Saheli Newsletter
2005

10th INTERNATIONAL WOMEN'S HEALTH MEET (IWHM), DELHI

Sharing experiences and thoughts

The 10th IWHM held in New Delhi from 21-25th September 2005 provides an opportunity to reflect on contentious issues within the women's health movement. Many of these concerns were raised in our presentation at the IWHM. However, the overall context of the meeting also deserves some debate.

With the theme 'Health Rights, Women's Lives: Challenges and Strategies for Movement Building,' the objective of the 10th IWHM was to centre-stage the issue of health as a right that is as fundamental as the right to life and living. As the title of the theme suggests, the meeting attempted 'simultaneously to bring back a holistic understanding of health (hence the linkage of health rights to women's lives) while also working towards a justiciable concept of health, so that understandings can be translated into enabling provisions and binding policy mandates.'

Early Beginnings of the IWHM

The focus of the IWHMs has been changing ever since the first meet in Rome in 1975 – a radical meeting in an abandoned monastery, where abortion rights, sexuality and women's rights were debated. From a spotlight on reproductive rights in the 1970s and 1980s, the focus shifted to a broader view in the 1990s. The theme of the 8th IWHM in Brazil in 1997 was 'Women's Health, Poverty and Quality of Life' with an attempt to bring in race and class issues. Concerns about environmental impact were brought into the 9th IWHM in Canada which focused on 'Women's Reproductive Rights, the Impact of Violence and the Impact of Environment on Women's Health'.

These meetings have been instrumental in bringing together women from all over the world to share experiences, debate, review and analyse issues in the women's health movement and, not least, generating energy and direction for positive changes. The specific issues of women's groups from different parts of the world have always been diverse, but the attempt to evolve a shared understanding, build solidarity and work together, kept the need for these international forums alive. For instance, in India, from the very beginning State-sponsored coercive population policies and introduction of hazardous contraception have been major issues; while the concerns of women in Eastern Europe are the pro-natalist policies which view women only as baby-producing machines. Over the last decade and more, African women have been concerned about the spread of HIV/AIDS and the consequences thereof. However, it was always possible to establish rapport and build links with women across national boundaries and IWHMs have provided such an occasion. Creating the space to meet so many people working on women's health, exchange ideas and experiences indeed provided a unique opportunity for many of us.

The 10th IWHM comes to Delhi

Planning for the Indian meeting began over two years ago, following the Toronto meeting. With an organising committee in place, and a Secretariat run by Sama in Delhi, input from women from national and international levels was sought by including representatives in the advisory committees. One member of Saheli was part of the national advisory committee—a mixed bag which was a learning experience for sure!

As an autonomous, non-funded women's group which has been working in the area of women's health for 20+ years, the changing nature of the women's movement has been apparent to us over the years. The national level conferences of autonomous women's groups are also changing their character, in fact, for a variety of reasons a conference has not taken place in the last five years and that is also giving a sense of fragmentation to the Indian women's movement. One hoped that this international level meeting focussing on women's health issues from the movement perspective would be a reviving force for autonomous women's groups working primarily on health issues.

Unmet Expectations of the IWHM—An Opportunity Lost

To quote the IWHM concept note, 'The 2005 Meeting is a significant one as it comes at a moment in history when several national and international forces adversely impact women's health. The current context of global economic restructuring and liberalisation of markets, increasing

militarisation of countries and regions, growing fundamentalisms of various hues, resurgence of population policies, adoption and practice of developmental models and paradigms that are playing havoc with the environment, call for urgent action by civil society bodies, including women's groups all over the world.'

Health Rights, Women's Lives: Challenges and Strategies for Movement Building

From 21-25th September 2005, more than 800 women (and a few men) activists, researchers, artists, film makers and community organisers working on women's health issues gathered in Delhi's Hotel Ashoka at a huge international meeting. Participants from more than 70 countries in Asia, Africa, Latin America, the Caribbean, the Pacific Islands, Australia, Europe, North and Central America provided a wide diversity in experiences and insights.

The broad sub-themes were: [1] Public health, health sector reforms and gender, [2] Reproductive and sexual health rights, [3] The politics and resurgence of population policies, [4] Women's rights and medical technologies, and [5] Violence of state, militarism, family and development and women's health. Participants had an opportunity of listening to and interacting with well-known names in the women's health movement – Betsy Hartman, Farida Akhter, Janet Price, Rashida Bi, Imrana Qadeer, Rina Nissim, Kausar Khan, Renate Klein, Dorothy Roberts, Alibhe Smyth, Sylviya 'Guy' Estrada, and many others.

The five-day conference consisted of seven plenary sessions, about 50 parallel workshops divided into nine sessions and about 30 films – both documentary and feature. It was a hectic schedule. While the first and final plenary session attracted a near-full house, the workshops were relatively poorly attended. The number of participants varied from about 10-15 to 90-100.

The meeting programme was not only restricted to speeches and discussions but there were parallel sessions in adjoining venues where films were shown and a bazaar did brisk business. Interactive expressions/workshops included: games, board games, art for creative transformation—a painting workshop. Exhibitions and stalls, an alternative clinic and a Youth Corner added different dimensions to the meeting. If someone did not want to attend discussion sessions after hearing the plenary speakers, they had ample opportunity to see films, plays, participate in workshops or shop around looking for interesting items to buy! Despite having the meeting in a five-star venue some of the features of the movements' conference were very much there—thanks to the organisers! There was no formal inauguration of the meeting with a 'dignitary'—all of us were equally important participants, though some were more equal than others. But not so unequal that we needed an outsider to cut the ribbon! The spectacular performance by Shakti, dalit women drummers from Madurai gave an audio-visual treat to begin the conference. Prima Donna, the group of transsexual dancers from Malaysia and My Mother, the Gharwali, Her Malak, His Wife, the play by women in prostitution from Sangli, were also highlights of the cultural programme. Fusion music by the Bangladeshi band Bangla, led by Anusheh Anadil incorporated elements of Sufi music. On the last day, a draft declaration was circulated, and a brief discussion held. Following are the salient points:

We, the participants of 10th IWHM declare:

1. The right to health and health care is a fundamental right. All policies must be gender just, holistic and equal. They must also be free.

2. We must have universal and timely access to state-funded, quality, comprehensive health care. This is a basic RIGHT of all people, and especially of women and children. We firmly reject all policies that advance privatization and a user-fee system for health care in the public sector. We also reject inappropriate, invasive and expensive 'high' technologies.

3. We must have access to rational and appropriate health care technologies. Full respect and recognition must be given to women's wisdom, knowledge and healing practices.

4. We demand women's right to choose and express their sexualities in pleasurable ways and without pressure from patriarchal norms.

5. We demand continued global efforts to reduce the shameful and unacceptably high rate of maternal mortality.

6. We say NO to patents, unsafe pesticides, and the trade in biodiversity and people's knowledge.

7. We say NO to war, nuclearisation, militarisms and fundamentalisms. We demand radical cuts in defence and military expenditures.

8. We say NO to violence both inside and outside the home for women and girls, both domestic and structural.
9. We say NO to corporate globalisation and its impact on governments and donor aid.
10. And we say a clear and firm NO to ALL population policies, whether pro-natalist or anti-natalist.
(For the full declaration and more details on the IWHM, visit http://www.10iwhmindia.org)

It was expected that 'The lessons learnt from contemporary forms of advocacy, campaigns, mobilisation and resistance to callous, coercive or exploitative state policies will be highlighted, for sharing and networking across other groups and regions. The 10th IWHM hopes that such global networking will eventually build into a movement that can make a difference to people's lives and in particular, to women's lives.'

Yet, these expectations were somewhat belied. As the organising took a more concrete form, it was apparent that this was a five-star kind of conference, which many women's organisations were not tuned into. This was very different—in terms of its structure, call for abstracts and online registration—from the conference of the women's movement that we are familiar with. Not only was the conference venue—Hotel Ashoka, the five-star flagship hotel of Indian Tourism Development Board—very distant from the culture of the Indian women's movement, but also the extremely high registration fee, the request to submit not only the abstracts but also the full paper weeks before the meeting was to begin! Some of these issues were crucial to avoid chaos during a meeting which benefits immensely from the availability of simultaneous translation facility to keep almost all women attending the meeting in tune with the proceedings of the meeting, however, we were also concerned about who all can and would be able to attend an expensive meeting of this kind. These issues were raised not only by us but also by some other members of the advisory committee during the planning meetings. Women from southeast Asian countries, SAARC countries, poor black women from the US, poor women from African nations would find it equally difficult to find money for travel, stay and registration. Despite efforts on the part of the organisers to waive registration fee for some participants, provide travel bursaries for some, invite some women as observers without charging them registration fee, the restricted entry was a cause of discomfort.

The content of the presentations in most of the plenaries and workshops was rather disappointing despite the insistence on submitting papers and abstracts. Mostly research-oriented and mediocre, the presentations hardly reflected what is going on in the women's health movement. They seemed (as we raised in our presentation) more in line with donor-driven agendas. The debates, the challenges, the strategising was missing, and issues were limited to academic debate. If this indeed reflects the state of the women's health movement, we have some serious thinking to do!

The caste issues in India were also sidelined. The highlight of the cultural programme was the Dalit women drummers, the sound of the drums still resonating in our ears. But what about the issues of Dalit women's health? The special focus of population control of Dalit women, a major issue of concern in India, was not reflected in the papers and workshops. There was also a lack of an India-centred theme, or regional focus—the venue of the conference being reflected in some special sessions would have only added value.

The lack of activist orientation was a concern, given that the meeting itself was supposed to discuss 'Challenges and Strategies for Movement Building'. The focus on this aspect was inadequate. The choice of the last plenary speakers also raises serious questions about the direction the conference took. The grand finale had Paul Hunt, UN Special Rapporteur on Health, and Jane Cottingham of the World Health Organisation. The fact that of all the meagre media coverage it was Paul Hunt who did get coverage, with his clarion call about maternal mortality, is skewed, and does not reflect the priorities of the movement. This begs the question about why representatives of these institutions are given so much primacy in our meets.

In many ways, the most was not made of a unique opportunity, especially when immense resources, human as well as financial, had been expended. The possibilities of 'movement building' envisaged in the main theme of the meeting were not high in a milieu dominated by academic discussions and workshops. A process of introspection, and a wider debate among women's groups in India and globally might contribute towards taking the process in a direction that would genuinely contribute

to the hope expressed in the 10th IWHM concept note: '….build into a movement that can make a difference to people's lives and in particular, to women's lives.'

Taken from the Saheli (a women's resource group) Website:
https://sites.google.com/site/saheliorgsite/women-s-conferences/10th-international-women-s-health-meet-iwhm-delhi