
3. Committing to using inclusive terminology in our policies and documents.

"I learned about how to help people connect with their families – to call up their aunty, or mother or grandmother - and to learn from them. I learned how to treat birth as a ceremony, to cherish it as sacred."

— Heather Heinrichs, midwife, Hay River, Canada's Northwest Territories

5. Report by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. Racism and the right to health, A/77/197, 20 July 2022.

6. Violence against indigenous women and girls: Report of the Special Rapporteur on violence against women, its causes, A/HRC/50/26, 21 April 2022.

Ask #2 Open the Doors to Diverse Professionals

Ensure that the profession takes the needs of historically marginalized people seriously, by encouraging that providers come from the communities they serve and by ensuring every provider is culturally competent to provide services.

- Ensure professional organizations' management and leadership-level staff and board represent the diversity of people served.
- Recruit diverse populations, at every level of the profession, to ensure that women and girls are served by providers who represent them in all their diversity.
- Create scholarships and educational programs that provide the means by which people from historically marginalized populations can become members of the profession.
- Ensure historically marginalized populations are prioritized and supported in educational programs and the workplace.
- Develop guidelines for improving culturally competent education
- Engage with community members to identify best practices for anti-racism, anti-discrimination, and bias awareness.

— HONORING WOMEN'S DEMANDS paper

Having diverse health care professionals, as well as an understanding of perspectives of people from diverse backgrounds, leads to care that is more culturally and contextually appropriate, that better responds to the needs of vulnerable women, girls and gender-diverse people and that is more people-centered which increases trust and communication between the client and the health care provider. There should be intentional arrangements and active encouragement for individuals from diverse backgrounds to enter the various health professions. These opportunities begin with access to education and continue through leadership development.

Some examples of HCPA-led initiatives to address the lack of diversity in the professions:

1. COINN launched an e-learning program on neonatal nursing for remote and low-resources settings.
2. IPA LEAD: Child Health Emerging Leaders Program was designed to build leadership capacity of early career pediatricians.
3. FIGO includes the World Association of Trainees in Obstetrics and Gynecology in all on-going work, from Committees, Councils, and leadership development programs.



We commit to:

1. Increasing diversity in the leadership and boards of our organizations.
2. Advocating for increased training opportunities for members of underrepresented communities to diversify health workforce.
3. Using research, collecting data and monitoring progress on addressing the barriers that have historically prevented marginalized populations from engaging in decision-making and entering the health professions.
4. Advocating for adapting education programs, practice tools and material to reflect the diversity of the population served.



“Increasing employment, training, and leadership opportunities for Aboriginal and Torres Strait Islander people, and embedding Indigenous knowledge and culture in our health services, will help deliver prevention-focused health services that are free of racism”

— Minister for Indigenous Australians, Ken Wyatt

Ask #3 Acknowledge People as Experts on their Bodies

- Adopt and promote provider education and training that is informed by women and women's definition of respectful and dignified care for themselves and their newborns, including newborns who are stillborn.
- Develop guidelines and transparent processes to include women, in all their diversity, as members of professional and regulatory bodies.
- Develop clear guidance regarding bodily autonomy, informed consent, and medical decision-making.
- Acknowledge women's and girls' autonomy in decision-making in any aspect of their care – e.g., abortion, sterilization, long-acting contraception, childbirth, breastfeeding, newborn care, care after stillbirth or newborn death.

— HONORING WOMEN'S DEMANDS paper

Women, girls and gender-diverse people are the decision-makers when it comes to their reproductive health and rights. Health care professionals need to ensure the appropriate conditions and information are provided for them to make their own decisions. Health professionals also play a key role in advocating for equity, social and reproductive justice. Systems in place must provide women, girls and gender-diverse people with opportunities to express their needs, and to be heard.

Some examples of HCPA-led initiatives to ensure women, girls and gender-diverse people are considered experts of their own bodies:

1. ICM encourages midwife-led care that promotes, protects and supports women, girls' and gender-diverse people' reproductive and sexual health rights and that respects cultural diversity.
2. Through the [Baby Friendly Hospital Initiative](#), COINN promotes zero separation of mother and baby to ensure that all newborns are given opportunities for exclusive breastfeeding.
3. Health care organizations released a joint [statement](#) condemning the U.S. Supreme Court's decision to overturn *Roe v Wade*, calling on all governments to defend access to safe and quality abortion care.⁷
4. FIGO released a [Cartagena Declaration](#) in 2022 that codifies global expectations around sexual and reproductive health and rights.



We commit to:

1. Putting in place policies that ensure women's groups representing diverse perspectives and experiences are included in guideline development, research, quality improvement program development, decision and policy making committees and strongly encourage other member organizations to do the same.
2. Developing policies to explicitly address the needs and experiences of women of color, those from indigenous communities, gender-diverse people and ethnic minority groups, and others.
3. Emphasizing the importance of informed consent and shared decision making in everyday practice.



"Most of the time, doctors, nurses, and midwives use medical [sayings] that I can't understand while they are discussing what is going on with me. I would feel happy to know at a certain level of my understanding the meaning of findings from the medical exams and assessment, and the expected outcome from a planned medical procedure to me."

— Kenyan woman

7. Individual organization statements were also released, including from [FIGO](#), [ICM](#), [ICN](#).

Ask #4 Improve Accountability

- Develop guidelines for the inclusion of women, in all their diversity, in the review and re-certification procedures for professionals.
- Establish mechanisms for on-going, real-time feedback and provider accountability at community and facility level.
- Partner with women's rights organizations to develop guidelines on human rights education/ know your rights and ethics standards.
- Support intra-professional accountability at global and national level by modeling collaboration and sharing examples of successful approaches to improve accountability between the professions.

— HONORING WOMEN'S DEMANDS paper

Ensuring that health care professionals are continually providing women, girls and gender diverse people with respectful and dignified care is an ongoing process that requires continuous attention, review, feedback and accountability measures to track progress. It is also important to develop mechanisms for storing and analyzing data to support this process in a transparent way.

Some examples of initiatives to facilitate learning and strengthen accountability:

1. In India, the 'Together for Her' app allows patients to leave feedback on their experience that private facilities can then use to improve the care they provide.
2. To foster intra-professional collaboration and accountability, [UCSF's program](#) trains midwives and obstetricians together, supported by the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.
3. Within the [ICN's Global Nursing Leadership Institute™](#), nurse leaders from all around the world come together for shared learning on various topics that pertain to being an effective leader, including competencies around gender equity.



We commit to:

1. Encouraging member organizations to advocate for a joint framework for a robust, confidential maternal death review process that emphasizes accountability and service improvements.
2. Working with member organizations to advocate that data for maternal deaths is accurately collected for up to two years postpartum; and participate in such reviews to put in place adequate mitigation mechanisms.
3. Working with researchers to create [standardized metrics](#) to measure respectful care at facility and national levels.
4. Encouraging member organizations to advocate for and meaningfully act to address gaps in respectful and quality care for women, girls and gender diverse people.
5. Issuing a joint commitment on respectful working practices as a key mechanism to ensure respectful and quality health care delivery, working closely with other stakeholders (such as CSOs, women's groups, research institutions, governments, private sector) and actively participating in related social accountability mechanisms.



"A woman in labour received a double dose of oxytocin, despite telling the nurse that, a few minutes earlier, the previous duty nurse had added the dose into the drip, which was not documented. The error resulted in rupture of her uterus".

— Indian woman

Conclusion

With this document, we are committing to concrete and meaningful efforts to address women's demands for quality and respectful care as a joint, cross-professional effort.

We commit to ensuring that our next strategic and implementation plans, as well as reports, reflect these commitments, and we will continuously strive to improve systems and innovate ways of delivering respectful and quality care.

We call on other stakeholders and PMNCH constituencies to support us in this effort.

As noted in the recent publication of the World Health Organization: *"The quality and performance of the health workforce depend on different but interrelated factors having to do with health worker supply, distribution, competencies acquired through pre-service education and reinforced through continuous medical education, an enabling work environment, supportive supervision, quality assurance and appropriate management systems"*.⁸

We commit to reviewing what has been done and be transparent about the results we have achieved, and how we could further improve our work on a bi-annual basis.

We look forward to working with partners to ensure care is delivered with respect and dignity to all women, girls and gender diverse people at all times.

This document will be disseminated at national, regional and global levels by HCPA organizations and progress discussed by the PMNCH HCPA constituency.



8. Policy levers to enhance health workforce performance for compassionate and respectful care. WHO; 2021 (Human Resources for Health Observer Series No. 26).