**NGO CSW Outcome Document**

**North America and Europe**



**An open discussion paper**

**On the priority theme for CSW 58:**

***“Challenges and Achievements in the Implementation of the Millennium Development Goals (MDGs) for***

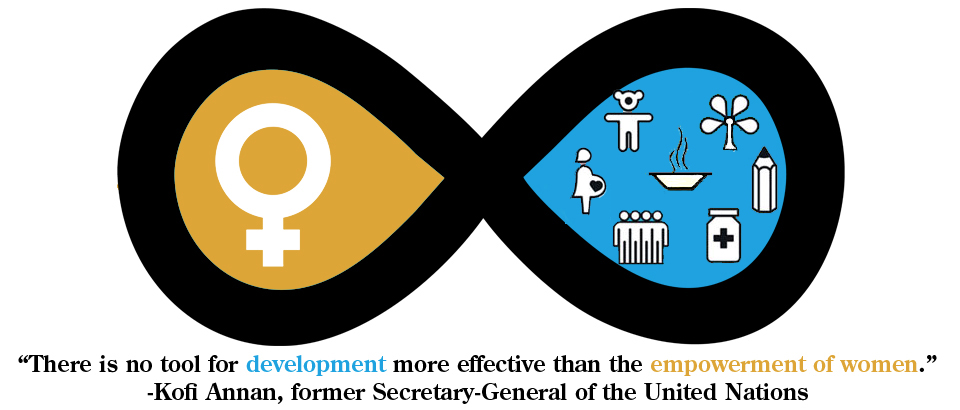
***Women and Girls”***

***Acknowledgement***

This NGO CSW draft outcome document for the North American and European region is submitted by an independent editing committee made up of over 20 researchers, members of the North America/Europe Caucus and people with expertise in a specific area, appointed by Susan O’Malley, Editor and Bette Levy, Co-Editor (See Appendix for the full list of participants and their affiliation).

The purpose of NGO CSW outcome documents is to ensure that civil society has a voice in the CSW Outcome Document process. It remains an open platform for continued dialogue before, during and after CSW 58. This document is one of four documents prepared for CSW 58 to enable women’s voices from around the world to be heard at the United Nations.

***“Logo designed by Model Ambassador Program” (MAP)***



*Draft 5*

**Freedom.** Men and women have the right to live their lives and raise their children in dignity, free from hunger and from the fear of violence, oppression or injustice. Democratic and participatory governance based on the will of the people best assures these rights.

**Equality.** No individual and no nation must be denied the opportunity to benefit from development. The equal rights and opportunities of women and men must be assured.

* To promote gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate development that is truly sustainable.
* To respect fully and uphold the Universal Declaration of Human Rights.
* To combat all forms of violence against women and to implement the Convention on the Elimination of All Forms of Discrimination against Women.

***Millennium Declaration***

**INTRODUCTION**

Twenty researchers, all working to promote women’s rights and equality between women and men and girls and boys in Europe, Canada, and the United States of America came together to develop the following Outcome Statement for the 58th session of the Commission on the Status of Women dedicated to “Challenges and achievement in the implementation of the Millennium Development Goals (MDGs) for women and girls”.

We are standing at a crucial time of the global discussion on the new development agenda that will take over from the MDGs due to expire in 2015; the International Conference on Population and Development (ICPD) that will, in 2014, celebrate 20 years of its Programme of Action and its promotion of women’s sexual and reproductive health and rights; and in 2015 Beijing + 20: A Global Campaign that will both celebrate and assess the challenges and best practices of the Beijing Platform for Action, one of the most important United Nations instruments for women’s and girls’ rights. In this context, the outcomes of CSW 58 will be instrumental to set the tone of the future for all women and girls on this planet.

With the Commission on the Status of Women’s Draft Agreed Conclusions (DAC), we agree “that gender equality, the empowerment of women, women’s full enjoyment of human rights and the eradication of poverty are essential to economic and social development, including the achievement of all the Millennium Development Goals (MDGs)” (para. 6).

We believe with the Report of the Expert Group Meeting on Structural and Policy Constraints in Achieving the MDGs for Women and Girls (EGM) that “all countries – not just developing countries – have an obligation to meet the MDGs, and in the post-2015 framework, all countries must be accountable for development within their own borders as well as beyond. The idea that the MDGs apply only to developing countries fails to consider development in a broad, accountable and universal way. There is an inconsistent approach to human rights within many countries of the Global North, promoting human rights as a foreign policy or development objective while taking regressive measures towards women’s rights in their own borders” (p. 26). It is in this spirit that we organized a team of researchers to assess the challenges and achievements of the MDGs in North America and Europe. Of course, the indicators in many cases had to be changed in an attempt to describe accurately both best practices and serious gaps in North America and Europe.

This is not to say that we do not realize that there are serious problems with the MDGs and its indicators. So much is not covered in the MDGs such as “violence against women and girls, women’s disproportionate share of unpaid care work, women’s equal access to assets and productive resources, the gender wage gap, women’s sexual and reproductive health and rights, and women’s equal participation at all levels of decision-making” (DAC #9).

The MDGs are also inextricably linked one with another, not separate measurable goals. Improving girls’ access to health care increases the likelihood of her staying in school; eradicating poverty is linked with improving maternal health and reducing child mortality. The indicators are also averages that often do not highlight “the lack of progress for the most marginalized groups of women and girls and those who experience multiple forms of discrimination based on gender, status, age, income, geographical location, language, ethnicity, disability, and race, or because they are rural or indigenous women and girls, or women and girls living with HIV and AIDS” (para. 9).

Finally, the “gender-responsive monitoring of the MDGs has been limited due to a lack of investment in gender statistics” (EGM, para. 24).[[1]](#footnote-1) This increases the difficulty of achieving universal primary education for girls because their issues are often different from boys, such as safety in getting to school and appropriate bathrooms.

Before beginning an assessment of the challenges and achievements of the MDGs in North America and Europe, it is important to assert that we stand with UN Women and the European Women’s Lobby in stating that the Post-2015 Agenda Sustainable Development Goals must have a transformative stand-alone goal on achieving gender equality, women’s rights and women’s empowerment. We ask that what is learned at CSW 58 concerning the limitations of the framing of the MDGs and the indicators will be used to improve the goals of the Post-2015 Development Agenda.

**MDG 1. POVERTY**

The gap between the rich and poor is increasing in the U.S. and Canada. In the U.S. the income gap is the widest it has ever been with the top 10% controlling 50.4% of total income. In Canada the median income of the top 1% is 10 times higher than the remaining 99% of tax filers (Statistics Canada). Canada has fallen further behind on MDG #1 in relation to all sectors of the population living in poverty, well over the EU and OECD (Organisation for Economic Co-operation and Development) averages, particularly in relation to Aboriginal persons (36% poverty rate), single mothers (21.5%), minority women (35.3%) and persons with disabilities (26.4%). Canada ranks 20th out of 31 OECD countries in measuring poverty. The fiscal crisis, caused by deregulation of financial markets, has accelerated this inequality. Provinces have cut and privatized social services for the poor.

In Europe, more women than men are at risk of poverty or social exclusion. Budget cuts due to the crisis harm women disproportionately as public sector employees and the main users of public services and beneficiaries of public transfers.

According to the US Census Bureau Statics for 2012, about 14.5% of women live in poverty.[[2]](#footnote-2)

This compares to 11 percent of men living in poverty. When female-headed households are measured, the rate soars to 40.9 percent. The National Women’s Law Center reports even higher rates of poverty for Black women (25.1% in poverty) and Hispanic women (24.8 %). Statistically, nearly 8 million women live in extreme poverty at or below half the federal poverty level. Women, who are 65 or older and live alone are more likely to live in poverty. If a woman is an immigrant, she is even more likely to be poor, usually working in low paying jobs not covered by labor laws. In the U.S. there are approximately 11 million foreign born without documentation (DESA, Sept. 11, 2013), their lack of legal status and denial of opportunity resulting in poverty.

Sixteen million US children live in poverty. Twenty-one percent of girls in the U.S. live in poverty. The Girl Scout Research Institute released a report in 2013 that disaggregated poverty statistics for girls’ ages 5-17. The data revealed that African-American and Latina girls are more than twice as likely to experience poverty as white and Asian-American girls: African-American Girls (37%), Latina (33%) and Native American 34%.

Over 49 million people in the U.S. are food insecure (Feeding America), including 15.9 million children. In Canada 1 in 8 families struggle to put food on the table. The number of school breakfast and lunch programs is increasing to feed hungry children. The National Law Center on Homelessness and Poverty estimates 1,750,000 people are homeless in the U.S., 50 % of whom are African American. In Canada there is great need for housing for seniors, the working poor and Aboriginal persons.

***Recommendations:***

1.

1. Government and corporations (possibly in return for tax incentives) should create economic empowerment programs for women. They must create decent work jobs for both women and men, including in the public sector and infrastructure repair.
2. The minimum wage in the U.S., currently at $7.25 an hour ($15,080 a year) and in Canada, currently from $9.95 - $11.00, should be increased. Women’s poverty, including in-work poverty, must be combated; gender pay and pension gaps must be ended.
3. The social safety net must be maintained and increased, including more affordable housing and food security for all in Canada, the U.S. and Europe. Canada should develop a national housing strategy that includes tax-relief for non-profit housing, better leveraging of developers and an accurate homeless count. In the U.S. Supplemental Nutrition Assistance Program or food stamps (SNAP) for those whose income falls below an established level must be maintained and school breakfast and lunch programs should be increased. Women’s economic independence must be guaranteed through individual rights to social protection and taxation.
4. More affordable adequate daycare in the U.S. and Canada must be created so that women with young children may work. Canada should establish a national version of the Quebec $7 a day flexible child care program so women may seek paid work, further education or respite from care responsibilities.
5. Implement a multi-layered approach that focuses on equality in paid and unpaid work to enable both women and men to become equal earners and equal caregivers throughout their lives and establish policies that address women’s economic independence on an equal footing with men.
6. All women workers, irrespective of their employment and migration status, including pregnant workers, must be protected.
7. The national processes on economy through the participation of women’s organisations must be democratized.

**MDG 2. EDUCATION**

According to the OECD’s Programme for International Student Assessment, 2013 (PISA), Canada’s schools are among the high-level achievers, but math and science scores have declined in comparison to China and Korea. Switzerland outranks Canada in math, and Finland and Estonia do better in science than Canada. In reading Canada is a high scorer compared to the average score of the U.S.; China achieved the highest score in reading. The U.S. scored below average in math and average in science. Highly ranked countries tend to offer teachers higher salaries and have a culture of education. Schools in the U.S. reflect the extreme gap between the rich and the poor with the schools in high-income neighborhoods having more resources and better-trained teachers than schools in low-income areas. In the U.S. charter schools that use both public and private money and are subject to less regulation have caused great controversy with mixed educational results and fears that they may lead to the privatization of public education. Several states have instituted pre-kindergarten programs that enable children to begin school on a more equal basis. Unlike Canada, the U.S. has many expensive private schools and universities.

Although still below the OECD’s average, U.S. graduation rates have increased from 2000-2010, particularly among Blacks and Hispanics. 78% of students earned a high school diploma within 4 years, including 93% of Asian Americans, 83% of whites and 69.1% of African Americans. More girls graduate from high school and college than boys. In Canada 80.5% have a secondary diploma and 30% a college degree. In the U.S. approximately one half of the medical school and law students are women.

Women still lag behind men in Science, Technology, Engineering, and Math (STEM) fields although the gap is lessening. According to the OECD, 15-year-old girls outperform boys in science except in the U.S., Britain and Canada. All high schools need to provide advanced math and science courses to enable girls to be prepared for college STEM courses. In 2005 31% of Asian-American students and 16% of white students in the U.S. took calculus, while only 6% of African American and 7% of Hispanics did so. Although women receive 41% of PhDs in STEM fields, they hold 28% of tenure track academic jobs and make up 24% of the STEM workforce. The American Association of University Women’s research “Why So Few? Women in STEM,” the Girl Scouts’ “Evaluating Promising Practices in Informal STEM Education for Girls,” and the SciGirls’ Foundation have started to address the challenges of STEM and girls.

Unfortunately, there is a high drop out rate of women in STEM positions: women leave their jobs for a variety of reasons ranging from harassment and discrimination to the desire to spend more time with their family.

Bullying and a culture of violence are other problems in U.S. education. The National Center for Education Statistics indicates that “nearly one third of all students aged 12-18 report having been bullied at school, some almost daily.” Cyber bullying via social media is compounding the problem. Bullying can cause students to stay home from school, drop out of school or, in some cases, commit suicide. In 2013 there were 34 shootings in schools and universities in the U.S.

College debt in the U.S. is now $1.2 trillion with an average student debt of $29,400. These debts cannot be discharged in bankruptcy, often have high interest rates that cannot be renegotiated and are hurting the U.S. economy’s recovery.

***Recommendations:***

2.

1. Resources, such as more experienced teachers, technology and up-to-date textbooks, must be increased in schools in lower economic neighborhoods, and the importance to democracy of an effective public schools system must be stressed.
2. STEM programs for girls and mentoring programs, both in school and outside of school, should be encouraged and funded.
3. In the U.S., universities, in particular public universities need to keep tuition affordable through more state and federal financial support (PELL grants).
4. Pre-kindergarten should become universal to allow children to begin elementary school on a more equal basis.
5. Schools should include a curriculum in gender equality and a human rights curriculum. Examples are Sweden’s School Curriculum for Gender Equality and New York State’s Human Rights Curriculum, sponsored by the Robert F. Kennedy Center for Justice and Human Rights and NYSUT.
6. Awareness and prevention of bullying, including cyber bullying, must be taught in all schools.
7. To end gun violence in schools In the U.S., gun control must be strengthened by tightening restrictions on gun ownership, prohibiting the illegal sales of guns, and requiring all guns to be locked up in households with children to end gun violence in schools.
8. Comprehensive sexuality education known to be a major preventive against early pregnancy and towards the equality and empowerment of girls and women including in decision-making capacity, must be provided.
9. Life-long learning, including outcomes that will result in decent work, need to be developed.

**MDG 3. GENDER EQUALITY AND EMPOWERMENT OF WOMEN INCLUDING ENDING VIOLENCE AGAINST WOMEN**

The world financial crisis and austerity policies are potentially jeopardizing decades of progress towards gender equality. In Europe women’s employment rates had been growing steadily but have stalled in the last year and the quality of women’s work is decreasing. Women in the EU continue to earn on average 16% less than men but great disparities persist between countries. Recent EU data show that on average the gender pension gap is 39%, more than double the average gender pay gap, mirroring the accumulation of gender inequalities that have a greater impact on women. Budget cuts due to the crisis harm women disproportionately as public sector employees and the main users of public services and beneficiaries of public transfers. Women in Canada who work full-time earn about 71 cents for every dollar earned by men. In the U.S. women earn 77 cents to a man’s dollar.

Equal Pay Day throughout Europe has drawn attention to this problem; particularly with women computing how many additional days a year a woman must work to equal a man’s pay. In the U.S. the federal Paycheck Fairness Act, while gaining momentum, has still not been passed, but Domestic Workers’ Rights bills have passed in the States of NY, California and Hawaii stipulating overtime pay, a day of rest and protection from sexual or racial harassment for domestic workers in addition to the Family and Medical Leave Act (FMLA) that enables eligible employees to take unpaid, job-protected leave for specified family and medical reasons with continuation of health insurance coverage. The UN’s Entity of Gender Equity, UN Women and the UN Global Compact have established the Seven Women’s Empowerment Principles (WEPs), a set of principles for business offering guidance on how to empower women in the workplace, market place and community. The city of San Francisco in California, having passed CEDAW in 1998, has instituted the Gender Equality Principles, similar to the WEPs, and the Family Friendly Workplace Ordinance, and the California Assembly has called for more women on corporate boards. The Mayor of Boston announced a goal of closing the wage gap with the 100% Talent Initiative, and Connecticut’s governor rolled out an equal pay plan. Movement in the U.S. is occurring more in state and local governments than nationally.

As stated in the Report of the Expert Group on Structural and Policy Constraints in Achieving the MDGs for Women and Girls, “Women’s enjoyment of the right to decent work is strongly affected by heavy and unequal unpaid workloads. The unequal distribution of unpaid care work is simultaneously reflective and determinative of power relations between women and men (p. 32). In Canada women do about 4.2 hours a day of unpaid work (housework, childcare, meal preparation, eldercare, etc.) while men do about 2.2 hours.

Women are increasingly visible in elected office. However, when it comes to real positions of decision-making power, such as heads of political parties, senior ministries, positions on corporate boards, women disappear.

On average, in the EU member states, as well as Croatia, Macedonia and Turkey, there are three men for every women deputy in national parliaments or senior ministers in European governments. More than half of those countries have no women in leadership within political parties, and half of them have no single large publicly quoted company led by a woman. In no single country does the proportion of women on boards of administration reach 30%.

According to the 2013 statistics by the Inter-Parliamentary Union, Canada ranks 45th out of 189 countries with regard to the number of women participating in National Parliament. Out of 307 seats available in the House of Commons, 76 or 25.1% are occupied by women. In the Senate, out of 105 available seats, 39 or 36.2% are occupied by women. In the U.S. there are more women in Congress than ever before, but this is significantly below the EU countries and Canada.

The House of Representatives includes 78 women in the 2013-15 Session (17.9%), and the Senate includes 20 women (20%) of membership. Studies have shown that when women are included in national representative bodies, they legislate change that benefits society as whole, not just special interests. They are more likely to develop programs that include gender equality and human rights for all and are more likely to use consensus building and compromise than their male counterparts.

Violence against women and girls continues to compromise gender equality. The NGO CSW Outcome Document for North America on Violence Against Women and Girls prepared for NGO CSW 57 discussed in great detail the issues of violence and made recommendations. It must not be said that violence was last year’s theme and, therefore, it does not need to be discussed. Violence against women and girls prevents the MDGs from being achieved. There can be no excuse, custom, tradition or religious consideration used to violate women’s rights and legitimize male violence. Violence against women also remains invisible because of the lack of data at European and national level.

Intimate partner violence in the U.S. is a significant health problem. According to the Center for Disease Control and Prevention (CDC), on average 24 people per minute are victims of rape, physical violence or stalking. Under the Family Violence Prevention Services Act, the CDC funds state domestic violence coalitions that support local efforts that focus on primary prevention. In Canada, over a third of women have experienced some form of assault in their life since the age of 16. Fewer than 10% of sexual assault victims report the crime to the police. Studies estimate that the economic cost of violence against women across Canada is in the billions of dollars. This includes the cost of health, criminal justice and social services as well as lost productivity.

In Europe, 7 women die every day from male domestic violence. It is estimated that 1 in 5 women is victim of this form of violence inflicted by an intimate partner. Nearly half of all women experience psychological violence, 33% have experienced sexual violence since the age of 15 and new forms of violence are developing, like stalking. Only 2 to 10% of women victims of rape report the aggression to the police. According to the European Women’s Lobby, 68% of women in prostitution meet the criteria for post-traumatic stress disorder, the same range as victims of torture undergoing treatment. Lesbian, bisexual and transgender women face targeted sexual harassment and abuse and often receive inappropriate responses from authorities. Sexual harassment at work is still prevalent,

Europe sees a worrying phenomenon that jeopardises efforts to end violence against women: hyper-sexualisation is growing all over Europe, with a trivialisation of sexist advertising and the pornification of the public sphere. We see more and more images conveying the message that women’s bodies and sexuality are available for men’s fantasies and the promotion of appearance over self-esteem. This has a direct impact on the relationships between women and men, and on women and girls’ vulnerability to male violence.

According to WHO, “Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”. The diverse forms of ‘coercion, discrimination and violence need to be addressed: sexuality needs to be free from religious, cultural, traditional and economic constraints.

Trafficking of girls and women is a growing problem The U.S. Trafficking of Persons Report, June 2103, identifies the U.S. as a source, transit and destination country for men, women and children – U.S. citizens and foreign nationals – subjected to forced labor, debt bondage, involuntary servitude and sex trafficking.

Federal law enforcement prosecuted and obtained more convictions in this year’s reporting period than in previous years. It is estimated that at least 100,000 children are sexually trafficked each year in the U.S. (Nicholas Kristof, *NY Times*, 13 Feb. 2013, A27). Although the extent of human trafficking is difficult to determine, it is known that Canada’s Aboriginal female population is trafficked in disproportionate levels, usually for the purpose of sex. The Criminal Code of Canada contains the tools to hold traffickers accountable: there have been many convictions and many cases currently before the courts. The Canadian National Action Plan will consolidate ongoing efforts of the federal government to combat human trafficking and introduce aggressive new initiatives to prevent trafficking, identify victims, protect the most vulnerable and prosecute perpetrators.

In Canada, the human right violation of torture perpetrated by non-State actors or private individuals/groups is still criminally invisible. The Criminal Code of Canada, section 269.1, remains discriminatory as it holds State actors criminally responsible, but non-State actors enjoy impunity. Canada rejects the United Nations Committee against Torture 2012 Concluding Observations that recommended Canada address torture perpetrated by non-State actors, incorporating the Convention against Torture (CAT) fully into Canadian national law (CAT/C/CAN/CO/6). Children as young as infants are subjected to pedophilic sexualized torture by non-State actors. Najat M’jid Maalla, Special Rapporteur on the sale of children, child prostitution and child pornography, reported that 21 per cent of Internet images involve torture (A/HRC/12/23). The 2013 *Trafficking in Human Beings Amounting to Torture and other Forms of Ill-Treatment* report by the Office of the Special Representative and Coordinator for Combating Trafficking in Human Beings provides examples of adults and children who were tortured when taken into the UK. In the U.S. some states such as Michigan, Florida and California do have laws against torture regardless of who the torturer is; therefore, the persons so tortured are provided with the dignity of having the human right crime they endured legally recognized. The 2007 outcome document of the 51st CSW Session stated that one of the forms of violence girls endure is torture.

Media stereotyping of girls and women contributes to the perpetuation of attitudes and behaviors that promote violence against women and girls. Programs that combine group education with community-based advocacy and mass media campaigns are effective strategies to address violence. A Call to Men, based in New York, believes that preventing domestic and sexual violence is primarily the responsibility of men and has provided education, tools and strategies over the last 10 years to youth, teachers, U.S. military bases and the National Football League. Coaching Boys into Men began in 2000 as a media campaign encouraging young athletes to respect themselves and women. Their Coaches Playbook and Toolkit are being used in schools to shape the attitudes of young men to prevent domestic violence and abuse. Since 2006, in partnership with UNICEF, this program has gone global. The Sochi 2014 Olympics effectively countered the stereotyping of women in sports with women competing in the ski jump for the first time.

***Recommendations:***

3.

1. The U.S. should ratify the Convention to Eliminate All Forms of Discrimination Against Women to further gender equity. More cities in the U.S. should follow the lead of San Francisco, California, and pass CEDAW.
2. Legislation such as the Paycheck Fairness Act (U.S.) requiring equal pay for women must be passed. Women and girls must be educated in their schools, communities, churches and in the media on existing legislation such as the Family Leave and Medical Act, Domestic Workers Rights, Gender Equity Principles, and the Women’s Empowerment Principles (WEPs) so that they will assert their rights and claim what is due to them.
3. National political parties need to compose their electoral lists to ensure gender parity results and to include fully issues of women’s rights and gender equity in their programmes for all elections, including the 2014 European elections. European Parliament political groups should nominate one female and one male candidate for the presidential elections of the European Parliament (see the zipper system in Sweden) and ensure gender parity in the nomination and composition of all decision-making positions in the EP and the group’ structures. Political parties in the U.S. and Canada must include women in leadership roles so that the pipeline for qualified women in the political process continues to grow.
4. Unpaid care work must be recognized, valued, reduced and redistributed through policies on social protection and essential services including care services, infrastructure development and employment (DAC, A. o.)
5. Violence against women must be ended. Accurate data on incidents of violence need to be collected. The European Women’s Lobby calls for a European Strategy and Year to raise awareness and develop consistent action to end this pervasive violation of women’s rights. Ending all forms of violence against women and girls should be a priority in the new development agenda, within the stand-alone goal on gender equity, with targets and indicators enabling real progress in women’s lives. The EWL and its members expect the European Commission to address in the New Agenda for Home Affairs the root causes of violence against women and girls to end sexual exploitation and prostitution, which are fueling trafficking in women and girls in and to Europe. On prostitution, we demand progressive policies to protect all women and girls from prostitution, to decriminalize those in prostitution and to address the demand that fuels sexual exploitation and trafficking. Efforts to investigate and prosecute trafficking and pimping offenses, to convict and sentence trafficking and pimping offenders and to identify trafficking and pimping victims referring them to protection must be intensified.
6. All countries should ratify the UN Convention for the Suppression of the Traffic in Persons and of the Exploitation of the Prostitution of Others. All European countries must ratify the Council of Europe Convention on violence against women (Istanbul Convention).
7. Gender stereotypes need to be countered and fought in multiple areas: in languages and vocabulary, laws and practices, mind-sets of people, justice systems, media and education, in different organizations and public authorities, in enterprises and in individuals.
8. Legal frameworks on gender equality should be implemented and strengthened. Gender mainstreaming should be integrated in all policies and assessed. Coherence between internal and external policies on gender equality, for all countries, should be a priority.
9. All budgets should be gender-sensitive, environmentally sustainable and promote social cohesion. Sustainable funding for women’s rights organisaitons should be guaranteed.
10. Violence against women in the military must be recognized and stopped. This also includes the culture of violence that often accompanies soldiers when they return home from war.

**MDG 4. REDUCE CHILD MORTALITY and MDG 5. IMPROVE MATERNAL HEALTH**

Health is largely influenced by living conditions or social determinants outside of the direct control of the health sector. Lessons in MDG progress from Europe point to the need to strengthen the ability of health sectors to work with other sectors for addressing the social determinants of health. This is in line with a human rights approach to health. The global economic crisis and political unrest in Europe have taken their toll on the MDG 4 indicators that have not demonstrated great improvement from 2009-2010. There are also large inequities between urban and rural areas, between children of women with higher and lower levels of education and between children of families in the top 20 percent of the economy and children in the lowest 20 percent.

The mortality rates for children under age five globally, however, have dropped by 47%. More than 10 million lives have been saved as a result of a vigorous campaign in immunizing children against measles. In Europe the number of measles cases has dramatically decreased from 200,000 in 1994 to 8,883 in 2008. But disturbing trends in the number of children who are not being vaccinated due to misperceptions of vaccine safety remain.

The major causes of neonatal deaths are prematurity, low birth weight, birth defects, diarrhea, pneumonia and infections. This illustrates the importance of access to health care during pregnancy and skilled birth attendants during delivery. Neonatal health outcomes are strongly associated with improved indicators of MDG 5.

In the U.S. the infant mortality rate decreased slightly in 2010, according to a report released by the federal government in 2013. The infant mortality rate was 6.14 infant deaths per 1,000 births in 2010, down from 6.39 in 2009. This adds up to 24,572 babies who died at or close to birth in 2010. When compared to other industrialized nations, the U.S. infant mortality rate is well above the OECD average of 4 deaths per 1,000. In Iceland, just 1.6 babies out of 1,000 die and in Finland, 2.4. In Canada the infant mortality rate was 3.3 infants per 1,000 births. According to Save the Children, Canada has the second highest rate of first-day infant mortality in the industrialized world at 2.4 per 1,000 births.

Globally maternal mortality has declined by nearly half since 1990. While this falls short of achieving MDG 5 by the 2015 deadline, all regions have made important gains. Maternal deaths have declined from 400 per 100,000 live births in 1990 to 210 per 100,000 live births in 2010. Improving maternal health is key to achieving MDG 4.

In Europe the decline of maternal mortality has been highest in the new EU Member States at nearly 75 per cent, although there are discrepancies between estimated and reported maternal mortality ratios. Although most EU countries have almost universal antenatal (prenatal) coverage and nearly every birth is assisted by skilled health workers, the poor, rural residents, migrants, refugees, ethnic minorities and other socially excluded populations do not have sufficient antenatal coverage and skilled health workers assisting at birth. All pregnant women are not receiving a minimum of four antenatal visits. This illustrates the strong correlation between social determinants and progress in achieving MDG 5.

Adolescent pregnancy continues to be a major challenge in 27 EU States with high rates in Bulgaria, Romania and the United Kingdom, which has the highest rate in Western Europe (20.9 girls ages 15-19 out of 1,000 getting pregnant). Although the number of adolescent pregnancies in the U.S. has decreased, the rate is still 31.3 girls ages 15-19 out of 1,000; the Canadian rate of teen pregnancy is 29.2 pregnancies of girls ages 15-19 out of 1,000. High rates of teenaged girls giving birth adversely affect maternal health.

In 2010 the maternal mortality ratio (MMR) in the U.S. was 12.1 deaths per 100,000 live births. The lifetime risk of maternal death is greater in the U.S. than in 40 other countries, including almost all industrialized countries. There are also marked disparities in maternal mortality in the U.S. Black women face a disproportionately high risk of dying from pregnancy-related conditions when compared to white women. According to a UN report released in 2010, the U.S. ranks 50th in the world for maternal mortality. In Canada the MMR, according to *The Lancet*, increased from 6 to 7 maternal deaths per 100,000 live births from 1990-2008, significantly lower than the U.S.

***Recommendations:***

4. & 5.

1. There must be an effective continuum of care and strengthening of health systems to prevent and reduce maternal, newborn and child mortality and morbidity. Canada requests restoration of funding to women’s health care and research, an increase in maternity resources and an elimination of barriers to full access to all reproductive services. The European Women’s Lobby states that universal access to sexual and reproductive health and rights should continue to be a policy priority. This includes no negotiation on access to sexuality education, free access to all means of safe contraception and safe and legal abortion.
2. Special attention and focus on social determinants and marginalized groups of women and children is key to improving child and maternal mortality
3. Particular attention must be paid to cost-effective public health interventions, including those focusing on health promotion, disease prevention and health and sex education for girls and boys. The progress of MDGs 4 and 5 is interrelated to the improvements of MDGs 1-3 so multisectoral efforts need to be implemented.
4. Women’s health and human rights are strongly intertwined. In societies where this relationship is not recognized, the improvement in infant, child and maternal mortality will remain stagnant or improve minimally.
5. Best practices in reducing teen pregnancy need to be studied and replicated.
6. Gender-sensitive programs are crucial in reducing health inequities; attention needs to be paid by policy makers to include this component when drafting health-related policies. Women must be included equally in decision-making in health policy.

**MDG 6. HIV/AIDS, MALARIA AND OTHER DISEASES**

New HIV/AIDS infections continue to decline in most of North America and Europe and access to treatment has improved. For example, by 2010, 88% of pregnant women living with HIV in Eastern Europe received treatment to prevent transmission to their child. [[3]](#footnote-3)

Challenges, however, remain. Poor women have a higher risk of infection. According to the Center for Disease Control, in 2010 the rate of HIV infections among Black women in the U.S. was 20 times that of white women.[[4]](#footnote-4) Aboriginal women, who represent 4% of the Canadian female population accounted for 45% of positive HIV tests among women in 2007.[[5]](#footnote-5)

Most alarming, the number of persons living with HIV in Eastern Europe and Central Asia almost tripled between 2000 and 2009 with young women appearing to be the most vulnerable. In Russia, the number of young women aged 15 to 24 years with HIV is twice the number of men of the same age. Similar trends are found among young women in the U.S.[[6]](#footnote-6) other high-risk groups include women who use drugs, women in prostitution, prisoners and victims of sexual violence, who are at higher risk of infection.

What is missing in the MDGs is a set of targets on non-communicable diseases (NCDs). According to the Global Status Report on NCDs (WHO), almost two thirds of the 57 million deaths that occurred in 2008 were due to NCDs, mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases.[[7]](#footnote-7) NCDs are the leading cause of death in women, killing 18 million women each year, exceeding communicable, maternal, perinatal and nutritional conditions combined. Of all the regions covered by WHO, Europe has the highest burden of NCDs, accounting for 77% of all disease and 86% of mortality before the age of 60.[[8]](#footnote-8)

The four main NCD risk factors are unhealthy diets, physical inactivity, tobacco use and abuse of alcohol. Women are more likely to be obese than men, become ill or die of secondhand smoke (SHS)[[9]](#footnote-9) and are less knowledgeable about heart disease. Even in high-income countries, poor women have higher risks of cancer death due to unequal access to health services that provide early detection and treatment of breast and cervical cancer.

Many women are unaware of the methods of preventing or the need for early diagnosis of NCDs. For example, most North American women believe that men are more likely to suffer from heart disease and lung cancer, not realizing that heart disease is the number one killer of American women[[10]](#footnote-10) and an increasing number of women are dying from lung cancer in North America and in high-income European countries, largely due to tobacco use.[[11]](#footnote-11)

Women carry the heaviest burden of NCDs due to economic inequalities and their role as unpaid caregivers. Few governments take women’s unpaid work into account in public financing. Nor do social protection programs sufficiently offer support for home-based care that would improve women’s capacity to balance work, caregiving and family responsibilities.

NCDs also affect national economies by inflicting debt and pushing millions of people into poverty. There are effective interventions to reduce NCDs, such as raising taxes on alcohol and tobacco.[[12]](#footnote-12) Multisectoral coordination is needed to ensure that women and girls are protected from aggressive marketing by the tobacco industry. Progress in combatting NCDs include ratification and enforcement of the WHO Framework Convention in Tobacco Control that calls for gender-specific policies, raised taxes and women’s participation in decision-making. Improved data collection on NCD risk factors, efforts in primary care as well as universal health care coverage such as the U.S. Affordable Care Act and health prevention are advancing. However, the costs of health care in Canada are escalating and services are being cut. Greater attention is needed to inequalities, including those related to gender, age, socio-economic and ethnic status.

***Recommendations:***

6.

1. Gender-responsive policies related to the prevention and control of major killers of women, such as HIV/AIDS and NCDs, should be integrated into healthcare systems, particularly within sexual and reproductive health services; special measures should be taken to ensure access by women who face discrimination by age, gender identity, social and economic status.

According to the EWL, the position of UNAIDS and UNFPA, which calls for the full decriminalisation of “sex work” because it would support persons affected by HIV/AIDS in prostitution, is not based on evidence and leads to promoting the sex industry and its business.

1. Aggressive marketing by the tobacco industry to women and girls should be countered through full implementation of the Framework Convention on Tobacco Control in line with the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women.
2. Women should have leadership roles in public health information and communications campaigns to address myths and misconceptions about women and girls’ health, including HIV/AIDs and NCDs. Stronger efforts should be made to disseminate gender-sensitive information about early detection and timely treatment of cancers and diabetes, physical activity, enforcement of smoke-free public places and raising taxes on harmful products like tobacco and alcohol. Special attention should be given to reach women and girls throughout their life course.
3. Women’s health, including HIV/AIDS, NCDs and other diseases, should be included in global development goals including the successor goals to the MDGs in 2015 with gender-specific targets.
4. Public and private foundation funding should increase support for research and data collection to incorporate gender design, analysis and interpretation of studies on women’s health related to HIV/AIDS, NCDs and other diseases; gender-specific monitoring and evaluation of health services delivery and effectiveness is also needed.
5. Innovative partnerships should be established to improve access to affordable, quality-assured, gender-sensitive essential medicines to provide prevention, early detection and treatment for women—particularly in rural communities as well as low and middle-income countries.
6. Public policies should take women’s unpaid care work, including that related to support for the disabled and chronically ill, into account in national budgeting and ensure that public funds are allocated for social protection services.
7. Civil society advocates for women and health and governments should support the WHO Global Strategy for the Prevention and Control of Non-communicable Diseases (adopted in 2000), the WHO Framework Convention on Tobacco Control, the Global Strategy on Diet, Physical Activity and Health as well as the Global Strategy to Reduce the Harmful Use of Alcohol.

**MDG 6.a. UNIVERSAL HEALTH CARE IS A HUMAN RIGHTS ISSUE**

“Universal health coverage is the single most powerful concept that public health has to offer. It is a powerful equalizer that abolishes distinctions between rich and poor, the privileged and the marginalized, the young and the old, ethnic groups, and men and women. This is the anchor for the work of WHO as we move forward.” *Dr Margaret Chan, address to the World Health Assembly, May 2012*

The U.S. Affordable Healthcare Act provides health insurance to all. Its key components are a Health Insurance Marketplace, a new way for individuals, families, and small businesses to get health coverage; coverage for people with [pre-existing health conditions](https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=3); insurance companies [accountable for rate increases](https://www.healthcare.gov/how-does-the-health-care-law-protect-me/#part=10); protection against an insurance company arbitrarily cancelling a policy because a person gets sick; protection in choice of doctors; young adults under 26 covered; free preventive care; ending of lifetime and yearly limits on coverage of essential health benefits; breastfeeding equipment and support; birth control and counseling; mental health and substance abuse service parity; and the right to appeal a health plan decision.

Although it is too early to know what effect the full Affordable Healthcare Act will have on the American people, we do know that there has been a significant increase in coverage for 19-25 year olds.

Prior to the Affordable Healthcare Act there was a healthcare crisis in the U.S.:

* In 2011, 35% of adults aged 18–64 who were uninsured did not get, or delayed, needed medical care due to its cost, compared with 7% of adults with private coverage and 13% of adults on Medicaid.
* In 2011, 24% of adults aged 18–64 who were uninsured did not get needed prescription drugs due to cost, compared with 5% of those with private coverage and 14% of those with Medicaid Center for Disease Control.
* Between 2001 and 2011, the percentage of the population under age 65 with private health insurance obtained through the workplace declined from 67% to 56%.
* In 2011, 7% of children under age 18 and 21% of adults, aged 18–64, had no health insurance coverage (public or private).
* The number of adult women and men without health insurance has increased. People with insurance are much more likely to have a doctor or other medical professional who provides regular care; one out of seven women has no usual source of health care. (*White House Council on Women and Girls).*

Mental health is an integral and essential component of health. The WHO constitution states: ”Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Good mental health enables people to realize their potential, cope with normal stresses of life, work productively and contribute to their communities.

According to CDC statistics the suicide rate in the U.S. for females age 25 to 64 has been sharply increasing over the last decades. In 2000 there were 5.75 suicides per 100,000; in 2009 that figured jumped to 7.35.

Prior to the Affordable Healthcare Act, many people with mental illness or substance abuse issues did not have insurance that covered the necessary services or they had a finite number of visits and inpatient psychiatric hospital stay days. The Affordable Healthcare Act health insurance plans are now required to cover mental health and substance abuse services even if the condition was pre-existing. There is also no waiting period for coverage of these services and no lifetime or yearly dollar limits for mental health services with parity protection for mental health services. This means that limits applied to mental health and substance abuse services cannot be more restrictive than limits applied to medical and surgical services.

**MDG 7. ENSURE ENVIRONMENTAL SUSTAINABILITY**

Integrating principles of sustainable development in country programs and policies is critical to reverse the loss of environmental resources. Ecosystem services and biological diversity are threatened under climate change, and the scale of potential changes to these services hinders the achievement of all of the MDGs. Climate change is not equitable and often adversely affects women and the most vulnerable populations. Climate change threatens the resilience of environmental resources and the ecosystem services that we depend on.

A balance among environmental resources, ecosystem services and sustainable development cannot be achieved without understanding the impact of climate change on vulnerable populations and the role that women must play in achieving sustainable development and preventing the loss of environmental resources. Many people, especially women and children, depend directly on ecosystems for their livelihoods; their economic, social and physical well being; and their cultural heritage. It is essential to educate women and girls in the science and technology needed to address sustainable development and promote sustainable livelihoods and practices and the sustainable use of resources and ecosystems. Women must participate equally in determining sustainable development policies, programmes and decision-making associated with the protection of biological resources.

The biodiversity of plants and animals contributes to the ecological stability of our planet; the associated genetic, economic, scientific, educational, cultural, recreational and aesthetic values of biodiversity are part of human well being. The serious global loss of biodiversity and the degradation of ecosystems undermine global development affecting food security and nutrition, and the provision of and access to water. It is important to conserve biodiversity, enhance habitat connectivity and build ecosystem resilience.

The traditional knowledge, innovations and practices of indigenous peoples and local communities make important contributions to the conservation and sustainable use of biodiversity, and their wider application can support well being and sustainable livelihoods. Indigenous people and local communities are often the most dependent on biodiversity and ecosystems and are, therefore, often the most affected by their degradation.

Sustainable forest management must be promoted, including decreasing, stopping and reversing deforestation and forest degradation and promoting trade in legally harvested products. Forest governance frameworks and their implementation must be strengthened.

***Recommendations:***

7.

1. Fresh water quality, quantity and access must be incorporated into climate mitigation and adaptation programs at the level of the local community.
2. Traditional ecological knowledge and livelihoods for indigenous communities are threatened by environmental shifts and should have resources and tools to adapt to such shifts.
3. Women should have equal participation at the negotiation and policy development levels.
4. The Polar Regions must be protected as a critical part of climate stability that has immediate and current impacts on the livelihoods of northern latitude indigenous cultures. Likewise, mountain regions and the communities that live in them are witnessing dramatic impacts from climate change that threaten ecological stability and livelihoods and must be protected.
5. Emerging contaminants, which include chemical substances such as pharmaceuticals, personal care products and estrogenic compounds, can impact women and young children; the mitigation of such substances in the environment must be acted upon.
6. Sustainable forest development and land tenure issues that are critical for the protection of biodiversity and women self-employment must be increased.
7. Educating women and girls on climate change is essential for climate mitigation and adaptation strategies. Children today are also spending less time in nature. This decline leads to fewer people understanding and appreciating nature and protecting it. Girls need to be encouraged to appreciate nature.

**MDG 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**

The EU and its Member States collectively provide more official development assistance (ODA) than all other donors combined and lead the way in efforts to reach the UN aid target of 0.7% of gross national income (GNI). Canada spent $5.1 billion ODA at .33 % of GNI, 14th out of 23 developed nations.

The U.S. provides $23.53 billion, making it the leading single donor but at .19 % of GNI considerably below the UN aid target of 0.7%. U.S. private philanthropies and foundations, however, provide more money than the U.S. ODA contribution.

Of concern is the potential incoherence between strategies required to achieve the MDGs and economic and trade policies at national and global levels. For example, if decisions about subsidies taken at national and global levels disadvantage poor women’s agriculture by requiring genetically modified seed or promote privatization that prices water out of poor women’s reach, then progress to achieve the MDGs will be blocked.

The economic and political positions governments advance internationally should always facilitate the realization of women’s human rights.

Official development assistance in support of gender equity has remained inadequate. The gender gap in access to information and communication technologies persists (DAC).

***Recommendations:***

8.

1. Women and women’s perspectives must play a central role in decision-making at all levels, including partnerships for development.
2. Global trade, financial and investment agreements must promote gender equality and complement national development efforts to achieve the MDGs for women and girls (DAC, B.p).
3. U.S, and European humanitarian aid should be free from any restriction on abortion, especially for women who have experienced rape in conflict situations.

**9. MIGRATION**

Migration was not included in the goals and targets of the MDGs; however, it is our strong belief that migration must be understood in order to achieve the MDGs.

In 2000 migration was thought of as a “problem related to national security”. In 2014, we are much more aware now of two issues regarding migration:

1. Migration is intrinsically related to development;
2. And the eradication of poverty has been achieved during the period of the MDGS far more by migrants’ decisions to work outside of their communities of origin than by foreign direct investment and official development assistance.

Although countries do not expect that migrants carry the burden of development in place of governments, it is increasingly realized that migrants have done a far better job of promoting and sustaining development in their countries of origin as well as in their countries of destination. Additionally, during the period of the MDGS, the percentage of women and girls who are on the move has risen to an average of 50%. Besides the obvious gender life barriers to women and girls, female migrants tend to work in low paying jobs, those which are not covered by labor laws, and jobs which isolate them and tend to be trapped into exploitative situations such as prostitution and sexual exploitation.

When it comes to trafficking and migration, all measures on demand should be coupled with exit programs and migration measures, that will not push or entrap women (noting that the majority of women implicated are migrant women) further into prostitution, or leave them with an undocumented status. The European Women’s Lobby does not consider this unformalised and high-risk sector a professional niche or option an acceptable alternative to employment that justifies denying migrant women access to the open labour market.

The number of migrants entering the United States has risen dramatically over the last few years, reaching nearly 23 million between 1990 and 2013, almost evenly split between women and men. Approximately 11 million of the total of 45.8 million foreign born in the U.S. today are undocumented (DESA, 11 Sept. 2013), their legal status contributing to a lack of decent work and limited access to essential social services, health care, education and training, housing, financial services and aid. The denial of opportunity finally results in poverty, gender inequality and the disempowerment of women.

As a nation of immigrants the United States has successfully integrated wave after wave of people searching for a better life, escaping poverty, natural disasters, wars and other crises. Strict immigration policies have nevertheless permitted over a million migrants a year since 2005 to attain permanent resident status (Department of Homeland Security report 2012), but many more apply than are accommodated, and a punitive policy of deportation, detention and delay has created the kind of fear and misery that amount to human rights violations and pose a threat to the full realization of the MDGs. It is not uncommon for undocumented migrants to wait for twenty years and more for a green card.

Meanwhile, the US has used deportations and detentions “as an immigration enforcement mechanism” (Amnesty International, 25 March 2009), often with dire conditions in detention (Report to the United Nations, Special Rapporteur on the Human Rights of Migrants: *Detention of Migrants in the United States*, January 30, 2012). Fear of apprehension and economic pressures have caused many migrants to put up with unsafe and unhealthy working conditions that contribute to ill health and accidents. Among other factors, limited language skills, mistrust of those in authority, lack of knowledge of their rights and lack of proper training keep them in poverty-level jobs. Frequently, they work in hazardous jobs, take great risks, continue working despite pain or illness and fail to complain about unsafe working conditions. They are thus at greater risk for occupational illness and injury than non-immigrants (Marc B. Schenker, *A Global Perspective of Migration and Occupational Health*. American Journal of Industrial Medicine, 2010), which makes their exclusion from the Affordable Health Care Act and from Medicaid even more poignant. The US has not signed the UN Convention on the Protection of the Rights of All Migrant Workers and Their Families, which entered into force 1 July 2003 (A/RES/45/158, 18 Dec. 1990).

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Women migrants, especially the undocumented, work disproportionately in the care-giving sector, including as nurses, home health aides, childcare givers and domestic workers (girls also work in this area). Frequently, their earnings are below the minimum wage, their hours long, their movement restricted and health insurance and social security non-existent.

Recommendation 26 of the Convention on the Elimination of All Discrimination Against Women (CEDAW) provides basic rights for female domestic workers. However, the US has not ratified CEDAW. The ILO Convention 189 on Domestic Workers entered into force on 5 September 2013; however, the US has not signed it. However, there is a ray of hope in the US, provided by New York State where A Domestic Workers' Bill of Rights took effect on November 29, 2010, followed by Hawaii in July 2013 (The New York State Dept. of Labor, 29 Nov. 2010; “Domestic Workers’ Bill of Rights”).

In Europe, there is a need for legal avenues of migration and decent working conditions for migrant workers. The current situation will not change, unless current domestic workers, especially migrant domestic workers (MDWs), are included among groups eligible to qualify for a Long-Term Directive and to have their families reunited. Ignoring the increasing demand of MDWs will be detrimental to the implementation of the ILO Convention 189 on decent work for domestic workers.

Migrant women are experiencing domestic violence at rates that are similar to those suffered by native women. The difference in migrant women’s experience stems from the added burden of lack of extended family, knowledge of the existing services and eligibility to such services, language comprehension and legal status that often links the abused women’s residence rights to these of the abuser. The EU Directive on Family Reunification of third country nationals and the Freedom of Movement Directive provide some minimum standards of response to the cases of domestic violence. We note that not all EU Member States have ratified the mentioned Directives. We are also cautious that these policies are minimum standards that are sometimes exacerbated by additional limitations to services for women suffering domestic violence, such as, for example, the eligibility to services linked to the habitual residence condition. We urge the EU to maintain firmly the minimum standards established and to further improve these standards in the future.

The EWL notes that victims of Female Genital Mutilation in the EU are entirely migrant women and children, or women and children of migrant background: we will continue to support the elimination of Female Genital Mutilation, and advocate for survivors and victims of this practice in the EU to be treated as victims of violence. We want the EU to address FGM as part of a comprehensive strategy to end all forms of violence against women.

Family Reunification is of course a gender-neutral provision, but it impacts most acutely on migrant women. Migrant women are often prevented from achieving family reunification due to tough requirements in relation to earning. Policies should not preclude women with lesser earning potential to enjoy their fundamental right to family life. The EWL urges the European Commission to work towards ending the policies establishing dependency between family members, particularly when these might affect migrant women in an adverse manner. The conditions for obtaining Family Reunification rights that are linked with income must take into account the disadvantaged position of migrant women and their lower earning partners. The EWL considers this an unnatural family situation that could become even more dangerous in families prone to violence. Dependent status then implies not only financial but also legal and psychological dependence. The distortions that occur, for example in situations of domestic violence, usually affect migrant women, and sadly they tend to endure the abuse longer as there is not a real alternative outside of the family because they do not have extended family nearby and are not eligible to access services.

The current Border Security, Economic Opportunity, and Immigration Modernization Act of 2013 (S. 744) passed the US Senate on 27 June 2013 but has not even been considered by the House. It would open a pathway to citizenship for undocumented migrants; provide visas for entrepreneurs, for highly skilled workers or for workers coming into the country for a specified period and for jobs for which there is a labor shortage; and green cards for students with degrees in science, technology, engineering and mathematics (STEM) from US institutions. The related DREAM Act, (Development, Relief and Education for Alien Minors) eases the situation of migrants who entered the country as children (under age 15) if they enroll in college or serve for two years in the armed forces. The bill also contains provisions for appointing counsel for unaccompanied children and for children returning alone to their home country, a provision especially relevant because the number of unaccompanied children, often in dire circumstances, trying to reach the US has increased dramatically; in 2012, 25,000 of these were apprehended (U.S. Border Patrol, U.S. Customs and Border Protection, U.S. Department of Homeland Security). It is worth noting, however, that the U.S. has also not ratified the UN Convention on the Rights of the Child.

***Recommendations:***

**9.**

1. The U.S. should ratify all major UN human rights instruments, including CEDAW, CRC, Migrant Workers Convention, ILO 189 (Migrant Domestic Workers Convention).
2. Comprehensive Immigration Reform, including the DREAM Act, should be passed in the U.S.
3. Prevention and protection, not enforcement and prosecution, should be emphasized.
4. Border police and agents should be trained to protect the human rights of all migrants.
5. In Europe, it is absolutely necessary to have an overarching and uniform gender-sensitive asylum system.
6. We call on the European Asylum Support Office to include systematically information on the situation of women and LGBT persons, and States’ responses to the violation of their rights in the Country of Origin Information, both legally and de facto. The Country of Origin Information should include situations of threat or persecutions by non-state actors, such as female genital mutilation.
7. On family reunification: The EWL urges European institutions to work towards ending the policies establishing dependency between family members, particularly when these might affect migrant women in an adverse manner.

***APPENDIX***

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* **Jackie Shapiro**, past chair of NGO CSW/NY, ECPAT-USA
* **Soon-Young Yoon**, PhD

1. We note with interest the new initiative of the Clinton Foundation and Gates Foundation, “No Ceilings: The Full Participation Project,” that recognizes the “importance of data in measuring progress of women and girls in charting a path towards full participation in the 21st century.” [↑](#footnote-ref-1)
2. The US Census Bureau determines poverty status by comparing annual family income to poverty thresholds tied to the cost of food. This definition is frequently criticized for its narrowness of consideration of the whole person. [↑](#footnote-ref-2)
3. http://www.unaids.org/en/resources/presscentre/featurestories/2012/march/2012031 [↑](#footnote-ref-3)
4. alaskerwomeneeca/ [↑](#footnote-ref-4)
5. <http://www.cdnaids.ca/women> [↑](#footnote-ref-5)
6. http://www.unaids.org/en/resources/presscentre/featurestories/2012/march/2012031 [↑](#footnote-ref-6)
7. Global Strategy Report on Noncommunicable Diseases, 2013, WHO, Geneva 2011. [↑](#footnote-ref-7)
8. Prevention and control of non-communicable diseases in the European Region: A progress report, WHO, Regional office for Europe 2013. [↑](#footnote-ref-8)
9. For example, 62% of all deaths from SHS are among women, but only 12% are smokers worldwide. See *Gender and the Tobacco Epidemic*, edited by J. Samet and S. Yoon, WHO, Geneva 2010. [↑](#footnote-ref-9)
10. http://www.cdc.gov/dhdsp/data\_statistics/fact\_sheets/docs/fs\_women\_heart.pdf [↑](#footnote-ref-10)
11. *Ibid,* 2013 [↑](#footnote-ref-11)
12. According to the WHO, the harmful use of alcohol and tobacco are the top modifiable risk factors in the European region. See Prevention and control of non- communicable diseases in the European region: A progress report, Regional office for Europe, WHO, 2013. [↑](#footnote-ref-12)