

NCW Resolutions 2010

Approved and adopted at the National Council of Women Annual General Meeting on 30 January 2010

1. Resolution: The right prosthesis for breast cancer mastectomy patients.

Submitted by
Action for Breast Cancer Foundation

Justification

The government voucher for breast prosthesis is equivalent to €46.00. The most appropriate prostheses costs approximately €70.00, a difference of €24.00.

The prostheses offered for €46.00 is not acceptable on the basis that it is made of rubber and hollow from the inside and does not conform to properties required.

Value for money related to medical economics also makes the Silicone prosthesis the correct choice

The wrong prostheses will not help women cope with the altered body image but make her prone to develop further problems such as stated above.

Furthermore the right prosthesis is offered at that moment, from the same supplier that offers the unsuitable prosthesis.

Comparison is impossible as the two different forms have no similarities

Recommendations

- ABCF encourages Government to opt for the Silicone prostheses, which are recommended by most Breast Cancer Centres in Europe such as the Royal Marsden, NHS Trust and the European Guidelines for Quality Assurance for Breast Cancer Screening and Diagnosis
- Urges government to speed up the setting up of the Working Committee to ensure that the proper prosthesis will be available for women requiring breast prosthesis
- In updating the existing procedure the government is urged to include on the working committee users of the said prostheses to obtain a balanced and acceptable decision

- That the proper prosthesis will be given freely as in the case of current prosthesis
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2. Resolution: The role of the midwife in public health.

**Submitted by the
Malta Union of Midwives and Nurses**

Justification

Midwifery practice is rooted in public health, and for most of its history has been community-oriented. Yet the shift of management and service delivery into the acute sector has obscured midwifery's community focus and inhibited its contribution to the wider public health. It is important that midwives recognise the substantial contribution they already make to public health, working to promote the long-term wellbeing of women, their babies and their families by offering:

- Information and advice on screening and testing
- Information and advice on nutrition, exercise, and other aspects of a healthy lifestyle
- Advice on supplementation, for example with folic acid
- Support with smoking cessation
- Breastfeeding promotion and support
- To reduce unnecessary medical intervention and encourage normalised childbirth
- Information and advice on immunisation

Recommendations

Primary Health Care Policy will not be successful without the input of all stakeholders as stated by the Minister of Health Hon Dr Joe Cassar

There is, therefore, considerable scope for developing the midwifery contribution to public health, through enhancing the extent of midwives' involvement in:

- Assessing the health needs of local populations through needs assessment and community profiling
- Designing, managing and evaluating maternity services with the clear aim of improving health outcomes and reducing health inequalities
- Building healthy alliances and a supportive infrastructure to provide information, resources and practical help for community development initiatives
- Engaging with local statutory and voluntary groups to work towards health-related policies and activities

- Contributing midwifery expertise and information to demographic profiling, local needs assessment, and health strategy
 - Identifying groups that have particular needs, or are missing out on maternity care – such as women who are refugees, or homeless, or misusing drugs, or from minority ethnic communities – and developing services that are appropriate, acceptable and accessible to them
 - Developing family-centred care, through strategies for improved parenting education, father/partner involvement, and help with domestic violence and other family problems
- To include midwifery in the pre-natal care and in the anti-natal care to empower women to make the right choices
 - To decrease the pressure on the State hospital and ensure individualised care and better reach under privileged women
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3. Resolution: Consumer-driven Health Services

**Submitted by the
Malta Union of Midwives and Nurses**

Justification

a. Most organizations are deeply concerned about the costs of healthcare, not only for its employees, but for the country and the economy. And it is even more concerned about the need for consumers, doctors, hospitals, and insurers to work together collaboratively to achieve the best possible results in preventing and treating health problems.

Recommendations

a. In the local present situation new incentives, decision-making models, and supporting technologies are needed to transform how medical choices are made. This shift in perspective ***from patients to consumers*** of healthcare is fundamentally changing the role of healthcare plan providers. So the direction from a provider perspective is to provide the end user, in this case the patient, with more information as well as robust tools to proactively manage their health and their finances.

b. Government together with major stakeholders must work together to seek solutions to help ensure health care providers are prepared for this shift. There must be a vision, strategy, and blueprint to enable major stakeholders to transform their services into consumer-focused, information-driven, and highly collaborative systems.

c. Other components which underlie the success of consumer driven health must be strategically identified and implemented **in line with government policy**. All major stakeholders must ensure to support new incentives and informed decisions by consumers and providers, ensuring that the best evidence-based care plans are followed, regardless of where the patient is seen. Such incentives may include:

i. appropriate incentives—for patients to take responsibility for their own health and wellness, including lifestyle choices, and for physicians to focus on quality outcomes.

ii. appropriate information, programs, and tools must be within easy reach to help the consumer get healthy and stay healthy and help the physician deliver the highest-quality and most cost-effective care. Offering consumers incentives toward living a healthier lifestyle—including proper diet, exercise, and preventive medical care—won't be effective if information and trusted guidance about those lifestyle choices and cost-effective care is not readily accessible and easy to use within the context of their daily lives.

iii. Similarly, even with incentives to focus on long term wellness, physicians need complete information about patients' histories in order to better predict—and prevent—potential problems before they occur

iv. Care and a common care plan must be coordinated among providers and the health coach, particularly when patients are seeing multiple physicians for different problems or procedures. For consumers to effectively make choices about providers and treatment options, they must be confident that the entire community with whom they are working will be able to collaborate in providing care.

v. Insurance Companies need to provide access to adequate health insurance policies irrespective of age and condition

vi. Insurance policies should ensure quality of life for all, ensuring that the elderly are not discriminated against in particular with regards mobility including travel

4. Resolution: Sexual Health Policy in Malta

**Submitted by the
NCW Health Committee**

Justification

- Sexually Transmitted Diseases (STDs) in Malta are estimated at 13,000 new cases per year by the World Health Organisation.
- Casual sexual activity without the use of adequate prophylaxis is reported in three quarters of all patients attending the GU Clinic.

- 25% of youngsters aged 12-15 are already sexually active.
- Malta has one of the highest rates of teenage pregnancy in the EU - 5.5 to 6.6 per cent of all pregnancies in females under 20 in the years 1999 to 2008.
- There is a great need for a responsible sexual health education programme at school level
- More knowledge on all sexually transmitted diseases and information on different contraceptives is necessary for young people, which will also serve to decrease teenage pregnancies
- In line with the rights of the child stating the right to adequate education for life, there is the need to educate in an effective manner on sexual health education

Recommendations

- a) A national sexual health policy (which is long overdue) following recent consultation on the subject by the Social Affairs Parliamentary Committee
- b) An extensive education and information campaign on the criteria proposed by the House of Representatives' Permanent Committee on Social Affairs in the report presented in July 2009; starting with pre-teens and extending to adults, so that more responsible adults and young people will make better life-style choices.
- c) PSD lessons in schools should be considered as most important within the National Minimum Curriculum and should be given adequate time to help pre-teens to develop a good basis of self-esteem and skills to be able them to choose wisely; be responsible for their actions; and to develop empowerment.
- d) Relationships Seminars/programmes for different age groups that address the relevant issues should be re-introduced and revised to ensure that they are more professionally run
- e) All teachers need to be better equipped to deal with issues relating to sex and sexuality. Seminars on Sexual Health Education need to be included in the B. Ed course as well as ongoing training
- f) Parental skills course need to be organised addressing the need to educate parents to be equipped with the necessary skills to communicate with their children and young people on issues concerning sexual health education
- g) Identifying causes of high rates of teenage pregnancies and adequately addressing the causes which include lack of sexual health education, including the value of sex within marriage and binge drinking among others
- h) Policies and incentives should ensure that single parents are assisted and provided with access to training and employment, leading to empowerment and financial independence, thus decreasing dependence on State (social benefits)

- i) Reliable statistics are also needed. GU Clinic personnel must be available in various places in both Malta and Gozo such as in Health Centres, to provide better access to clients as well as serve as focal points for promotion of services and advice.
 - j) Pre-marriage courses should be offered by the State seeing that couples who opt to have a civil marriage ceremony are missing out on useful advice given regarding sexual health, responsibility and fidelity in relationships.
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5 . Resolution: Cancer Screening

Submitted by
NCW Health Committee

Justification

- a. Breast cancer cases contribute to over one third of all female cancers in Malta
 - b. 13% of cancer deaths amongst women are due to breast cancer.
 - c. The trend in cancer incidence is expected to continue increasing as the proportion of elderly people in the population continues to increase.
 - d. Malta also lacks a **national** screening programme for cervical cancer, and has no plans for one either.
- Public healthcare centres in Malta have been offering free screening for cervical cancer since 1978 to those who request it, which means women perform the PAP smear tests on their doctor's or their own initiative. Studies show this is a very ineffective way of reaching out towards those most at risk

Recommendations

- that breast screening programme be extended to include women older than 60 years. This will mean that more women will be undergoing such routine tests, and so more women will be diagnosed with the disease at a time when there is a better chance that the cancer could be cured.
 - that an organized national programme be implemented with regard to cervical, bowel and colon cancer screening.
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6. Resolution: Extension of maternity leave from 14 to 18 weeks

Proposal for a Directive of the European Parliament and of the Council amending Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers

who have recently given birth or are breastfeeding COM(2008) 637 final – 2008/0193 (COD)

Submitted by

NCW President Grace Attard

Justification

This initiative is an opportunity to strengthen legislation that not only enables women to recover adequately following confinement, but also encourages them to breastfeed and helps them to forge a strong bond with their newborn child.

NCW believes that the Commission needs to consider the recommendation of the Social Platform¹, - including the European Women's Lobby -as well as those given by the WHO² and the UNICEF³, which are based on the benefit for children to be exclusively breastfed during their first six months of life, as a health prevention measure for both mother and child such as addressing the risk of obesity in children

Pregnant mothers are contributing to the economy and measures should be taken by government to ensure that they retain their job both in the public and private sectors

Recommendations

NCW supports the Commission's directive and the ETUC position

a) that a minimum paid maternity leave of 18 weeks should be guaranteed to all pregnant employees;

b) that Member States should take the necessary measures to protect pregnant or breastfeeding workers, within the meaning of article 2⁴ of the original directive, from consequences of unlawful dismissal.

¹ Common position of the Steering group of Social Platform on amendments on the directive amending Directive 92/85/EEC on maternity leave, 19 February 2009.

² "As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health" (Global Strategy on Infant and Young Child Feeding - A55/15, paragraph 10), in: http://www.who.int/nutrition/topics/infantfeeding_recommendation/en/index.html. See also Michael S. Kramer, Ritsuko Kakuma: *The optimal duration of exclusive breastfeeding - A systematic review*, World Health Organisation, 2002, in: 3.

http://www.who.int/nutrition/topics/optimal_duration_of_exc_bfeeding_review_eng.pdf.

³ See: <http://www.unicef.org>.

⁴ See: Council Directive 92/85/EEC of 19 October 1992, Article 2, "Definitions": "For the purposes of this Directive: (a) pregnant worker shall mean a pregnant worker who informs her employer of her condition, in accordance with national legislation and/or national practice; (b) worker who has recently given birth shall mean a worker who has recently given birth within the meaning of national legislation and/or national practice and who informs her employer of her condition, in accordance with that legislation and/or practice; (c) worker who is breastfeeding shall mean a worker who is breastfeeding within the meaning of national legislation and/or national practice and who informs her employer of her condition, in accordance with that legislation and/or practice."

c) NCW supports the right of women to return to employment, to the same or an equivalent post retaining the same terms and conditions, and to benefit from any improvements in working conditions to which they would have been entitled during the period of their absence.

d) NCW strongly supports that payment during maternity leave be equal to the previous salary, or, at least, equivalent to sick pay. This provision is not only a necessity, but also a way of recognising the value of mothering.

e) NCW recommends that women be encouraged to make their pregnancy known to their employer as soon as they are aware of it, so that any risk regarding health and safety can be assessed and eliminated. Special attention should be paid to risks to both women's and men's fertility, as well as for the embryo.

7. Resolution: Incentives for women opting to take up private medical care

Submitted by
Malta Union of Midwives and Nurses

Recommendations

Incentives such as a subsidy or tax refund should be offered to women who wish to take up private medical care or testing, such as **breast care or cervical cancer** screening, on a similar line to the tax refund currently being offered to parents whose children attend a private school.

Such measures will:

- decrease workload/list at the State Hospital and State health care system;
 - give women incentives for regular health screening programmes;
 - be a source of health promotion and prevention.
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8. Resolution : Legal Aid

Submitted by the
NCW Social Issues Committee

Justification

Financial constraints and lengthy proceedings are hindering individuals from resorting to court procedures in cases of separation and in cases of non-payment of maintenance.

Recommendations

- Provisions for Legal Aid need to be strengthened, in particular through an increase in the number of legal aid lawyers to reduce the workload on the present contingent, as this will result in more efficient management of such cases, and to ensure that there is no unnecessary delay before and during court proceedings. Ongoing training for lawyers and other relevant professionals is necessary to ensure adequate and timely advice and support.
- NCW is aware that it is a criminal offence punishable by imprisonment for a person not to pay maintenance when ordered by a Court or agreed in a contract to do so. It strongly recommends strengthening measures to ensure that practices to evade payment of maintenance, be adequately addressed, in particular in cases where women are unemployed or are not in a position to enter the labour market. Measures should also be taken to ensure that (1) the court summons for the person who is not sending the payment as well as (2) the maintenance payment are delivered to the right address.

9. Resolution: Identity Cards and change of address

Submitted by NCW Social Issues Committee

Justification

a. At present anyone can change his/her ID *home* address anytime without giving any explanation or being asked for any documentations to prove whether the person is actually living in the new address. As a result of lack of verification, anyone can change his/her address onto any other address without the consent of the person living in the said address or the owner of same house.

b. This free movement allows for various abuses especially with regards to the social services benefits **and obligations such as payment of maintenance and court summons**. Often the address is changed so that one can ask for unemployment or social assistance benefits together with all the other benefits related to them. Besides the social economic aspect, this matter also has legal implications

Recommendations:

- That anyone who would like to change the ID *home* address should be asked to present any documentation showing that the person is actually moving to the said address.

- The owner / person living at the said address must give written consent for such change of address under oath.
 - **That the necessary measures are taken so that the change of address is speedily notified to all relevant authorities which today can be realistically done through our current technology infrastructure**
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10. Resolution: Vulnerable Irregular Immigrants

Submitted by
Emigrants Commission

A **Justification**

having studied the complaints lodged by the Emigrants' Commission to the Office of the Ombudsman, with regards to:

- a. the right of rejected asylum seekers to marry each other,
- b. the right of rejected asylum seekers to marry some one enjoying protection living abroad,
- c. the right of rejected asylum seekers to marry a Maltese national

having seen the Final Opinion expressed by the Chief Justice Emeritus Dr. J Said Pullicino, Ombudsman, on 11 May, 2009, following the investigations considering the present policy to be a breach or at least a threat to the fundamental right to marry

and having read the Ombudsman recommendation that the Marriage Registrar should take note of his considerations and conclusions and act accordingly to ensure conformity both with the Constitution and the Convention in the exercise of this fundamental right

Recommendation

the National Council of Women would like to give its support to the complaints submitted by the Emigrants Commission, and recommends that the final opinion of the Ombudsman be observed.

B **Justification**

With reference to the United Nations - Universal Declaration of Human Rights

(quote) 'the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,'

'Member States have pledged themselves to achieve, in co-operation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms'

Aware that there are situations where individual irregular immigrants of different ages are vulnerable and such situations can be a threat to human rights

Recommendations

1. that babies of irregular immigrants that are saved at sea with no identity and whose parents are missing be given identification and recognition by government
 2. that efforts for the reunification of family members are stepped up according to relevant EU measures on asylum policy.
 3. that refugees with health problems are given adequate health care including free medicines in line with EU policy
 4. that refugees suffering from disabilities be given equal treatment as established in the EU policy on equal opportunities for all
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11. Resolution S.E.C. and M.A.T.S.E.C. Examination:

Use of Oral exams

Submitted by
NCW Education and Culture Committee

Justification

A number of our children with Specific Learning Difficulties are failing their national exams due to issues of access to medium and the use of writing for exams. This is a brain drain and so disheartening for intelligent and talented students. The Matriculation and Secondary Education Examination Board already exists and requests for Access Arrangements during MATSEC Examinations are already possible. However, more needs to be done.

Research on the introduction of oral language exams in cases of specific learning difficulties are being carried out.

New forms of learning, including technologically assisted programme offer new possibilities for different examination conditions and methods are being developed that will allow students with learning difficulties to sit for all exams orally

Recommendations

NCW proposes that

- a) Students with learning difficulties are allowed to sit **for language** exams orally

- b) Oral language exams are introduced for all languages as separate SEC exams, where students with **learning** difficulties may opt to sit for either the Oral Language SEC exams or the written language SEC exam, or do both
 - c) All exams, including languages should include teachers' continuous assessment and project work as part of the Final SEC and MATSEC result.
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12. Resolution: Enforcement of Building Regulations

Submitted by
NCW Environment and Education and Culture Committees

Justification

- a. new buildings are being constructed without taking into consideration the EU Kyoto protocol commitment on CO2 reductions.
- b. there is a lack of energy saving measures such as insulations of roofs, double glazing etc
- c. rain water being lost due to the lack of construction of wells in urban areas

Recommendations

- a. that government enforces building regulations and encourages low energy standards in newly constructed buildings and in buildings that are being refurbished.
- b. That public/ private partnerships, including NGOs promote energy saving initiatives through education campaigns
- c. that incentives are made available to reward the most energy efficient buildings.
- d. that the relevant authorities ensure that time frames are observed regarding the the construction and completion of the external parts, including apertures of new buildings

