



Approved Resolutions

NCW Annual General Meeting

January 2016

Foreword

Dear Colleagues,

As in previous years, the National Council of Women together with its affiliated organisations is presenting their contribution of Resolutions on which the Council plans its yearly programme of policy and action. Resolutions originate from the need for change, to introduce or improve a particular aspect or circumstance affecting not only women but any particular sector of society. The change, once effected, is meant to improve the quality of life of individuals and consequently of society at large. NCW has always been proactive in identifying lacunae and presenting resolutions, which identify issues and at the same time offer solutions. As in previous years, this is evident from the 2016 Resolutions that have recently been approved at the Annual General Meeting held in January 2016 and eventually presented to government and various authorities and social partners

Over the years, NCW Resolutions have been a vital tool for the Council to bring about changes for a better way of life in several aspects. This year, NCW Resolutions made specific references to Migration, especially Women Asylum Seekers, Food Waste, the Social Economy, Domestic Violence and the Pensions Gap to mention a few. There is also the reaffirmation of resolutions presented in 2015 or in previous years, but which NCW believes are still relevant today and therefore still require our attention and the pressure on authorities to ensure that changes take place in a responsible manner.

The National Council of Women and its affiliated organisations continue to be a dynamic force of energy, never ceasing to bring about the necessary change for the benefit of society. On my part, as President of NCW, I encourage you to read these resolutions and make them your own, become stakeholders and contributors in this initiative. Our consolidated aim must be one - *that change happens!*

Mary Gaerty
NCW President



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1. Towards a Sustainable Social Economy for Malta

Name of organization submitting the resolution

National Council of Women

Background information and Justification

Following the publication of the White Paper on Legal Provisions for the development of Social Economy in Malta, NCW held a Conference, earlier on in 2016, bringing together Government representatives and different stakeholders to discuss various aspects of the White Paper and submit recommendations.

The Malta Social Enterprise Act White Paper, focuses on finding solutions to social needs that are not adequately addressed by market systems or the welfare state

The following NCW Resolution seeks to summarise the recommendations which the Council believes are the basis for a sustainable social economy.

This Resolution is a follow-up of NCW's Resolution for 2015 urging the introduction of the necessary relevant measures for a Sustainable Social Economy

The role of social entrepreneurship and social enterprise and its potential to economic growth and social development is essential in developing a sustainable framework to build social cohesion, inclusion and active citizenship through voluntary associations foundations, not-for-profit companies and SMEs amongst others.

Smarter, more inclusive and sustainable models through social enterprise, belonging to the people and /or created by people are necessary to address the complex social challenges of today

In Europe it is a major job provider offering more than 11 million paid jobs in over 2 million social economy enterprises

Recommendations

There is the need to acknowledge the importance of the values of social entrepreneurship and its positive impact on society. The necessary measures for success must not be ignored as a social enterprise has to have market value to remain competitive

A key feature of this type of economic activity is that profit is not the main driver for the organisation but the generation and sustaining of jobs within the economy in the delivery of products and services.

Social economy needs to be sustainable through the social objective by ensuring that the majority of the revenue from the services of the company are used to generate revenue for further development of the social enterprise

While presently a number of co-operatives, foundations, associations, NGO, church organisations, entities and voluntary organisations work within our society to address social problems, developing an organization into a social enterprise can help to combat social exclusion, unemployment, poverty and other vulnerable circumstances and foster local development.

The social objective is paramount in addressing the needs of ‘vulnerable’ groups as well as ensuring that the community benefits from these services.

Social enterprises could be an attractive option for young people who are interested in innovative forms of work

Access to information on a range of financial packages such as loans through banks, Malta Enterprise, the European Investment Bank and Intermediary Banks and access to Venture Capital for the Social Sector, requires the provision of a sound knowledge of financial resources to attract and equip organizations with the necessary skills

Statistical findings show that in Europe most social enterprises are run by women, offering another option for economic activity

Exploring partnerships between NGOs and SMEs, the backbone of the EU and Malta’s economy, can offer opportunities for the development of this kind of economic activity which is based on the philanthropic, social and environment pillars from a bottom-up approach

Finally there is the need to address barriers for this innovative type of economic activity. These include among others, the need for less bureaucracy and the need for training to ensure employees have the necessary workplace, management and financial skills to ensure sustainability.



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2. Addressing the Gender Gap in Pensions

Name of Organisation submitting resolution

National Council of Women

Justification

Following the consultation on the publication of the Pensions reform earlier on in 2015, NCW submitted recommendations as it felt that the proposed reform does not fully address the gender gap in pensions

There are a number of aspects that need to be considered to ensure that measures are in place to reduce the gender gap in pensions between men and women in Malta.

Significant structural gender differences contribute to the gender gap in pensions, including labour market participation, distribution of working hours (in particular part-time work) and the gender pay gap. In Malta the pensions gap stands at 18%

Addressing these challenges in the medium to long-term can result in increasing the participation rate of women and hours of work in the labour market and hence better pensions entitlement for women.

Recommendations

Challenges and obstacles to be addressed

The age at which a person first receives an old-age pension is an important factor to examine, particularly from a gender perspective. Women who leave the labour market around the age of 50, will have to face challenge for future economic independence, leading to a risk of poverty, often as a result of being unable to reach full-pension entitlements

Similarly, **exiting from the labour market to care for elderly persons or persons requiring constant care**, can have a devastating effect on a person's pension, especially if s/he is 50 years of age or over

The number of years credited to the woman for child rearing should be equal or if anything be the other way around, with more years being credited where there are more than two children. It is only in this manner that women will consider having more children, an aspect that must be given its due consideration given the low birth rate.

Women who had children at the age of 18 and over, but who had not worked before having had children, but who had entered the labour market and worked to a corresponding number of years equivalent to the recommended credited years, should also benefit in the same manner

Addressing Motivations

Transitions between work and retirement are the results of different motivations, which are themselves highly gendered and which need to be addressed to ensure a decent pension for women.

It is possible to distinguish between two different types of motivations: pull and push factors to be addressed

Pull factors

To provide sufficient personal/household income

To establish/increase future retirement pension entitlements and

Non-financial reasons, e.g. work satisfaction

Push factors

Own health or disability

Had reached the maximum retirement age

Lost job and/or could not find a job

Favourable financial arrangements to leave

Other job-related reasons

Family or care-related reasons

Main reasons for economically inactive persons aged 50 to 69 who receive a pension to quit working to be studied

Health

Specifically in old age and with their **smaller number of healthy life years**, women might require more healthcare, which in some instances and with low pensions may be difficult for them. Emphasis on reforming healthcare systems in line with increasing age-related expenditure should be considered for women to remain longer in the labour market

Financial resources

Women's access to financial and economic resources remains lower than men's. Overall, women earn less than men on average due to their different position in the labour market, thus increasing women's risk of poverty. Moreover, women are **also less likely to be able to invest in private pension schemes in the process of pension privatization**

Knowledge

Sectoral segregation is persistent. Women are over-represented in sectors and professions associated with lower wages, which also relates to the general under-valuation of female labour, both of which have been identified as contributing to the gender gap in pension. The recent World Economic Forum findings identified that in Malta although women outnumber men at Tertiary level, it ranks in the 122 position out of 145 EU countries in the pay gap. (Currently, only 30% of the 7 million or so people working in the ICT sector are women; women are under-represented at all levels and above all in decision-making positions)

Motherhood

Comparing average earnings of women without children and men to the earnings of mothers, research has identified a 'motherhood penalty' on mothers' average wages and incomes, with mothers earning less than their equally qualified childless counterparts

It is also crucial to view gender in **the limited but important sense of the distribution of paid and unpaid work roles over the life course**, hence it is important to move away from basing pensions thoroughly on earnings-related benefits and viewing it as 'representing a spectrum of life course patterns'

There is the need to **adopt appropriate legislation with regards to divorced or cohabiting partners** to safeguard their interests and protect their entitlement to social benefits and pension rights



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2. Gender Equality, quality of life and sustainable development beyond 2015

Organization submitting the resolution

National Council of Women

The first Commonwealth's Women's Forum, held in St Julian's, Malta from 22 to 24 November 2015, under the theme '**Women Ahead: Be All That You Can Be**' reinforced amongst other things

- the importance of women's economic, social and political empowerment and
- the need to "leave no women behind, including women with disabilities and women with different choices",
- the need to strengthen women's access, participation and leadership in education, health, employment, technology, political and economic decision making and the judiciary
- to ensure social justice and women's human rights, key factors to achieve gender equality, to better quality of life and sustainable development .

Considering the mandates of the Commonwealth and the Commonwealth's commitments to gender equality, the 2030 Agenda for Sustainable Development and the Sustainable Development Goals, and other international instruments and national development commitments for the realisation of women's rights and women's empowerment

As key participants of the Commonwealth Women's Forum, NCW together with participants from all Commonwealth countries puts forward the following recommendations:

1. the importance of women's leadership, equitable participation and empowerment as critical drivers for inclusive sustainable development;
2. an effective monitoring process to be observed by member states and to ensure commitments to gender equality and women and girls' empowerment takes centre sustainable development
3. recognise that in order to achieve full gender equality all policies and initiatives should be gender mainstreamed, gender-responsive budgeted and monitored and assessed accordingly;
4. draw from the outcome of the Women's Forum key lessons, best practices and strategies to identify priorities for gender equality for the next 10-15 years in the following areas:
 - Political Leadership
 - Corporate Leadership
 - Leadership in the Judiciary
 - Enterprise Development
 - Access to Finance
 - Media and Technology
 - Media education

- Gender-based violence
- Social Development and the elimination of poverty
- Child, Early and Forced Marriage (CEFM)
- Female Genital Mutilation (FGM)
- Women and girls' health
- The Reduction of maternal mortality.
- Education with particular focus on STEM
- Engaging men in promoting gender equality

Full text of the Commonwealth Women's Forum Declaration is available on request



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4. Setting up an Alongside Midwifery Led Unit at the New Mother and Baby Unit in Mater Dei Hospital.

Name of Individual/Committee submitting resolution

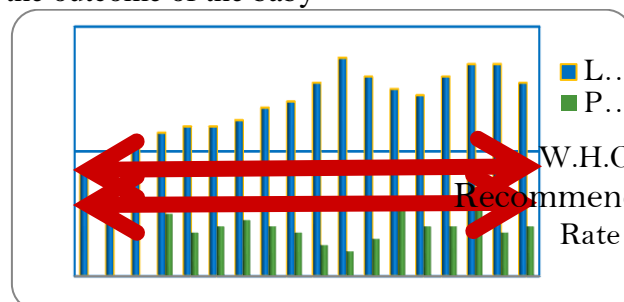
Malta Midwives Association

Background information and Justification (Reason/s and current situation/s to be addressed)

Midwifery Led Unit that will provide continuity of care for low risk pregnant women during the Antenatal, Intrapartum and Postnatal period. Midwifery Led care that is provided in a Multidisciplinary network of consultations and referral with other care providers.

REASONS

1. To transform the culture of maternity care toward physiology of birth. A system that puts mothers and babies at the centre of maternity care, system that respect women's rights, the right of safe care, the rights of choice, the right of informed consent.
2. To promote best practice in achieving low caesarean section rate while maintaining safe outcomes for mothers and babies.
 - a. No important association between caesarean section rate and maternal and neonatal mortality was observed when the caesarean section exceeded 10%¹⁵.
 - b. The national caesarean section rate is 32% (NOIS, 2014)⁷. "Caesarean Section Rate in Malta is the highest, when compared to the EU27 figures".(W.H.O. 2013)
 - c. The increase in operative deliveries has not been accompanied by measurable improvement in the outcome of the baby²



National Caesarean Section Rate / Perinatal Mortality Rate 1996 – 2013

3. Several scientific studies found a low absolute risk of intrapartum and neonatal mortality, when compared risk of women who started labour in Primary Midwifery led Unit versus secondary Obstetric Led care. The intervention rate was significantly lower in women who started labour in Midwifery led care⁶ (see Appendix 1)
4. To provide women with the most appropriate place and professional to attend her during childbirth.
5. To provide person centred, continuity of care rather than fragmented care in a one size fits all approach.
6. Professional expertise will be used efficiently and effectively by those who really need them.
7. To improve the long-term health of the mothers and babies - this will reduce the chronic care burden. Devastating affects with immediate and longterm influences are resulting

from the high rate of complications related to the high rate of interventions during childbirth.

8. To avoid unnecessary burden on the organisation such as extra bed occupancy days.
9. To spend public money according to clinical needs. Savings made from a high rate of unnecessary interventions could be redirected into improving maternity and other services
10. To implement the four priorities of the European strategic direction towards Health 2020. WHO 2014. “Examples of good practice include promoting women choice of birth, support parents to give their children the best start, supporting shared decision making, promoting self care management and the transfer of traditional hospital based care to community based settings and patients homes in accordance with health reforms.
11. To utilise the knowledge, skills and practices of Midwives who are postgraduate trained on the subject with experiences in midwifery led units / birth centres and universities overseas through EU funding.
12. Staff will derive a high level of satisfaction from providing high quality care and enabling women to achieve the outcomes that positively improve their lives.

N.B: The scientific studies^{1,6, 15} included the participation of 17, 674 women, Cochrane Review, 64, 538 women UK and 53, 123 women, from The Netherland.

The Worldwide country level ecological study using longitudinal data included a total of 159 countries representing 98.0% of the global life births (2005)

JUSTIFICATIONS: CURRENT SITUATIONS TO BE ADDRESSED

Transforming the culture of maternity care in Malta toward physiology of birth is extremely urgent. Evidence suggest :

1. W.H.O. 2013 “Caesarean Section Rate in Malta is the highest, when compared to the EU27 figures. Our national caesarean section rate is 32% (NOIS 2014). This is unacceptable when scientific evidence represent 98.0% of global life births clearly confirm that “No important association between caesarean section rate and maternal and neonatal mortality was observed when the caesarean section exceeded 10%”.
2. Countries with increasing caesarean rates should consider taking positive action to reverse this trend including stepped up efforts if rates rise above established limits. “the disparities were likely to be due to differences in health service models and the overall health of different populations”. (Gail Johnson, professional advisor for education and research at the Royal College of Midwives)
3. Midwifery Led units appear to be safe for the baby and offer benefits for the mother
Recent Cochrane Systematic Review of Midwife-Led Care analyses quality of women's care in Safety, Effectiveness, Woman-centeredness and Efficiency (Appendix 1)
4. European Strategic Directions towards Health 2020 identify four priorities.
 - a. Midwifery Led Care for Low risk women was identified as one of the priorities
 - b. Midwifery Led services have been shown to be cost effective and /or cost saving.
5. Midwifery led care perfectly fits with the priorities of the National Health Strategy System 2014 (NHSS)
6. The high rate of unnecessary interventions during pregnancy and childbirth is posing a detrimental effect on the:
 - a. Mother,
 - b. Baby,
 - c. Family,
 - d. Organization and the
 - e. Nation. (Institute for Innovation and Improvement NHS). (See appendix 2)
7. Pregnancy and childbirth are being treated as an illness.
8. Absence of midwifery input during the antenatal period
Expectant parents need a framework for care which provides continuity from pre-pregnancy, through pregnancy and childbirth, to the early years of life. Despite the recommendations

from NICE Guidelines, the International Confederation of Midwives, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the WHO, Health Strategy 2020, EU directive, ... Malta is one of the few countries where continuity of care and midwifery care for low risk women is absent during the Antenatal period. It is vital to amend the system to be in line the scientific evidence as suggested by the above professional bodies.

RECOMMENDATION/S

- 1. Transforming the Culture of Maternity Care towards Physiology of Birth**
replacing the one size fits all approach to a system that put the individual needs of the mother and baby at the centre of maternity care A system that perfectly fits the four strategies of the National Health Strategy System 2014 NHSS (see Appendix 3) Care as specify by EU directive 36 / 2005, the NICE Guidelines, the International Confederation of Midwives, the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the WHO, Health Strategy 2020.
- 2. SET UP AN MIDWIFERY LED CARE SERVICE IN MALTA ALONGSIDE THE NEW MOTHER AND BABY TOWER / COMMUNITY CARE**
Service that will provide professional midwifery care for low risk pregnant women during the Antenatal, Intrapartum and Postnatal Period. Midwifery Led care that is provided in a Multidisciplinary network of consultations and referral with other care providers.

APPENDICES

APPENDIX 1

MIDWIFERY LED CARE FOR LOW RISK WOMEN WAS IDENTIFIED AS ONE OF THE PRIORITIES

“Midwifery – led unit promoted good practices in supporting normal birth which resulted in increased normal birth rates, later admissions and earlier discharges from hospital. It also increased use of non-pharmaceutical pain relief while contribute to reducing anxiety surrounding giving birth. Midwifery – led service for women with low risk did not cause increased risk to the newborn but rather led to a healthier start in life and higher rates of breastfeeding. By encouraging partners to also stay at the birth centre, midwives were able to support the family which enabled them to better adjust to the new life situation”.

Women who received models of midwife-led care were

- ✓ Significantly more likely to have a spontaneous vaginal birth
- ✓ 8 times more likely to be attended by a known midwife,
- ✓ 21% less likely to experience fetal loss before 24 weeks'
- ✓ 19% less likely to have regional analgesia,
- ✓ 14% less likely to have instrumental birth,
- ✓ 18% less likely to have an episiotomy,
- ✓ Less likely to have amniotomy

Initiate breastfeeding and feel in control.

APPENDIX 2

a. HEALTH AND WELL-BEING THROUGHOUT LIFE

Strategic Direction 1 **The Right Care at the Right Place and at the Right Time**

“Care required is delivered in the setting which is most suitable to the needs and is conducive to sustaining and improving the health and wellbeing”

b. ENSURING EQUITY WITHIN A DYNAMIC HEALTH SYSTEM

Strategic Direction 2 “Making best use of available resources and ensure sustained progress”

c. A JOINT EFFORT TO ENSURE CONTINUITY OF CARE.

‘Improve quality of care, ensuring consistency of care delivered by competent health workers supported by robust information system’

Strategic Direction 3 “Establish standards within a mother/baby centred approach”

“Safe, high Quality, and efficient service”

d. WORKING TOWARDS A SUSTAINABLE HEALTH SYSTEM.

Ensure the sustainability of the Maltese Health Systems.

Strategic Direction 4 ‘Integrated planning as an essential part of a sustainable health system’

‘Improving leadership and participatory governance for health’

APPENDIX 3

BENEFITS OF PROMOTING NORMALITY AND REDUCING CAESAREAN SECTION RATES TO A SAFE MINIMUM

(Adapted from the NHS Institute for Innovation and Improvement, 2006).

Benefits to women:

- there will be no unnecessary interventions
- birth will be viewed as a positive experience
- support from the staff will be provided to optimise the potential for normal birth
- women in labour will receive one-to-one professional support
- women feel empowered in making decisions with support from the staff
- mortality and morbidity rates will improve
- women will be able to return home more quickly to be with their families

Benefits to staff:

- less time will be spent on non-clinical tasks
- creating a sense of pride within units reducing demoralisation
- working in a well functioning team will have positive effects on staff retention
- all professional groups will derive a high level of satisfaction from providing high quality care and enabling women to achieve the outcomes that they want

Benefits to the organisation:

- Professional expertise will be used efficiently and effectively by those who really need them.
- a lower Caesarean section rate will mean fewer bed days, resulting in financial savings which can be used for other projects
- recruitment and retention will be better in a well functioning team in which staff have high levels of job satisfaction

Benefits to the taxpayer:

- public money will be spent appropriately, where it is needed
- saving costs on Caesarean sections means that money can be redirected into improvements for women’s and children’s services
- achieving optimal value for money in maternity services means that funds can be redirected towards other services, such as oncology and elderly care
- improvement in the long-term health of mothers and babies will reduce the burden of chronic care on the health economy

APPENDIX 4

EUROPEAN STRATEGIC DIRECTIONS FOR NURSING AND MIDWIFERY

The purpose of the European Strategic Direction is to guide Member states in enhancing the contribution of nurses and midwives to achieving the *Health 2020* goals. European Strategic Direction aims to support Member states in strengthening and sustaining nursing and

midwifery workforces in order for the professions to actively contribute to improving health outcomes.

Health 2020 priority area one: investing in health through a life course approach and empowering people

- ✓ Nurses and midwives are key players in empowering individuals and families and in promoting health literacy and changes in health behaviour throughout the life course. Moreover, their services have been shown to be cost effective and/or cost saving. Case studies have demonstrated a remarkable impact on promoting normal births, supporting a healthy start in life, child development, and the health and well-being of families.
- ✓ By enhancing health literacy it is possible to enable people to make informed choices, and create supportive environments for health decision-making.

Health 2020 priority area two: tackling the European Region's major health challenges – non communicable and communicable diseases

Health 2020 priority area three: strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response

- ✓ Nurses and midwives play important roles in strengthening health systems which adopt the principles of person-centred care. Examples of good practice include promoting women's, choice in childbirth, supporting parents to give their children the best start, supporting shared decision making, promoting self-care management, and the transfer of traditional hospital-based care to community based settings and patients' homes in accordance with health reforms.
- ✓ Expanded roles of nurses and midwives are an efficient and feasible way to extend certain activities and care of several patient groups and improve access to care and promote universal coverage.

Health 2020 priority area four: creating resilient communities and supportive environments

- ✓ Community based nursing and midwifery services focus on involving people from the communities and generating ownership of health issues. The aim is to promote healthy living among young people and families... These practice developments are implemented through integrated service models. The aim is to inspire and encourage the development and dissemination of good nursing and midwifery practices and to make the best use of nurses and midwives as a vital resource for better health and well-being

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5. A Holistic Approach to Migration

Organization submitting the resolution

National Council of Women

Justification

Eurostat survey findings reveal that 83% of the Maltese population consider migration as the highest concern and an issue which the EU will not effectively address.

Malta, a relatively small island has received 19,00 asylum seekers since 2002; however only 1/3 of these have remained in Malta. There is therefore the need to understand better Malta's situation even though for the last months there has been decrease in the number of irregular migrants arriving in Malta.

The situation is developing with migration flows from East and West Africa, with asylum seekers going through a very complex migration - that is going through one country (in transit) and moving on in difficult conditions to reach a European host country.

The recent Balkan Route and Migration to Turkey which is very complex especially as a result of the new phenomenon of migrating units as families is causing hardship and needs to be dealt with in a holistic manner

The development of migrant smuggling and the risk of the presence of terrorists amongst the asylum seekers is causing alarm and fear amongst the population in the various EU Member States

Recommendations

According to EU law on Fundamental Human Rights and the Council of Europe Convention as well as the International Humanitarian Convention, all asylum seekers are entitled to protection and have equal rights with the people of host countries including housing, education, health services and employment.

Immediate action needs to be taken with regards to the Schengen regulations in view of the disproportionate number of asylum seekers and economic migrants attempting to enter EU countries without visas

There is the need for a holistic approach to Migration at EU level, especially in the Mediterranean, the need to reform the Dublin 111 regulation to provide the necessary measures for a permanent relocation and strong measures to combat human trafficking and smuggling - a modern day slavery

The current situation calls for strengthening the mandate of the Frontex agency and the strengthening of a maritime rescue operation in the Mediterranean;
The need to revise the Dublin Convention so as to authorise asylum seekers to submit their request in any Member State

Urgent need to develop pro-active policies which facilitate legal migration;

Evaluating if the Blue Card directive fits the purpose to make Europe a more attractive place to work for skilled workers

addressing barriers such as reducing the time it is taking for the documents of irregular migrants to be processed and reducing time in detention centres

Bureaucracy and barriers to get their recognition of qualifications recognized, resulting in a lengthy process together with difficulties in finding jobs and progressing in their career as well as studying to reach to the level of University qualifications need to be seriously addressed

EU member states need to define measures supporting professional training, agreements with countries of origin, and matching labour supply and demand for the economic development of countries of origin

From a sociological perspective there is the need to address the different perceptions through the language used when speaking about irregular/illegal migration, the media coverage that is very often sensational in reporting on issues of burden sharing and the 'limited structures' in Malta to assist migrants in settling down. More discussion on xenophobia and racism are necessary to change mentalities

The integration of migrants does not mean only integration in the labour market. A number of aspects linked with integration include: education, housing, family reunification, social integration as well as the importance of participation in the life of the community, and proper monitoring mechanisms to evaluate existing policies and planning new policies.

Employers are having difficulties in recruiting employees with the necessary qualifications as well as highly specialized employees, as many posts are not being accepted by the Maltese or they lack the necessary qualifications in specific areas that require high degree levels. Reference was made to the Social Economy which SMEs can make use of and which will be beneficial to vulnerable groups including third country nationals



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5a. Migration and the situation of women asylum seekers

Committee/Organisation submitting the resolution
National Council of Women

Justification

The events of the Arab Spring gave rise to conflict and developments across the Euromed Region resulting in the emergence of a significant conflict environment mainly due to terrorism and migration and which therefore needs to be addressed in a more comprehensive manner.

The central role of women in these events and in the democratisation during the transitional periods, in the drafting of national constitutions and reform of current laws must be safeguarded and sustained through good governance, to prevent setbacks in gender equality

The development, growth and competitiveness in the Southern and Eastern Mediterranean region depend on making full use of the human capital of men and women at all levels and in all sectors of economic activity.

This requires member states to commit themselves, in accordance with their international obligations¹, to the principle of gender equality in all spheres, the elimination of barriers to the participation of women in economic, social, cultural and political life and the implementation of mechanisms of good governance.

The varying circumstances in different countries in the Mediterranean region, particularly the conflict and instability affecting many southern and Eastern Mediterranean countries require that the European Commission (EC) and governments of the countries of the Euro-Mediterranean region to develop shared solutions to these challenges

Recommendations

(To)The European Commission needs to support collective action involving all stakeholders, including governments, social partners and civil society, by creating networks and the necessary mechanisms to address women's rights in the region as part of the reform of the ***European Neighbourhood Policy (ENP)***:

- to ensure that specific measures and targets to address gender equality are included in National Action Plans;
- to guarantee immigrant women individual rights at every stage in the migration process, not just rights deriving from family membership (as currently provided for under the legislation on family reunification in most Member States);

¹ Arab Region Shadow Report, Beijing +20 Platform of Action, The General Arab Women Federation

- to revise and assess what proportion of EU Blue Card holders and those benefitting from the Directive on seasonal workers are women;
- to speed up the process of evaluating migrants' qualifications;
- to address the following issues: upskilling, deskilling, multilingual counselling services, providing information on rights and advice on access to vocational training, access to good quality jobs and the provision of childcare facilities specifically for women.

(To) All countries in the Mediterranean region to fulfill their obligations to sign, ratify and implement international conventions on women's rights effectively, including:

- the ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979);
- the ratification of the additional Palermo Protocol on trafficking as a form of violence;
- the Rome Statute of the International Criminal Court (ICC) on acts of violence, including, war crimes considered as weapons of warfare and acts of torture;
- the Council of Europe Istanbul Convention on Domestic Violence;
- the ILO Conventions on decent work, migrant domestic workers;
- full implementation of the recommendations of the Final Declaration of the UfM Ministerial Conference on Women held in Paris on 12 September 2013;

(To) Social partners and civil society must ensure that collective action by trade unions, employers' representatives, grassroots organisations to actively collaborate to find sustainable solutions to the challenges that are creating obstacles to women to entering/remaining in the labour, including in areas such as:

- labour laws that guarantee decent salaries in line with ILO Conventions;
- elimination of sexual harassment in the workplace in line with ILO Convention;
- the protection of female workers working in occupied territories and armed conflict zones
- social security measures and protection: maternity, paternity and parental leave;

Violence against women and trafficking: In cases of migration, asylum, trafficking and anti-discrimination issues, there is the need to address incidents of violence against domestic workers by persons living in the same household.

All countries should take immediate action to prohibit **honour crimes** and on both shores of the Mediterranean, to eradicate female gender mutilation, (FGM) by introducing effective sanctions for perpetrators, while national authorities urgently need to reinforce the implementation of the law along with effective campaigns to change societal attitudes.

There is also urgent need for measures to repeal articles in the law that exempt rapists or kidnappers from penalties if they marry their victims and to abolish judicial discretion, which gives a judge the right to object to an article in the penal code concerning penalties for rape and other forms of sexual abuse, including honour killing.

Tools for tackling **sexual abuse by family members** should be adopted and implemented, including witness protection programmes and help for women victims in police stations, hospitals and courts.

Women in armed conflict: Women often have fewer resources than men to protect themselves and, with children, they frequently make up the majority of the displaced and

refugee population. Territorial occupation, armed conflicts and terrorism are resulting in acute poverty in several countries

Women in conflict stricken areas in the Arab region, including Syria and Iraq, are left without much needed services or reparations, while perpetrators are able to avoid accountability and punishment. The international communities need to immediately act on the prevailing culture² of violations against detained women, such as violations committed by the Syrian regime against women in the framework of a deliberate military strategy targeting an entire community. Such acts are in full violation of the Rome Statute of the International Criminal Court on acts of violence, including war crimes and torture.

NCW calls for the immediate action with the collaboration of local authorities responsible for *refugee camps* to ensure the protection of women and children from violence, hardship and poverty and more recently cold weather as well as to prevent practices of violence such as refugees opting to marry off their daughters at a young age as a form of protection or as a result severe economic need.

The Girl Child

Enforcing laws regarding legal age of marriage

Outlawing political exploitation of girls during demonstrations and sit-ins and prohibit obliging them to participate in wars

Women and health: There are several issues relating to the health of women and girls in the region including access to good quality care, effectively reducing maternal death, addressing sexual and reproductive health and HIV and adequately responding to the required policies to close the gender gap in health.

Measures should be taken to address adolescent health, and in particular HIV, especially in areas where a culture of early marriage exists. School health clinics, which offer services such as counselling, information on sexual health and referrals to specialised counselling or treatment are already doing excellent work in countries such as Morocco and Egypt.

G. Attard

NCW Vice-President

4. Euromediterranean Human Rights Network, www.euromedrights.org, Detention of Women in Syria: a weapon of war and terror



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6. Addressing the rights of women with disability

Name of Individual/Committee submitting resolution

NCW Social Issues and Health Committee

Justification/s (reason/s and current situation/s to be addressed)

a. Women with disability are very often subject to patriarchal oppression and targets of sexual discrimination. In addition, most women with disability feel that their issues are not receiving the political debate they merit.

b. Women with disability experience simultaneous oppression, that is, amongst others, oppression because of disability and oppression because of sexism. This kind of oppression is experienced both in public and private spheres. Examples of this kind of oppression are in the areas relating to body-image and sexuality, domestic violence and rape, childbearing and motherhood, and employment.

c. The United Nations Convention on the Rights of Persons with Disabilities recognises that women with disabilities are often at a greater risk of being victims of discrimination and has addressed this concern through Article 6:

“1. States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.”

Malta has ratified the UNCPRD in October 2012 with the UNCPRD coming into effect in November 2012.

Recommendation/s

a. The need for all existing laws, policies and practices to be compliant with Article 6 of the UNCPRD, that is, gender and disability mainstreaming in all legislations, policies and strategies.

b. The drafting and implementation of policies as well as the provision of services should take into account the different needs of men and women with disabilities.

d. Particular reference to women with disability in the Equal Opportunities Act 2000.

- e. Awareness-raising amongst the general public in relation to the particular issues encountered by women with disability.
- f. The National Sexual Health Policy for the Maltese Islands should also target the specific sexual health needs of disabled men and women with different impairments.
- g. Accessible shelters for disabled women who are victims of domestic violence. Training provided to the police force and other professionals is to include a reference to the particular issues encountered by disabled women who are victims of domestic violence.



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7. Addressing gender inequality at Executive and Board levels

Organisation submitting the resolution

Nexia BT Advisory Services

Justification

1. Gender equality is a situation which would allow for the equal representation of females and males in leadership positions both in terms of political leadership and private sector corporate boards.
2. Diversity on boards and in politics leads to increased productivity, competitiveness and ethical performance, as women leaders bring a complementary skillset and alternate ways of working into the boardroom.
3. Considering that the global female customer market continues to grow, it is of critical importance for businesses to have enough women in senior roles to inform key strategic decisions to exploit the market.
4. Considering that the majority of graduates are female whose progression towards executive and board levels is nonetheless in the minority, a huge amount of knowledge and experience is not being tapped to its fullest potential.
5. Led by the fact that a hundred men can never represent the views, needs and aspirations of one woman, but one woman can do a better task at representing a hundred women.
6. Considering that in Malta:
 - a. 7% of our Cabinet of Minister are female;
 - b. 24% of civil service heads of department/directors are female;
 - c. 20% of board members on state-owned enterprises are female;
 - d. 5% of board members in the private sector are female; and
 - e. 11% of executive leadership positions in the private sector are female.

Recommendations

1. Raise awareness of the gender inequality within all fora, especially the private sector and male-dominated work places.
2. Address and raise awareness on a number of issues which surround this problem, such as gender stereotyping through the media; educating girls on the importance of entrepreneurship; and financing problems faced by women entrepreneurs.
3. Monitoring bodies should be developed from both the public and private sector such that data is captured which will enable for further policies to be developed and implemented.
4. Develop 'female friendly' and 'enabling' organisation cultures to support women into executive leadership positions.
5. Develop targets and incentives, together with the industry, on the inclusion of women at board levels and executive positions.
6. Engage male champions of gender equality, to create momentum for change and take a lead on breaking traditional patterns and integrating gender equality across business.



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8. Diverting Food and Organic Waste from Landfills to combat Global Climate

Committee/organisation submitting the resolution

NCW Environment Committee

Justifications

- Most people don't realize how much food they throw away every day — from uneaten leftovers to spoiled produce. Once in landfills, food breaks down to produce **methane**, a potent greenhouse gas which contributes to climate change.
- Local Scenario
 - 22% of food purchased is thrown away* – NSO 2013
 - 50% of the mixed-waste bag from Maltese households is food – NSO 2013
 - 246,100 Tonnes of Municipal Waste in 2012 – NSO 2014
 - 175, 003 Tonnes to Landfill – NSO 2014
- Diverting food waste from landfills not only conserves limited landfill space, but also helps to reduce greenhouse gas emissions. In landfills, organic materials, like food scraps and yard trimmings, are broken down by bacteria to produce methane. Methane, a potent greenhouse gas, is shown to have a warming potential of 21 times that of carbon dioxide. As we try to combat global climate change, we need to reduce methane emissions to the atmosphere.
- By putting food waste into a landfill, we are wasting a valuable resource. When properly processed, food scraps can generate renewable energy, enhance the soil as a fertilizer, and feed animals. Composting food waste produces a natural fertilizer, which can create healthier soil and reduce the need for synthetic fertilizers. Through anaerobic digestion, bacteria can digest the food waste to produce methane, a valuable energy source when captured.

Recommendations:

- Better labeling system and **education of the 'Use by' 'Best before' and Expiry date'** will avoid perfectly good food from being thrown away. One fifth of food thrown away in the UK was due to confusing labels
- **Creating Awareness Campaigns** will reveal the quantity of food that is being wasted and offering simple solutions will help in cutting down on food waste
- Introducing projects encouraging **home composting** will divert waste from landfills. Using the proximity principle, organic waste can be turned into good compost.

- The ***participation of children*** in these projects will help them to become familiar with the food chain especially if they are encouraged to use the compost for growing food.
- ***Organising Roadshows*** in different localities where compost bins can be sold at subsidized rates (easily done through funds saved from landfill or gate fees for the disposal of the material) . These roadshows will have the assistance of composting experts, who will answer questions from those interested. These roadshows have brought composting possibilities within the reach of many who had thought that it was impossible to achieve good results.
- Introduce ***community composting***: The government can allocate a parcel of land to the local Council where those interested can compost their waste.
- Create ***a website/facebook page*** for composting enthusiast where compost ‘recipes ’ can be discussed and experts will advise on methodologies , etc
- Education on ***waste avoidance*** in a manner that is well understood by all.



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9. Domestic Violence Situations

Name of Organisation submitting resolution

NCW Social Issues and Health Committee

Domestic Violence - Removing a tool for ongoing power and control whilst safeguarding victims and children financially.

The situation: Victims, who are most often women, are likely to have already suffered financial abuse and often leave their violent relationships in a state of personal financial ruin. When there are children, the situation is made worse when the non-custodial parent, who is responsible for making monthly child support payments, fails to do so. This comes at additional costs and suffering to the custodial parent and children. The withholding of child support payment can be used by the non-custodial and abusive partner as a tool for blackmail and further control and violence. Children are often embroiled in the requests and the passing around of money between parents.

The recommendation: That the non-custodial parent make payments (as per court decree) directly to a state agency or department. The state agency or department will issue payments of said amount to the custodial parent (irrelative of whether or not payments by other parent have been made or defaulted). The state agency or department is then responsible for recovering defaulted payments from the non-custodial parent.

This measure

1. Ensures an uninterrupted flow of child support, preventing the currently experienced hardship felt by custodial parents and their children, when payments are not made.
2. Eliminates the possibility of withholding child support as a tool for control by the noncustodial parent.
3. Alleviates the legal burden from the less financially powerful custodial parent, of suing for defaulted payments.
4. Removes the direct financial link between estranged parents, freeing children up from the role of 'messenger'. –



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Reaffirmation of Policy

- 1. The Immediate Regularisation of Gentlemen's Clubs in Malta -
Malta Girl Guides Association**
- 2. Setting up of a pre-conception clinic - MUMN**
- 3. Working Mothers and Breastfeeding - MUMN**
- 4. Providing and Coordinating the Perinatal Mental Health Services - MUMN**
- 5. Creating Sustainable Pensions for Men and Women – NCW**
- 6. Gender-Specific Medicine: a Major Challenge of the Future – NCW**



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1. Regularisation of Gentlemen's Clubs in Malta -

The Immediate Malta Girl

Guides Association

Whereas

a. The MGG does not support the operation and licensing of Gentlemen's Club on the grounds of public morality, gender inequality, and a disrespectful approach to sexuality and sexual relationships, the possibility of sexual exploitation and/or links to human trafficking networks. MGG is aware even through media reports that, in the past decade or so, Gentlemen's Clubs have proliferated especially in the St. Julians/Paceville, Sliema and Bugibba areas and therefore their operation must be regulated by national law.

b. At present, there is no specific classification and regulation of such clubs in relation to their licensing as these are regulated by the Malta Tourism Authority on the basis of Legal Notice 409.15 entitled 'Catering Establishments Regulations' in the same way as all other catering establishments in Malta.

c. This lacuna in the law has led to the recent increase of controversial court cases, with both bar owners and employees (namely 'entertainers', as their working permits denote) being charged with a multitude of charges, ranging from charges such as running brothels, indecency, living off the earnings of prostitution, offending public morals, precarious conditions of work, and in certain cases charges of human trafficking for the purposes of sexual exploitation amongst others.

d. Whilst acknowledging that these kind of clubs may be popular in various EU Member States, some States have rightly adopted an abolitionist approach, criminalising activities related not only to prostitution, but also activities related to this fragment of the entertainment industry such as lap dancing, strip clubs etc. Conversely, Malta, may be said to be adopting a "regulationist approach", namely that every woman has a full right to control what she wants to do with her own body. Thus, lap dancers consensually engaged in such forms of work in clubs are simply performing another form of work (unless they are forced to carry out this work). Consequently, the law to be introduced should create a legal framework which should seek to improve the working conditions of these 'entertainers', regulate the operation of Gentlemen's Clubs, and also address, legally and judicially, circumstances whereby this fragment of the ever expanding entertainment business is linked to networks of human trafficking for sexual exploitation.

e. While commending the Attorney General's recommendations on the matter in question, a public consultation with all stakeholders and concerned organisations, especially organisations advocating the advancement of women's rights and gender equality is hereby proposed.

f. Gentlemen's Clubs are generating substantial profits due to their demand and they are therefore striving to secure the market. In light of this, the MGG augurs that Malta will not be tainted with a reputation as a 'sex tourism destination', a country which is legalising sexual slavery and/or diminishing the human being to the level of merchandise at the hands of clients.

IT THEREFORE RESOLVES to:

1. Introduce a working definition and regularisation of Gentleman's Clubs under Maltese law

At present Maltese legislation places Gentlemen's Clubs within an umbrella term, namely that of 'discotheques', without taking into account the very intrinsic nature of such bars and ensuing ramifications. Thus, the Government must take immediate action to address this legislative lacuna in S.L 409.15 by introducing a draft bill in Parliament to define and regularise Gentlemen's Clubs and the diverse activities/transactions that take place behind their doors;

2. The issuance of guidelines indicating what is permissible and what is prohibited within the confines of Gentlemen's Clubs

Taking into account recent local jurisprudence on the subject at hand, highlighting the lack of a denotation defining morality and indecency, it is being recommended that the concerned authorities should issue guidelines specifically indicating what is permissible and what is prohibited within the confines of such clubs, since whilst the local legislation is clear on two points of law, namely that (i) brothels and (ii) indecency violate the law, the law fails to provide a definition denoting what constitutes and amounts to indecency. Furthermore, in light of the Maltese Courts' recent judgments adopting a somewhat more liberal approach to the matter, the issuance of guidelines will create a greater degree of certainty for all;

3. Ensure decent working conditions for all service providers in Gentlemen's Clubs

In light of reports affirming a strong tendency that the norm is that the providers of such entertainment services in these clubs are deemed to be 'self-employed', owners tend to escape prosecution by judicial authorities on the basis that the 'entertainers' are not directly employed by them. The law should seek to ensure that service providers in these Gentlemen's Clubs are:

1. Of age since otherwise they do not have the capacity to "consent" and
2. Are given all the necessary information especially but not exhaustively limited to local legal terms and conditions of work, tax obligations, as well as the conditions that need to be satisfied wherein they decide to terminate their employment/resign - labour, social and migrant rights are also to be communicated.

Moreover, the introduced law must also address the recruitment of 'entertainers' operating in Gentlemen's Clubs occurring over the internet, via social media networks or with the help of intermediaries. The MGG is aware that these 'entertainers' are socially stigmatised, even if they stop practising in Gentlemen's Clubs. MGG holds that ONLY when such work is undertaken voluntarily and without any coercion from bar owners or third parties, and once legal measures are undertaken to better regulate such a profession, such employees should in accordance with Maltese law be entitled to the same rights and obligations granted to other employees, including unemployment benefits, social services, psychological and social assistance, based on their individual needs, in order to be reintegrated into society or repatriated.

4. Take all the necessary measures to prevent and suppress risks of human trafficking and organised crime within the context of Gentlemen's Clubs in accordance with Malta's existing local legislation and international obligations

Human trafficking for sexual and/or labour exploitation within the context of Gentlemen's Clubs is not unheard of.

Despite Malta's international (Convention on Transnational Organized Crime and the supplementary Protocol to the Convention to Prevent, Suppress and Punish trafficking in persons, especially women and children back in 2003) and regional obligations (Council of Europe Convention on Action against Trafficking in Human Beings which entered into force on the 1st of May 2008 and the EU Directive on Preventing and Combating Trafficking, parts of which were implemented in the 2013 amendments to the local Criminal Code) in the fight against the trafficking of humans for sexual/labour exploitation, a 2012 US Embassy Report on Malta on Human Trafficking , affirmed that the Government of Malta was not fully compliant with the minimum standards for the elimination of human trafficking despite its ratification of various international and regional instruments seeking to prevent and suppress this gender specific phenomenon.

Although in the years following the issuance of this report, the Government of Malta has evidenced its commitment to the fight against human trafficking, in particular by adopting the 2013 amendments to the Criminal Code, Chapter 9 of the Laws of Malta, whereby sections 248A et seq of the Code were amended to transpose EU directive 2011/36 on the preventing and combating trafficking in human beings and protecting its victims and its creation of the first ever national anti-trafficking action plan and the allocation of funds to implement the plan, the MGG stresses the need for further action. The vast majority of the presumed victims trafficked for sexual exploitation are women and under-age females, who hail from vulnerable groups, eastern European countries or countries outside the EU, characterised by ethnic and other socio-economic inequalities, lack of employment opportunities and/or lack of access to education, corruption and armed conflicts. The Government shall issue a checklist at visa application stage to identify potential risks of human trafficking and also to inspect the quality, security and integrity of the submitted travel documents.

In light of the recommendations put forward in the 2013 GRETA Report , the MGG affirms the need for better consultation of the concerned national authorities with civil society, so as to ensure that NGOs voice their opinions about the national anti-trafficking policies. The MGG also asserts the importance of strengthening Malta's international judicial cooperation, particularly with other Member States, and with the countries of origin of victims of trafficking, in order to prevent, detect, investigate and combat human trafficking networks in Europe more effectively and therefore to identify, protect and assist victims of human trafficking; also providing them with information in their mother language about the risks of human trafficking for sexual and labour exploitation about their right to compensation and to be granted a temporary residence permit and ways to access it, ensuring that they have effective access to legal aid and providing for the possibility of not imposing penalties on victims of trafficking for their involvement in unlawful activities to the extent that they were compelled to do so..

5. Enact and effectively implement monitoring and enforcement procedures

Proper enforcement of age restrictions on the patrons of Gentlemen's Clubs is imperative and the monitoring and consequent enforcement of all forms of restrictions introduced by the law should be incumbent on the local Police Force on a regular basis. The Government should address the lack of effective victim/witness protection, reporting and legal services, whereby cases involving any kind of abuse can be reported by the victims themselves. The MGG reiterates the inherent gender dimension of this gender specific crime being reflected in all elements of Malta's anti-trafficking policy and hence the importance of appropriate training for police services and judicial system personnel, the recruitment of more women within the police force and the investment in human and financial resources within Aġenzija Appoġġ, in the various aspects of sexual exploitation, including gender and immigration aspects. It is of essence that the knowledge and sensitivity of judges, prosecutors, police investigators and

lawyers regarding human trafficking and the rights of victims of trafficking should be improved.

The MGG recommends that concerned Maltese authorities should conduct and support research on human trafficking related issues as an important source of information for future policy measures and thus, through the statistical evidence collected from monitoring and enforcement procedures, the Government would be in a better position to assess the impact of and evaluate whether the introduction of this proposed legislation would result in being the best way forward in the regulation of Gentlemen's Clubs in Malta. Research should aid Authorities in shedding more light as to how and what seemingly legal facades perpetrators are bypassing for the execution of human trafficking for sexual and/or labour exploitation both to and within Malta.



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2. Setting up of a pre-conception clinic - MUMN

Justification/s

- a. Research based evidence provides recommendations to improve both preconception health and care. The goal of these recommendations is to improve the health of women, partners, and families, before conception of a first or subsequent pregnancy.
- b. Since the early 1990s, research has recommended preconception care, and reviews of previous studies have assessed the evidence for interventions and documented the evidence for specific interventions. Improving preconception health can result in improved reproductive health outcomes, with potential for reducing societal costs as well. Preconception care aims to promote the health of women of reproductive age before conception and thereby improve pregnancy-related outcomes. Therefore, the aims of setting up a pre-conception clinic are to improve a woman's health before conception, whether before a first or a subsequent pregnancy.
- c. The provision of preconception care has been identified by research based evidence that it improves pregnancy outcomes, including low birth weight, premature birth, infant mortality and morbidity, maternal mortality and morbidity, and relationships.
- d. This is because of the consistent delivery and implementation of interventions before pregnancy to early detect, treat, and help women/partners modify behaviours, health conditions, and risk factors that contribute to adverse maternal and infant outcomes.

Recommendation/s

- a. The setting up of a pre-conception clinic is aimed at achieving eight goals to:
 - 1) improve the knowledge and attitudes and behaviours of men and women related to preconception health;
 - 2) assure that all women of childbearing age in the Maltese Islands receive preconception care services (i.e., evidence-based risk screening, health promotion, and interventions) that will enable them to enter pregnancy in optimal health;
 - 3) reduce risks indicated by a previous adverse pregnancy outcome through interventions during the inter conception period, which can prevent or minimize health problems for a mother and her children or future children; and
 - 4) reduce the disparities in adverse pregnancy outcomes;
 - 5) identifying those at increased risk of developing perinatal mental health conditions;
 - 6) advice those with an existing mental health disorder that stopping medication abruptly can precipitate or worsen an episode;
 - 7) advice those with an existing mental health disorder that there may be an increased risk of developing an episode of existing mental disorder;
 - 8) advice on the risks and benefits of psychotropic medication during pregnancy and breastfeeding.

The recommendations for the initiation of this clinic will focus on the changes in

consumer knowledge, clinical practice, public health programs, health-care financing, and data and research activities. Based on implementation of the recommendations, improvements in access to care, continuity of care, risk screening, early detection and appropriate delivery of interventions, and changes in health behaviours of women of childbearing age are expected to occur.

b. The recommendations to set up this clinic will enhance

- 1) individual responsibility across the lifespan,
- 2) consumer awareness,
- 3) preventive visits
- 4) interventions for identified risks and referral system,
- 5) inter-conception care,
- 6) pre-pregnancy check-up,
- 7) physical and mental health promotion and disease prevention especially for women with high risks,
- 8) public health programs, policies recommendations and strategies,
- 9) research, and
- 10) monitoring improvements.

c. The setting up of this clinic will help achieve improved pregnancy outcomes in which 1) women of childbearing age and their partners have high reproductive awareness (i.e., understand risk factors related to childbearing); 2) women and partners have a reproductive life plan (e.g., whether or when they want to have children and how they will maintain their reproductive health); 3) pregnancies are intended and planned; 4) women of childbearing age are screened before pregnancy for risks related to the outcomes of pregnancy; and 5) women with a previous adverse pregnancy outcome (e.g., infant death, very low birth weight or preterm birth, mental health illnesses) have access to interconception care aimed at reducing their risks.

Improving preconception health will require changes in the knowledge and attitudes and behaviours of persons, families, communities, and institutions (e.g., government and health-care settings). The purpose of preconception care is to improve the health of each woman before any pregnancy and thereby affect the future health of the woman, her child, and her family.

d. The frame work on how this clinic should be set up should incorporate both an ecological model and a lifespan perspective on health and recognize the unique contributions and challenges encountered by women, their families, communities, and institutions. Improving the health of women can increase the quality of health for families and the community. By increasing support for provision of preconception care, policy makers have the opportunity to promote broad-based programs and services aimed at improving the health of women, children, and families.



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3. Working Mothers and Breastfeeding - MUMN

Justification/s

a. Breastfeeding yields important immediate and long-term health benefits for infants and their mothers, including positive impacts on children's cognitive development and their health as adults. Breastfeeding is associated with higher employee productivity, good mental health, and lower absenteeism for breastfeeding mothers and has additional benefits for society. The American Academy of Pediatrics recommends exclusive breastfeeding through 6 months postpartum and continued breastfeeding until the infant is aged at least 12 months. Among other organizations, the World Health Organization, the US Surgeon General's Office and the American Academy of Family Physicians recommend comparable or longer durations of breastfeeding.

b. In 2003, the World Health Organization and UNICEF recommended “enacting imaginative legislation protecting the breastfeeding rights of working women and establishing means for its enforcement” by all governments. Employment of mothers outside the home, especially full-time employment, has a negative influence on duration of breastfeeding. Workplace barriers contribute to low rates of breastfeeding. Research shows that supportive state laws correlate with higher rates, yet despite the laws and heavy media on this regard there might be only few organisations who have adopted any strategies to encourage breastfeeding or expression of breast milk in the workplace. Therefore, improving the ability of mothers to breastfeed or to express and store milk in the workplace would likely contribute to higher breastfeeding rates.

c. Evidence suggests employers may reap net economic benefits by enabling women to combine work with breastfeeding, as in addition to improving retention of experienced employees, breastfeeding leads to lower health care spending, decreased absenteeism, increased productivity, improved morale, mother-baby attachment/bonding, and positive company image.

Recommendation/s

a. Public health professionals should explore ways to improve legal support for all working mothers wishing to breastfeed. All stakeholders should identify the laws that are most effective and assist policymakers in translating them into policy.

b. Ensure that employment conditions (supportive work environments, privacy and adequate time to express breastmilk are important) are established in order to encourage women to initiate and continue breastfeeding during the first few months even when the woman returns to work. Thus women may be more likely to extend breastfeeding duration as recommended through at least the first year.

c. Attempt to encourage breastfeeding in the workplace sort into 3 types: employers' voluntary initiatives, support services offered by nonprofit and other private entities, and government encouragement and requirements.

d. The workplace poses serious impediments to continued breastfeeding by mothers who

return to work postpartum. The state should ensure the workplaces are supportive to breastfeeding working mothers, through legislation. Options to maximize the benefit of this legislation include informing eligible mothers and employers about it and advocating for resources needed to implement and enforce it. The issue of discrimination against mothers who wish to breastfeed in the workplace requires a different legal approach. The broad body of discrimination law indicates that breastfeeding antidiscrimination laws may offer the greatest deterrent to overt employer retaliation when intent to discriminate can be most easily proven in court. Such laws may have less impact on subtle forms of discrimination or systemic barriers if intent cannot be proven.



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4. Providing and Coordinating the Perinatal Mental Health Services - MUMN

Justification/s

- a. Perinatal mental illness can affect at least 10% of women (NSPCC Report), if untreated can have a devastating impact on them, their relationship, their baby/babies and their families.
- b. When mothers suffer from these illnesses it increases the likelihood that children will experience behaviour, social, psychological, or learning difficulties and fail to fulfil their potential.
- c. The needs of women and her family need to be central and care should be provided through a person-centred approach.

Recommendation/s

- a. Improving and Coordinating the Perinatal Mental Health Services by: taking immediate action to plug the gaps in services to ensure that women with perinatal mental health illnesses get the timely expert support they need. As a society we need a step-up change towards better prevention of perinatal mental health illnesses, and early intervention when they occur so that we can prevent the onset of illness in women who are known to be at risk, and act quickly and appropriately when illness does occur.
This is paramount in preventing serious and devastating effects on a) The mother; b) The children; c) Mother-infant interactions; d) and relationship.

- b. Midwives together with other health care professionals should have a more hands-on approach in improving perinatal mental health and their role should include:

1. Raising awareness
2. Tackling stigma
3. Strengthening emotional wellbeing
4. Building trust
5. Identifying risk and current wellbeing
6. Securing appropriate care
7. Supporting family members

- c. In order to improve and coordinate the perinatal mental health services it is necessary that:

- I. All those involved in the care of pregnant women should have additional training in the normal emotional changes associated with pregnancy and the postpartum period, the maternity context, psychological distress, perinatal disorders, and early parent-child relationship issues
- II. There should be specialist mental health midwives to tackle the needs of women with perinatal mental illnesses.
- III. Expectant parents and those with young children should be a priority for psychological Services
- IV. Every new mother who needs inpatient psychiatric care must be able to access a Mother

And Baby Unit at Mater Dei Hospital to avoid separation of mother and infant.

d. A proper, efficient, effective and sustainable perinatal mental health services is needed: all women with a child under one year who need psychiatric admission should be offered a place in a specialist mother and baby unit (NICE Guidelines). The implementation of such a service need to be done after a strategic mapping where this service is being provided need to be done. This is because there is enormous strain for a family where a new mother is being treated far from home. This is also important for the attachment between mother and baby to prevent long term life problems.

e. The organisation of care need to be from preconception, pregnancy till the postnatal period so that the disorder/illness will be detected efficiently, there will be an effective referral system, and care given through a provision of care in the most appropriate setting.



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5. Creating Sustainable Pensions for Men and Women - NCW

Justifications

- Addressing Pensions Reform requires a multifaceted approach with the engagement of a wide range of stakeholders to ensure the quality of life of the elderly and pensioners, both men and women
- People have to realise that having a dignified income when you grow older is not an automatic given that someone puts away for you, but is something you must strive to achieve and you must start to work on as soon as possible (*MSV Life CEO David G. Curmi NCW Conference on Pensions for Women 2014*)
- Women need to become more conscious of what would impact their income in old age and because of the nature of their role as wives and mothers, they had to become more positively selfish to ensure they don't have to rely on their children to live through old age. (*Senior Lecturer at the Faculty of Social Wellbeing and Director of the University of Malta Cottonera Resource Centre, Dr JosAnn Cutajar - NCW Conference Pensions for Women 2014*)
- To get a decent pension, you need a decent job in the first place. For this to happen, legislation needs to be in place to curb discrimination and secure accessibility and availability of good jobs for disabled people. (*Anca Gunta, EESC member of Group III, Vice President of the European Platform for Persons with Disability - Anca Gunta, EESC member of Group III, Vice President of the European Platform for Persons with Disability*)
- State Pensions are under pressure, individuals need to take personal financial responsibility to avoid anxiety in older life, and to live in dignity rather than just survive. Most people can't figure out how much money they would actually need to maintain their standard of living. (*MSV Life Chief Officer for Business Development Stuart Fairbairn*)

Recommendations

- NCW recognises that at all levels of Society, there is the need to be aware of the measures they need to take now to ensure that they can maintain at least their current quality of life as they get older, with dignity and peace of mind
- NCW recommends that the Research Study carried out by Senior Lecturer at the Faculty of Social Wellbeing and Director of the University of Malta Cottonera Resource Centre Dr JosAnn Cutajar should serve as a basis to address pensions Reform from a gender perspective
- There is the need to reach agreement on the design and implementation by government, social partners and relevant stakeholders on strong **Active Labour Market Policies** as an **effective key policy instrument** to address the Pension System's structural issues and **should not be underestimated**
- Establishing a Guarantee Fund by Government that will serve as a top-up for men and women of pensionable age capped in line with the minimum wage to ensure a decent pension system, similar to the one set up in Sweden about 15 years ago. This will address the low income earners now on pension
- Social partners to reach an agreement on a Pensions Fund for men and women, to which both employers and employees will contribute to ensure a decent pension capped in line with the minimum wage
- Another alternative would be a savings scheme for employees who, unless they opt out, would automatically have a small part of their salary saved. This would be a low-cost solution which would not cost local employers anything and is simple to implement
- The Department of Social Security can take up the newly launched initiative by Insurance Companies, who are offering an online interactive tool to enable people to work out what

their State Pension will be in the future and how much they should start saving today in order to provide them with the same standard of living they currently have.

- The need to amend the Social Security Act with regards to persons who have a gap in work of five years due to following higher education, so that they will be allowed to fill those gaps according to the date of application (*currently under consideration*)
- NCW agrees that there is the need for **further reform** of the **Invalidity Pension System** by the Department of Social Security and also that a similar scheme be extended to the Disability Pension (while ensuring the necessary support: re-skilling, psychological etc)
- Legislation needs to be in place to curb discrimination and secure accessibility and availability of good jobs for disabled people, both men and women
- **Strengthening Community Care Support:** Study the possibility of a pension system to offset the economic impact related to ageing through the introduction of **contributions to persons who take care of elderly or long term sick persons**, especially those who opt out of the labour market to carry out these duties
- Increase in pensionable age for **entitlement to a non-contributory Old Age Pension needs careful study** before implementation to ensure there is no risk of poverty in the proposed changes.
- The introduction of **incrementally entitlement to full pension in the case of the surviving female spouse** who would have contributed to the said pension through her role as a **home carer** throughout her life
- NCW recommends that the **widow's pension should not be forfeited** if the said widow has dependent children over 21, is in employment and earns an income from a gainful activity that exceeds the yearly average minimum wage
- The need to **adopt appropriate legislation with regards to divorced or cohabiting partners** to safeguard their interests and protect their pension rights
- NCW believes that indepth expertise study should be carried out, together with proper training for public officers, in particular and financial literacy training for the **public prior to the introduction of the Mandatory Second Pension Scheme**
- NCW supports the view that given the state of the economy, in particular in the eurozone, the introduction of instruments for a **Voluntary Third Pension Scheme is to be set up prior to the introduction of the Mandatory Second Pension Scheme**. However, this instrument can be made use of only by individuals who can afford to do and not by low-income earners
- NCW believes that there should be provision of the necessary measures for **persons to be able to migrate into the Mandatory second pension scheme without having to pay an additional saving**



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Gender-Specific Medicine: a Major Challenge of the Future – NCW

Justifications:

- a. The EU Health Strategy "Together for Health" supports the overall Europe 2020 strategy, placing health as a precondition for economic prosperity and stating that Europe needs smart investments in health.
- b. Recent research carried out in Germany and Italy in laboratory medicine has revealed crucial differences between men and women with regard to cardiovascular illness, cancer, liver disease, osteoporosis, and in the area of pharmacology.
- c. Research in patient's responsiveness to chemotherapy, osteoporosis incidence, absorption time of certain medication and the duration of treatment must take into account the patient's gender.
- d. Research shows that gender also has an impact on the patient's responsiveness to chemotherapy administered to treat cancer, such as colon, lung, or skin cancer. In this way, gender impacts the course of the disease and the patient's chances for survival.
- e. While typically viewed as a female disease because of the much higher rate of female patients, osteoporosis also strikes men. Studies contend that osteoporosis is too often overlooked in male patients, even though there is a higher mortality rate among men suffering bone fractures.
- e. Variation between men and women in the pharmacology of aspirin and other substances, differences in action and side effects attributable to different body types, varying reaction times in the absorption and elimination of substances, and a fundamentally different hormonal status.
- f. Thus, to administer medication safely and effectively, the dosage and duration of treatment must take the patient's gender into account.

Recommendations:

The National Health strategy has and is treating chronic medical issues in terms of access to services, difference in longevity between the sexes and certain medical conditions being sex-linked from the gender aspect. The challenge for the future is developing gender-specific treatment especially where chronic diseases are concerned. In order to eliminate fundamental inequalities between men and women in the treatment of disease and eventual reduction in the costs to the national healthcare system

NCW recommends that:

- a. gender-specific treatment be considered relative to the biological differences between men and women

- b. gendered medicine be promoted at a national level and awareness raised about the issue through regular, ongoing training and research projects
- c. staff working within health related institutions and in the medical field to be provided with information on gender-specific medicine
- d. an interdisciplinary approach on a national level involving various medical fields to guarantee appropriate medical care for all be instated
- e. a national gender medicine monitoring committee be set up
- f. research into gendered medicine on a national level be promoted and supported
- g. state university introduces modules in gendered medicine as part of degree programmes in medicine and surgery, as well as specialization courses in specific fields of medicine
- h. the Ministry of Health undertakes to launch regular gender healthcare awareness campaigns designed to provide accurate information for the general public on matters concerning gendered medicine.
- i. The creation of a National Committee for Gendered Medicine with the responsibilities to collate, coordinate and share epidemiological and clinical data in order to achieve equal rights for all to healthcare as well as the development of measures to promote and support gendered medicine on a national level

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