



Associated Country Women of the World

The Foundry, 17 Oval Way, London SE11 5RR  
www.acww.org.uk | office@acww.org.uk | +44 (0)20 77993 3875  
Registered CIO No.1174798

ACWW is an NGO in Consultative Status with ECOSOC  
and in Official Partnership with UNESCO

## CONFERENCE INFORMATION No. 11 ANNEX 1

### Final Text of Resolutions & Recommendations for consideration at the 31st ACWW Triennial World Conference, as amended

RESOLUTION 1:	Updates to the ACWW Constitution (Omnibus Housekeeping Resolution) .....	3
RESOLUTION 2:	Updates to the ACWW Bye-Laws .....	10
RESOLUTION 3:	Updates to ACWW Rules of Procedure for the Triennial World Conference .....	11
RESOLUTION 4:	Updates to ACWW Rules of Debate for the Triennial World Conference.....	12
RESOLUTION 5:	Objects of ACWW (Clause 3 ACWW Constitution) .....	13
RESOLUTION 6:	Conflicts of Interest and Conflicts of Loyalty (Clause 8 ACWW Constitution) .....	14
RESOLUTION 7:	Payment for supply of goods and/or services (Clause 7.3 ACWW Constitution) .....	16
RESOLUTION 8:	Trustee Insurance (Clause 5.1.21 ACWW Constitution) .....	17
RESOLUTION 9:	Data Protection in Electronic Communications (Clause 25 ACWW Constitution).....	18
RESOLUTION 10:	Notification of Termination of Membership (Clause 10.7.3 ACWW Constitution) .....	19
RESOLUTION 11:	Renaming ACWW Areas (Clause 10.9.3 ACWW Constitution) .....	20
RESOLUTION 12:	ACWW Policy Manifesto .....	21
RESOLUTION 13:	Establishment of a Funding Program for Youth-led Organisations .....	23
RESOLUTION 14:	Childcare deserts .....	24
RESOLUTION 15:	Collection of data on flood-prone river systems .....	27
RESOLUTION 16:	Iodine deficiency disorders in rural women .....	29
RESOLUTION 17:	Equitable access to vaccines .....	36
RESOLUTION 18:	Funding of sexual and reproductive health and rights .....	39
RESOLUTION 19:	Sustainable funding models to address violence against women and girls .....	44
RESOLUTION 20:	Reducing digital harms via social media .....	46
RESOLUTION 21:	Disclosure requirements for commercial use of digital editing and AI productions.....	48
RECOMMENDATION 1:	Encouraging youth membership and engagement .....	50
RECOMMENDATION 2:	New and updated ACWW policies .....	51

## INTRODUCTION

On behalf of the ACWW Board of Trustees, the Ad Hoc Working Group on Resolutions and Recommendations has the great pleasure of presenting to Members the draft Final Amendments to the Resolutions and Recommendations that will be discussed at the Triennial World Conference (TWC31) to be held in Ottawa in 2026.

As part of the Board's process of ensuring Members understand the proposed Resolutions and Recommendations for TWC31, two webinars on the original text of these proposals which can be found [here](#) were conducted by the Ad Hoc Working Group on Resolutions and Recommendations; one on **16 August 2025 for Coordinators**, and a second one on **17 September 2025 for Members**. Following these webinars, Members were invited to submit amendments to the proposed Resolutions and Recommendations by **26 October 2025**. We are pleased to report that **no amendments were received by the deadline to Member proposed Resolutions**.

Subsequently, the Board of Trustees undertook a further review of the proposed Board Resolutions and Recommendations for TWC31 and identified a small number of texts that required amendment. We therefore now share with Members the **full text of the Final Amendments to the Board Resolutions and Recommendations** to be considered at TWC31. In addition, and to facilitate ease of reference, we will provide a **marked-up version of the original Constitution**, enabling Members to clearly identify the proposed amendments against the existing text.

Once again, we thank Members for their engagement and commitment in ensuring that ACWW continues to address important policy and governance matters at the forthcoming Triennial World Conference in Ottawa.

## AMENDMENTS ARE SHOWN IN PURPLE FOR THE SAKE OF CLARITY

**RESOLUTION 1: Updates to the ACWW Constitution  
(Omnibus Housekeeping Resolution)**

**MOVER: ACWW Board of Trustees**

**NOTE:**

This lengthy resolution is designed for fixing errors, updating language without changing meaning, and making amendments that do not substantially impact the rights or responsibilities of Members or Trustees. They are all merely “housekeeping” amendments and are intended to be proposed and voted on together as an “omnibus” package.

Proposals for substantive changes to the Constitution that impact rights or responsibilities of Members or Trustees are not contained in this resolution; They are contained in separate resolutions set out later in this document.

**RESOLUTION:**

The ACWW Board of Trustees moves that:

*“The following clauses of the ACWW Constitution be amended:*

- A. *5.1: remove “to” from the start of clauses 5.1.15 to 5.1.22 and move text from 5.1.21 (a) to 5.1.21.*
  
- B. *10.3: Reformat to transform paragraph into a series of sub-clauses, without changing any content other than adding a heading, so that the clause is as follows:  
“10.3 Representatives  
10.3.1 Each member which is a Society has the right to appoint one representative. The Society must confirm the name of its representative at ACWW’s request.  
10.3.2 At any time, by giving notice in writing to ACWW, that Society can cancel the appointment of its representative and appoint another instead.  
10.3.3 The representative has the right to attend, speak and vote only as their Category allows at Triennial World Conference, General Meetings and Area Conferences and any vote given shall be valid unless prior to the vote ACWW receives written notice ending a representative’s authority.*
  
- C. *10.4: Reformat to amend numbering and layout of sub-clauses, without changing any content, so that the clause is as follows:  
“10.4 Admission procedure  
10.4.1 Applications for Category 1, 2 or 3 membership and/or applications to change a membership category shall be considered and, if appropriate, approved by the Trustees.  
10.4.2 The Trustees may require applications for membership to be made in any reasonable way that they decide, including the Trustees having the right to ask for additional information as reasonably required, provided that:  
(a) a society applying for Category 1, 2 or 3 membership shall submit to the Central Office of ACWW a copy of its constitution as part of their application.  
(b) In the event that major changes are made to that constitution, the revised version shall be sent to the Central Office within three months of the changes being implemented.*

10.4.2 The Trustees shall, if they approve an application for membership, notify the applicant of their decision within 21 days.

(a) If approved, such membership or change in membership category shall be effective immediately and the Society shall immediately acquire the relevant voting rights provided that ACWW has received the appropriate fee and/or annual dues.

10.4.3 The Trustees may refuse an application for membership if they believe that it is in the best interests of ACWW for them to do so;

(a) The Trustees shall, if they decide to refuse an application for membership, give the applicant their reasons for doing so, within 21 days of the decision being taken and give the applicant the opportunity to appeal against the refusal, which must be received within 60 days of the reasons being given; and

(b) The Trustees shall give fair consideration to any such appeal and shall inform the applicant of their decision, but any decision to confirm refusal of the application for membership shall be final.

D. 10.6.2: Insert missing word “**to**” and reformat sentence to break into two sub-clauses, replacing the second and third “to” with “**may**” and “**shall**”, so that the clause is as follows:

10.6.2 Category 1, 2 and 3 Societies shall be encouraged **to** make a donation annually to the Rural Women in Action Fund;.

(a) ~~†~~The Triennial World Conference ~~to~~**may** recommend a minimum figure related to statements of membership at the time of the Triennial World Conference and each Member Society ~~to~~**shall** regard this as their minimum target.

E. 10.6.4: Remove.

F. 11.4.1 (b): Insert “**Board Leads, and Working Groups**” before “and Committees”, so that the clause is as follows:

“11.4 Business of Triennial World Conferences

11.4.1 The Triennial World Conference shall: [...]

(b) **receive a report of the work of the Board of Trustees to include Areas, Working Groups and Committees;”**

G. 11.4.1 (c): Insert Category 4 Societies, so that the clause is as follows:

“11.4 Business of Triennial World Conferences

11.4.1 The Triennial World Conference shall: [...]

(c) receive written reports of the work of Category 1, 2, ~~and 3~~ **and 4** Societies;”

H. 11.7.1 (f): Remove.

I. 11.9: Renumber to **11.7.2** and edit layout and numbering of sub-paragraphs and insert missing text, so that the clause is as follows:

“11.~~9~~**7.2** The following persons may attend World Conferences **as observers**, as space allows:

(a) representatives from Category 4 Societies; ~~and~~

(b) Category 5 Individuals;

(c) **additional members of Category 1, 2 and 3 Societies; and**

(~~b~~**d**) visitors invited at the discretion of the Trustees.”

J. 11.8: Insert title “**Voting at World Conferences**” and move the existing text of the clause to a new 11.8.1.

- K. 11.10.1: Renumber to **11.9** and insert the word “**be**” in the second sentence, so that the clause is as follows:  
 “11.10.1 A quorum for World Conferences shall be 50% plus 1 of Category I, 2 or 3 Societies who are present and entitled to vote. Where 50% plus 1 does not equate to a whole number the amount to constitute quorum must **be** rounded up to the next whole number.”
- L. 13.5.4: Replace “CIOs” with “**Charitable Incorporated Organisations (CIOs)**”.
- M. 13.7.2: Insert the word “**be**” in the second sentence, so that the clause is as follows:  
 “13.7.2 Quorum for general meetings shall be 50% plus 1 of Category I, 2 or 3 Societies who are present (whether in person or by proxy) and entitled to vote. Where 50% plus 1 does not equate to a whole number the amount to constitute quorum must **be** rounded up to the next whole number.
- N. 13.8-13.10: Move current 13.8 to after current 13.10 and renumber each section accordingly.
- O. 13.8.2: Divide into two clauses, such that the second sentence and following sub-paragraphs become a new clause 13.8.3.
- P. New 13.8.3 (a): Replace “Circular” with “**Information**”, so that the clause is as follows:  
 13.8.2 (a) The Society must contact ACWW Central Office to request a proxy vote by the deadline published in the appropriate Conference ~~Circular~~ **Information**, and complete the relevant paperwork establishing their credentials for making such a request.
- Q. 13.8.3 (c): change “the Proxy Voter” to “Proxy Voters”.
- R. 13.11.1: Insert “**a**” in the first sentence, so that the clause is as follows: “13.11.1 The ~~c~~**Chairman** may at **a** meeting at which a quorum is present (and shall if so directed by the meeting) adjourn the meeting to another time and/or place. No business may be transacted at an adjourned meeting except business which could properly have been transacted at the original meeting.”
- S. 15.1.1: Divide into two clauses, such that the second sentence and following sub-paragraphs become a new clause 15.1.2.
- T. 15.4.1 (e), 22 and 23 and their sub-clauses, and 25.3.2 and 25.3.3: Insert the word “**Committee**” after Executive.
- U. 15.5.1: Replace the word “are” with “**were, as at the time the Charitable Incorporated Organisation Constitution was first adopted**”.
- V. 15.6.3: Add the words “, **except in the extraordinary circumstances specified in clause 15.4.2**”.
- W. 15.7.2: amend eighteen months to twelve months, so that the clause reads: “The Trustees shall call for nominations at least ~~18~~**twelve (12)** months before the Triennial General Meeting.”

- X. 15.7.3: amend twelve months to six months, so that the clause reads: “All nominations for Trustees shall be received in writing by Central Office at least ~~twelve~~**six (6)** months before the Triennial General Meeting the written consent of the nominee having first been obtained, together with the written consent of the Category 1, 2 or 3 Society to which ~~she~~**they** belongs.
- Y. 15.7.4: amend nine months to three months, so that the clause reads: “All nominations, accompanied by biographical information, shall reach Category 1, 2 and 3 Societies at least ~~ninethree~~ **(39)** months before the Triennial General Meeting at which the elections shall take place.”
- Z. 20.1: Add “**and/or a working group or working groups**”; and in 20.2.1, 20.2.2, 21.4.1, 23.1, 23.1.4, 23.2, 25.3.2, 25.3.3: Add “**or working group**”.
- AA. 5.1.21 (b) (ii), 5.1.21 (b) (iii), 5.1.21 (c), 6.1.1, 7.3.1 (d), 10.1.2, 10.6.1, 10.7.2 (a), 10.7.2 (b), 13.10.3, 15.7.3, 23.2, 33.1, 33.1.1, 33.1.4, 33.1.5, 33.2, 33.2.1, 33.2.2 and 34.1.3: Change “he”, “she”, “he or she”, “she and its”, “she is”, “he is”, “she has”, “he has”, “his”, “her”, “his or her”, and “him or her”, to “**they**”, “**they are**”, “**they have**”, “**them**” and “**their**”, respectively, as relevant.
- BB. 10.2.4 (c), 10.2.5 (c), 11.6.1, 13.6.1, 13.7.4, 13.9.2, 13.9.3, 13.9.4 (b), 13.9.5, 13.9.6, 13.11.1, 21.1.1, 21.3.4 and 22.1: Replace “Chairman” or “chairman” with “**Chair**”.
- CC. 11.7.1 (a): Replace “Committee Chairmen” with “**Board Leads**”.
- DD. 10.8.2, 15.4.1 (e), 22.1, 22.2, 23.1, 23.1.4, 23.2, 25.3.3 (a): Replace “Executive” with “Executive **Committee**”.
- EE. 31.4: Edit to clarify language, so that the clause is as follows:  
“31.4 A copy of any resolution altering ~~the constitution, together with a copy of the ClO's constitution as amended~~**this Constitution, together with a copy of the Constitution as amended**, must be sent to the **Charity** Commission within 15 days from the date on which the resolution is passed. The amendment does not take effect until it has been recorded in the Register of Charities.
- FF. 32.1.1: Insert “**notice of which**” before “has been given to those eligible to attend and vote”.
- GG. 33.1: Change “board” to “**Board**” and insert “**ACWW**” before “Trustee”, so that the clause is as follows:  
“33.1 To the extent permitted by law from time to time, but without prejudice to any indemnity to which a member of the ~~Board~~**Board** of Trustees may otherwise be entitled, ACWW may indemnify every **ACWW** Trustee out of the assets of ACWW against all costs and liabilities incurred by ~~them~~**her** which relate to anything done or omitted or alleged to have been done or omitted by ~~her~~**them** as an **ACWW** Trustee save that no Trustee may be entitled to be indemnified: ...”
- HH. 34: Amend to insert the following definition:  
“**34.1.1 “CIO” means charitable incorporated organisation.**”
- II. 34: Amend the numbering of clauses 34.1.1 & 34.6 to 34.13 to be 34.1.2 to 34.1.8; amend the numbering of clauses 34.12 and 34.13 to be 34.6 and 34.7.

*JJ. 15.4.1 (f) Add the numerical value “9” to read as follows:  
“the nine (9) Area Presidents”*

**RATIONALE:**

This resolution aims to update and modernise ACWW’s Constitution. Any Constitution needs regular updating to ensure language and provisions remain relevant to the organisation and to the time in which the organisation is operating, and that the Constitution reflects current and best practice.

- A. Editing to make the clause consistent with formatting throughout this Constitution.
- B. This brings this clause into line with other parts of the Constitution, and makes it more easily identifiable and readable. No content was changed, just reordering and renumbering of existing content, and insertion of a heading.
- C. Editing to make the clause more understandable. No content was changed, just reordering and renumbering of existing content.
- D. Editing to make the clause more understandable.
- E. This clause is no longer needed, as the intention is covered by the clauses immediately above (10.6.2 and 10.6.3).
- F. Reflecting the fact that there are no longer Committee Chairmen, and that these have been replaced by Board Leads. *We find it more inclusive to indicate that the report of work presented at the Triennial World Conference is from the collective working of the Board of Trustees including the respective Area, Working Group and Committee. This explains the omission of the proposed word “Area President”, “Board Leads” and “Committee Chairs” through this proposed amendment.*
- G. To reflect the current practice of receiving reports from Category 4 Societies.
- H. ACWW no longer appoints UN Representatives as separate roles, but rather these roles are undertaken by the World President, Board Leads and/or other Trustees.
- I. This clause is more accurately placed within clause 11.7 on Attendance at World Conferences. These edits reflect current practice, whereby members of Category 1, 2 and 3 Societies are entitled to attend the Triennial World Conference as observers, but voting rights are restricted to the designated number of delegates.
- J. Editing to ensure consistency in formatting throughout the Constitution.
- K. To correct the error of a missing word.
- L. To remove confusing acronyms.
- M. To correct the error of a missing word.
- N. To correct logical flow, the clause on arrangements for proxy voting should follow rather than precede the clauses on voting and representatives.

- O. To edit to ensure consistency of formatting throughout the Constitution.
- P. To update in accordance with current practice.
- Q. Grammatical correction.
- R. To correct the error of a missing word.
- S. To edit to ensure consistency of formatting throughout the Constitution.
- T. Clarifying terminology in accordance with existing practice.
- U. More accurately reflecting the current status of the Constitution.
- V. Clarifying consistency with earlier provisions.
- W. Given that Conference Information is now shared via email, and it is easier to submit nominations via email to Central Office, these timeframes can be shortened as we no longer need to allow extra time for long postage periods. This will allow Members and Member Societies to make more timely decisions regarding nominations. It also allows more time for discussion at Area Conferences, which are often held in the 12 months immediately prior to the TWC, thus after the current deadline for nominations.
- X. As above.
- Y. As above.
- Z. To ensure consistency with previous constitutional changes.
- AA. Removing inconsistencies in the Constitution where at times female-gender-specific language is used and at times male-gender-specific language is used, to use non-gender-specific language throughout, in accordance with current good practice.<sup>i</sup>
- BB. Using the most acceptable current language.<sup>ii</sup>
- CC. Reflecting 2023 changes to introduce the role of Board Leads rather than Committee Chairpersons.
- DD. To clarify language.
- EE. To clarify language.
- FF. Inserting text for sense.
- GG. To clarify language.
- HH. To insert missing definition.
- II. To clarify erroneous numbering.

- JJ. As part of the Omnibus Housekeeping Resolution 1, this amendment updates the ACWW Constitution and ensures the sub-clauses (a) to (f) are uniform.

**REFERENCES:**

A “tracked changes” version of the 2023 Constitution has been provided with these Resolutions, so that Members can review each of these changes in context.

---

<sup>i</sup> United Nations, *Guidelines for gender-inclusive language in English*, <https://www.un.org/en/gender-inclusive-language/guidelines.shtml>

<sup>ii</sup> UK Institute of Directors, “Leading business groups call on UK Government to stop using archaic word ‘Chairman’”, 2 March 2022, <https://www.iod.com/news/inclusion-and-diversity/leading-business-groups-call-on-uk-government-to-stop-using-archaic-word-chairman/>

**RESOLUTION 2: Updates to the ACWW Bye-Laws**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“ACWW Members ratify the new ACWW Bye-Laws, together with the additional amendments which the Board has approved.”*

**RATIONALE:**

The Board has reviewed the Bye-Laws and approved numerous amendments, including additional ones that emerged after the initial “Updates to the ACWW Bye Laws” were previously issued to members both “housekeeping” and substantive, resulting in a newly updated document. The Board recommends the new Bye-Laws to Members for their ratification.

A “tracked changes” version of the Bye-Laws is provided with these resolutions, so that Members can review the various changes that the Board have approved.

**RESOLUTION 3: Updates to ACWW Rules of Procedure for the Triennial World Conference**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“The first sentence of Rule 6 of the ACWW Rules of Procedure for the Triennial World Conference be amended to delete “If Areas decide to have a postal vote ...” and replaced with **“If there is to be a postal vote ...”**.”*

**RATIONALE:**

This Rule 6 relates to conducting postal votes for Area Presidents. Postal voting for all Trustees, including Area Presidents, is covered by clause 14 of the Constitution (clauses 14.1-14.4). The original text of this rule related to previous practice from some years ago, when it used to be the Area President’s choice regarding holding a postal vote. However, more recently, the Board has conducted postal votes for all Area Presidents, as the Board wants votes for all Area Presidents to be postal/electronic as it enables greater participation by Members. Therefore, the Board proposes changing the wording of Rule 6 to reflect this accepted practice.

A “tracked changes” version of the Rules of Procedure for the Triennial World Conference is provided with these resolutions so that Members can review the various changes that the Board have approved.

**RESOLUTION 4: Updates to ACWW Rules of Debate for the Triennial World Conference**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“ACWW Members adopt the new ACWW Rules of Debate for the Triennial World Conference.”*

**RATIONALE:**

The Board proposes updating the Rules of Debate, to incorporate updates to language in line with the proposed amendments to the Constitution, to ensure the modernisation of the Rules of Debate. No substantive changes are proposed and the proposed “housekeeping” changes do not change the meaning of the Rules nor impact upon any rights of any Members.

The changes involve replacing gender-specific language with gender-neutral language, including deleting the word “Chairman” and replacing it with “Chair”.<sup>i</sup> A “tracked changes” version of the Bye-Laws is provided with these resolutions, so that Members can review the various changes that the Board have approved.

**REFERENCES:**

---

<sup>i</sup> United Nations, *Guidelines for gender-inclusive language in English*, <https://www.un.org/en/gender-inclusive-language/guidelines.shtml>; UK Institute of Directors, “Leading business groups call on UK Government to stop using archaic word ‘Chairman’”, 2 March 2022, <https://www.iod.com/news/inclusion-and-diversity/leading-business-groups-call-on-uk-government-to-stop-using-archaic-word-chairman/>

**RESOLUTION 5:            Objects of ACWW (Clause 3 of ACWW Constitution)**

**MOVER:                    ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“The “Objects” clause of the ACWW Constitution, clause 3, be amended to add the words “in particular amongst rural women and their communities” to the end of the clause, so that the clause is as follows:*

**3. Objects**

*3.1 The objects of ACWW are:*

*3.1.1 the relief of poverty;*

*3.1.2 the relief of sickness and the protection and preservation of health; and*

*3.1.3 the advancement of education;*

***in particular amongst rural women and their communities.”***

**RATIONALE:**

Recognising international nuance and linguistic interpretation, the Board of Trustees believe it to be important to clarify that ACWW was founded to represent rural women, and exists to work for the empowerment of women in, and from, rural communities. Our original naming ceremony made this clear, and we believe this can only be achieved through the strength of our network which includes rural, non-urban, peri-urban, urban, remote, pastoralist, coastal, and Indigenous communities. Critically, the activities listed remain the same. This does not change the intent or aim of ACWW, but brings clarity to our governing document, and is reflective of the Values set out in clause 4 of the ACWW Constitution.

A similar resolution to this was proposed and adopted by the Trinnial World Conference in 2023, however the precise wording adopted by the membership at TWC30 was rejected by the Charity Commission. Clause 31.2 of the ACWW Constitution requires that “[a]ny alteration of clause 3 (Objects) ... requires the prior written consent of the Charity Commission.” Consent for this change was obtained from the Charity Commission on 8 September 2023, using the specific wording as set out in this resolution.

**RESOLUTION 6: Conflicts of Interest and Conflicts of Loyalty (Clause 8 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*Clause 8 of the ACWW Constitution be amended to include definitions of conflicts of interest and conflicts of loyalty, so that the clause is as follows:*

**“8. Conflicts of Interest and Conflicts of Loyalty**

**8.1 A Trustee must:**

**8.1.1** declare the nature and extent of any interest, direct or indirect, which ~~they have~~~~she or he has~~ in a proposed transaction or arrangement with ACWW or in any transaction or arrangement entered into by ACWW which has not previously been declared; and

**8.1.2** absent ~~themselves~~~~herself or himself~~ from any discussions of the Trustees in which it is possible that a conflict of interest will arise between ~~their~~~~her or his~~ duty to act solely in the interests of ACWW and any personal interest (including but not limited to any financial interest).

**8.2** Any Trustee absenting ~~themselves~~~~herself or himself~~ from any discussions in accordance with this clause must not vote or be counted as part of the quorum in any decision of the Trustees on the matter.

**8.3 If a conflict of loyalty arises in respect of a Trustee which amounts to a conflict of interest, clause 8.1 and 8.2 above shall apply.**

**8.4 For the purposes of this clause 8, the following definitions apply:**

**8.4.1 A “conflict of interest” includes any of the following situations:**

**(a) Where a person is in a position where their duty as a Trustee may conflict with any personal interest they may have;**

**(b) Where a person may not be able to act properly in a particular capacity because of a person or matter with which they are connected;**

**(c) Where a person may profit personally from decisions made in their capacity as Trustee or from knowledge gained through holding such position.**

**8.4.2 A “conflict of loyalty” arises when a Trustee’s personal obligations or interests clash with their professional duties and responsibilities as Trustee.**

**RATIONALE:**

This corrects what the Trustees perceive as a gap in the Constitution whereby there is a clause related to conflicts of interest and conflicts of loyalty but no definitions for each. The proposed definitions are drawn from the Charity Commission Guidelines.<sup>1</sup> The use of the word “include”

in 8.4.1 does not restrict conflict of interest scenarios to only the three listed in clauses 8.4.1 (a)-(c), as other scenarios can arise that are outside of these three.

## REFERENCES

---

<sup>1</sup> Charity Commission for England and Wales, “Conflicts of Interest: A Guide for Charity Trustees”, 31 October 2022, <https://www.gov.uk/government/publications/conflicts-of-interest-a-guide-for-charity-trustees-cc29/conflicts-of-interest-a-guide-for-charity-trustees>; Charity Commission for England and Wales, “Legal Underpinning: Conflicts of Interest: A Guide for Charity Trustees”, May 2014, [https://assets.publishing.service.gov.uk/media/5a7f20d0e5274a2e8ab4a49c/CC29\\_Legal\\_underpinning.pdf](https://assets.publishing.service.gov.uk/media/5a7f20d0e5274a2e8ab4a49c/CC29_Legal_underpinning.pdf)

**RESOLUTION 7: Payment for supply of goods and/or services (Clause 7.3 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“The following clauses of the ACWW Constitution be amended:*

**7.3 Payment for supply of goods and/or services only - controls**

7.3.1 ACWW and its Trustees may only rely upon the authority provided by clause 7.2.3 above if each of the following conditions is satisfied:

- (a) The amount or maximum amount of the payment for the goods and/or services is set out in a written agreement between ACWW and the Trustee or connected person supplying the goods and/or services (the supplier).
- (b) The amount or maximum amount of the payment for the goods and/or services does not exceed what is reasonable in the circumstances for the supply of the goods and/or services in question.
- (c) The other Trustees are satisfied that it is in the best interests of ACWW to contract with the supplier rather than with someone who is not a Trustee or connected person. In reaching that decision the Trustees must balance the advantage of contracting with a Trustee or connected person against the disadvantages of doing so.
- (d) The supplier is absent from the part of any meeting at which there is discussion of the proposal to enter into a contract or arrangement with it or them with regard to the supply of goods and/or services to ACWW.
- (e) The supplier does not vote on any such matter and is not to be counted when calculating whether a quorum of Trustees is present at the meeting.
- (f) The reason for their decision is recorded by the Trustees in the minute book.
- (g) A majority of the Trustees then in office are not in receipt of remuneration or payments authorised by clause 7.

7.3.2. This section shall be interpreted in accordance with section 185 (3) (a) of the Charities Act 2011 which does not allow remuneration for services provided by a person in the person’s capacity as a charity trustee or trustee for a charity or under a contract of employment

**7.4 In clauses 7.2 and 7.3 above:**

7.4.1 “ACWW” includes any company in which ACWW:

- (a) holds more than 50% of the shares; or
- (b) controls more than 50% of the voting rights attached to the shares; or
- (c) has the right to appoint one or more directors to the board of the company.

7.4.2 “connected person” includes any person within the definition set out in clause 354 (Interpretation).

**RATIONALE:**

This amendment aims to clarify that by adding “and/or services” which the Board proposed as an amendment in the earlier version 1 of the Text of the Resolutions and Recommendations for the Triennial World Conference, the Clause will be interpreted in accordance with the statutory guidelines provided by the Charities Act, 2011. This statute expressly differentiates that the applicable section 185 (3) does not apply to any “remuneration for services provided by a person in the person’s capacity as a charity trustee or trustee for a charity or under a contract of employment.”

**RESOLUTION 8: Trustee Insurance (Clause 5.1.21 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“The following clauses of the ACWW Constitution be amended:*

*5.1.21 (a)(i) delete “Trustees or”, so that the clause is as follows:*

*“5.1 ACWW has power to do anything which is calculated to further its objects or is conducive or incidental to doing so. In particular, ACWW’s powers include power to: 5.1.21 purchase indemnity insurance out of the funds of ACWW: (a) to indemnify any of the Trustees against any personal liability in respect of: (i) any breach of trust or breach of duty committed by them in their capacity as ~~Trustees or~~ Trustees for ACWW.”*

**RATIONALE:**

This corrects what the Trustees perceive as a previous error. Trustees should only be insured by ACWW for their actions as Trustees of ACWW, and not as Trustees more broadly (i.e. not for their actions as Trustees of other entities).

**RESOLUTION 9: Data Protection in Electronic Communications (Clause 25 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“The following clauses of the ACWW Constitution be amended:*

- A. *A new 25.1.1 be added as follows:*  
**“25.1.1 ACWW will comply with data protection standards as set out in UK law and as per established good practice for charitable organisations. This will include all members of the Board of Trustees and Staff receiving training on data protection, and being required to conduct their duties in line with ACWW Data Protection policies.”**
- B. *The existing 25.1.1 be renumbered to 25.1.2.*
- C. *25.3.1 be amended to read:*  
~~“25.3.1 Any member or Trustee of ACWW, by providing ACWW with an email address or similar, is taken to have agreed to receive communications from ACWW in electronic form at that address, unless the member has indicated to ACWW her or its unwillingness to receive such communications in that form. When joining ACWW as an Individual Member, or by providing contact details as the appointed contact person for an ACWW Member Society, individuals should expect to receive communications from ACWW regarding their membership and the work of ACWW.~~  
**(a) This is provided for under the “Powers” provisions of this Constitution, set out in clause 5.1.**  
**(b) The Board of Trustees shall determine the most appropriate forms of communication, and all such communications shall be conducted subject to ACWW’s data protection policies and legal obligations in UK law.”**
- D. *25.3.3(b) be deleted.*

**RATIONALE:**

These provisions of the current Constitution were adopted before the General Data Protection Regulation came into force in the United Kingdom, and clause 25.3.1 is now outside of acceptable practice. Furthermore, with the changes to the legal definitions regarding consent in electronic communications, clause 25.3.3(b) should be removed.

These changes update the Constitution to reflect current legal obligations and best practice in protecting the privacy and rights of our members, while allowing for meaningful communication between ACWW and its membership in the most appropriate ways.

**RESOLUTION 10: Notification of Termination of Membership (Clause 10.7.3 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“A new Clause 10.7.3 of the ACWW Constitution be inserted:*

**“10.7.3 Where the Trustees permit a member to make representations regarding their removal and subsequently take a decision to remove the member from ACWW Membership, the Trustees will notify the member of the reasons for the decision within 14 days.”**

**RATIONALE:**

This proposed amendment enhances the rights of Members and clarifies the obligations that the Trustees must comply with when terminating membership of ACWW.

The Trustees believe that in accordance with the principles of fair administrative action, it is important to give terminated members written reasons for their removal. A 14-day timeframe after the decision of the Board of Trustees has been made is deemed reasonable in the circumstances.

**RESOLUTION 11: Renaming ACWW Areas (Clause 10.9.3 of ACWW Constitution)**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“Current and future references to the “South-East and Far East Area” be changed to **“East and South East Asia”** including in clause 10.9.3 (f) of the ACWW Constitution.”*

**RATIONALE:**

The original text of the Resolutions and Recommendations for the Triennial World Conference explained in the Rationale section, the historical context of the term “South-East and Far East Area” that makes this term problematic for perpetuating colonial perspectives that views the region from an external Eurocentric standpoint.<sup>1</sup> ACWW now proposes an amendment to further refine the terminology used in naming the Area in order to ensure clarity, consistency, and alignment with internationally recognised terminology.

International bodies and agencies like the United Nations Statistical Commission recognize the terms “Eastern and South-Eastern Asia”, “Eastern Asia”, and “South-Eastern Asia when referring to countries covered in these regions.<sup>2</sup> To avoid repetition of the term “Asia” when referring to the Eastern and Southern region together, the UN indicates “East and South East Asia” or “Eastern and South-Eastern Asia.

We take cognizance that the term **“East and South East Asia”** reflects the existence of **two distinct and widely recognised sub-regions of Asia**—East Asia and Southeast Asia—each with established geographical and cultural meanings. This identifies the Area as encompassing both regions, without implying that they form a single, merged or hybrid region. By contrast, the phrase **“South-East and East Asia”** is less commonly used in international and institutional contexts and may create ambiguity as to whether the reference is to one combined region or to two separate sub-regions.

Therefore, instead of proposing to name the Area as *“South-East and East Asia Area”*, we propose an amendment to this proposal to name the Area as **“East and South East Asia”**. This Amendment does not alter the scope or composition of the Area; it solely improves the precision and clarity of the terminology used.

---

<sup>1</sup> See page 20 of the Text of the Resolutions & Recommendations for consideration at ACWW TWC31 – v1.0 issued in June 2025 (<https://img1.wsimg.com/blobby/go/ea2bfcb0-bf49-4520-b08f-6ae8441a5cef/downloads/bcc4242a-c322-4144-a7fa-00ba484de62d/1.%20Resolutions%20%26%20Recommendations%20for%20TWC31%20FOR.pdf?ver=1767787079156>)

<sup>2</sup> Report of the Secretary General of the United Nations Economic and Social Council on the High-Level Political Forum on Sustainable Development Goals: United Nations Statistical Annex (E/2024/54) — Statistical Annex I and II

**RESOLUTION 12: ACWW Policy Manifesto**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“Each Triennium, following the Triennial World Conference, ACWW’s Board of Trustees will prepare, with support from Central Office, and the Board will approve, a Policy Manifesto for ACWW, reflecting and updating the position of the organisation on key policy issues, informed by Resolutions and Recommendations passed by the Membership and adopted at ACWW’s Triennial World Conferences. This Policy Manifesto will be communicated to Members for their information.”*

**RATIONALE:**

ACWW’s policy influence is rooted in member-submitted Resolutions and Recommendations adopted at the Triennial World Conference (TWC): ACWW’s membership has adopted policy Resolutions and Recommendations by vote at TWCs since at least 1947, with these decisions informing the organisation’s policy positions and priorities for local, national, regional, and global action.

The archive of policy Resolutions and Recommendations adopted by members between 1947-2019 are compiled in an [document](#) available on the ACWW website. Over the years, many of these Resolutions and/or Recommendations have been updated by later decisions. Some previous resolutions addressed specific issues which were of immediate concern to ACWW’s members but may no longer be active concerns or priorities. Therefore, this compilation document, while useful from a historical record-keeping perspective, does not accurately reflect the current policy position of ACWW at any one point in time.

There is currently no consolidated policy document that communicates agreed-upon positions in a manner that reflects the relevant current positions on issues of concern. This limits visibility and strategic coherence, particularly in our advocacy work. ACWW needs accessible, coherent, consolidated position statements, beyond isolated resolutions.

It is proposed that a Policy Manifesto be developed to synthesise, consolidate, and communicate clearly ACWW’s current policy positions on the range of issues of interest to members, in a manner that maintains our member-driven policy framework. This document will enhance visibility and understanding of ACWW’s current policy positions and priorities, providing a member-informed basis for our advocacy on key issues of concern to our members. This Policy Manifesto will reflect the views of members, as expressed through the Resolutions and Recommendations adopted at each Triennium World Conference, and ensure alignment with current realities.

It is hoped that having a Policy Manifesto document will also better enable Members to identify areas where they may wish to bring future Resolutions or Recommendations to change or update ACWW’s position on issues, or address issues that are absent from our existing policy agenda. Having a consistent structure and process for developing ACWW’s Policy Manifesto will help reinforce members’ contributions to ACWW policy priorities.

The Policy Manifesto will be developed by the Board’s Advocacy Working Group and Central Office, based on input from members. Each of the policy positions contained in the Policy Manifesto will be grounded in the specific text or spirit of Resolutions and Recommendations and their rationales, as adopted by the Members at Triennial World Conferences, including, when necessary, updating these to reflect the current situation, understanding, or relevance. The Board of Trustees will then approve and adopt this Policy Manifesto, ensuring consistency with member decisions and the ACWW Strategy, in accordance with its mandate to do this work as per Clause 15.1 of the ACWW Constitution.

Once approved, the Policy Manifesto will be **communicated to members** and used as a foundational document for our advocacy efforts, guiding engagements with policymakers and stakeholders, and providing guidance to members on issues of importance. It will become a coherent, living mandate for our global engagement, providing a clear public statement of our policy, which will enhance our voice with the UN, partners, and media.

It is proposed that an updated Policy Manifesto be prepared each Triennium, following the Triennium World Conference, to enable incorporation of the new Resolutions and Recommendations adopted by the membership. The Policy Manifesto will be communicated to all members, and Members will be encouraged to input into revising and updating this document and ACWW’s policy positions, including via Resolutions and Recommendations brought to their Area Conferences and/or the next Triennial World Conference, as well as via other avenues, such through communicating with Area Presidents and Board Leads, and whenever input is sought on issues of relevance to members.

**RESOLUTION 13: Establishment of a Funding Program for Youth-led Organisations**

**MOVER: ACWW Board of Trustees**

The ACWW Board of Trustees moves that:

*“ACWW resolves to ~~establish~~ explore the possibility of establishing a funding programme within its strategic plan for youth-led organisations to strengthen meaningful youth participation within ACWW’s membership and to support their grassroots locally driven initiatives”*

**RATIONALE:**

The Trustees recognize the importance of actively engaging youth within the organisation and fostering their participation in initiatives that advance ACWW’s mission. In order to clarify and modernize the language of the proposed resolution, the term “grassroots” has been replaced with “locally driven”, reflecting internationally recognized terminology for initiatives that are community-focused, participatory, and led at the local level.<sup>3</sup> Additionally, repetition of the term “youth-led” has been avoided to ensure concise and clear wording while maintaining the emphasis on youth leadership.

This amendment aims to strengthen youth engagement and membership within ACWW within its strategic plan. It aligns with ACWW’s constitutional requirement for membership in accordance with clause 10.1 that states “applicants must be individuals over the age of 18 years old” (10.1.1) or “an organisation of women” (10.1.2). Once established, funding through this programme will be exclusively available to women’s organisations that are ACWW Member Societies, ensuring compliance with clause 10.1 of the ACWW Constitution. This approach supports projects implemented by young women members.

By seeking to establish this funding programme, ACWW seeks to: encourage greater youth participation and leadership within the organisation, support locally driven projects that reflect ACWW’s key priority areas, enhance membership retention and growth, particularly among younger members, promote continuity of ACWW and its Member Societies worldwide, ensuring the sustainability of programs and initiatives across diverse rural communities.

---

<sup>3</sup> George Ingram, *Locally driven development: Overcoming the Obstacles*, Centre for Sustainable Development at Brookings, Brookings Global Working Paper, 173, May 2022, accessed <chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.brookings.edu/wp-content/uploads/2022/05/Locally-Driven-Development.pdf>

**RESOLUTION 14:        Childcare deserts**

**MOVER:                National Volunteer Outreach Network (USA)**

**SECONDER:           Illinois Association for Home and Community Education**

The National Volunteer Outreach Network moves that:

*“ACWW and its Member Societies call on all governments at both local and national levels to take comprehensive action to eliminate childcare deserts, including for those living in rural, urban and marginalized areas. This includes addressing barriers to affordable and equitable childcare services influenced by a lack of licensed childcare service providers, lack of stabilized care and absence of high quality childcare options, which have a disproportionate impact on women, particularly rural women. We call on governments to provide reliable, affordable, and accessible childcare services, particularly for women living in rural and other underserved areas and communities. Governments are encouraged to consider solutions that include investment in childcare infrastructure, support for flexible and community-based care models, and targeted training programs for childcare service providers at the local and national levels.*

**RATIONALE:**

Inadequate childcare access severely limits employment opportunities, increases work-family conflict and psychological distress particularly for mothers, and heightens the risk of child neglect and abuse. Childcare deserts are characterized by a limited supply of accessible and affordable childcare services within a given geographic area. These regions often coincide with high cost-of-living conditions, where childcare options are not affordable for many families. The lack of adequate childcare infrastructure can significantly disrupt household stability, forcing parents, particularly mothers, to reduce work hours, forego employment opportunities, or rely on informal and potentially lower-quality care arrangements.

In 2021, the World Bank reported that, globally, over 40% of all children below primary-school age, or nearly 350 million children, living in low- and middle-income countries need childcare but do not have access.<sup>1</sup> This childcare challenge affects families across all income levels, in almost all countries, and in both urban and rural contexts.<sup>2</sup>

A lack of childcare can impact a child’s quality of care, education, and nutrition, affecting them for the rest of their life.<sup>3</sup> As a result of the lack of supply of childcare facilities, too many children are spending time in unsafe and unstimulating environments, too often in the care of another child.<sup>4</sup> In the rural areas of some countries, more than 50 percent of rural girls ages 5 to 8 are providing care for younger children.<sup>5</sup>

USA Census Bureau childcare research indicates the lack of access to childcare affects many US families – 83% of parents with children 5 years or younger reported problems finding affordable, quality care.<sup>6</sup> In the US, rural children under five years old make up 24 percent of children eligible for childcare services in the country, yet 55 percent of these children live in a childcare desert.<sup>7</sup> England is one of the worst countries in the OECD for access to childcare, with 45% of children aged 0-5 living in childcare deserts.<sup>8</sup> Northern Ireland is not far behind with 37%, Wales with 27% and Australia with 24%.<sup>9</sup> In France, 86% of children 0-3 live in childcare deserts,<sup>10</sup> and most mothers are forced to wait until their children turn 3 (when the child begins France’s compulsory pre-school childcare), before they can return to work.

In many countries, families in rural areas face the greatest challenges in finding licensed childcare, as they are the most underserved in terms of childcare supply:<sup>11</sup> For example, three in five rural communities in the USA lack adequate child care supply.<sup>12</sup> Families living in rural communities often struggle to find adequate, affordable care for their young children,<sup>13</sup> and have, on average, the fewest child care slots relative to demand among all geographic groups.<sup>14</sup> Rural childcare centre infrastructure is often inadequate and unable to meet the needs of local communities.<sup>15</sup> Even when adequate childcare is available, accessing it is more challenging for those living in rural areas, as they have to travel further and transport options are often difficult or non-existent.<sup>16</sup>

Child care deserts directly impact working mothers: Shortages in the child care supply in the USA are associated with a 3 per cent reduction in maternal labour force participation.<sup>17</sup> This disproportionately affects rural women, as rural areas already have lower rates of maternal labour force participation.<sup>18</sup> Studies show that this lower level of participation in the workforce is a direct result of lack of child care: Researchers in the USA found that among rural parents, if they or their spouse/partner are not currently working, over 4 in 5 say child care responsibilities influenced their decision to not work, including 64% who said it significantly influenced their decision.<sup>19</sup>

According to the World Bank's Global Director for Gender, "women face an enormous hurdle. The lack of access can keep women from returning to work after childbirth, limit the quality or quantity of employment and earning opportunities, which can result in substantial negative impacts on family welfare."<sup>20</sup> Women suffer tremendous stress when dealing with childcare issues and employment, and rural women are particularly affected.<sup>21</sup>

This resolution addresses the global challenge of childcare deserts by urging governments to eliminate barriers related to access, affordability, capacity, and quality of childcare services, especially in rural, urban, and marginalized areas. The Resolution aims to enhance women's economic participation, improve early childhood development outcomes, and advance social and economic stability. Governments around the world are urged to invest in policies and programmes to eliminate childcare deserts and address the disproportionate impacts the lack of childcare supply has on rural women.

## REFERENCES

---

<sup>1</sup> World Bank, "Nearly 350 Million Children Lack Quality Childcare in the World", 4 March 2021, <https://www.worldbank.org/en/news/press-release/2021/03/04/nearly-350-million-children-lack-quality-childcare-in-the-world>

<sup>2</sup> Amanda E. Devercelli and Frances Beaton-Day, *Better Jobs and Brighter Futures: Investing in Childcare to Build Human Capital*, December 2020, World Bank, <https://openknowledge.worldbank.org/server/api/core/bitstreams/a5e7a52e-115c-5dd1-97e6-c1b062c945c9/content>

<sup>3</sup> TorHoerman Law, LLC, "Child Care Deserts: The Impacts of Lack of Child Care Centers in a Community", <https://www.torhoermanlaw.com/causes-and-effects-of-child-care-deserts/>

<sup>4</sup> Devercelli & Beaton-Day, p. 20.

<sup>5</sup> Devercelli & Beaton-Day, p. 22.

<sup>6</sup> Rasheed Malik, Katie Hamm, Leila Schochet, *America's Child Care Deserts in 2018*, The Center for American Progress, 6 December 2018, <https://www.americanprogress.org/article/americas-child-care-deserts-2018/>

<sup>7</sup> National Advisory Committee on Rural Health and Human Services, *Childcare Need and Availability in Rural Areas*, January 2023, <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/nac-rural-child-care-brief-23.pdf>; Foundation for Rural Service, *Understanding Childcare Challenges in Rural America: Strategic Recommendations and an Action Framework*, 2024,

---

<https://www.ntca.org/sites/default/files/documents/2024-10/understanding-childcare-challenges-in-rural-america.pdf>

<sup>8</sup> Victoria University, “England is one of the worst countries in Europe for access to childcare”, 12 September 2024, <https://www.vu.edu.au/about-vu/news-events/news/england-is-one-of-the-worst-countries-in-europe-for-access-to-childcare>

<sup>9</sup> P. Hurley, M. Tham and H. Nguyen, *International childcare: Mapping the deserts*, 2024, Mitchell Institute, Victoria University, <https://content.vu.edu.au/sites/default/files/documents/2024-09/childcare-deserts-international-report.pdf>

<sup>10</sup> P. Hurley, M. Tham and H. Nguyen, *International childcare: Mapping the deserts*, 2024, Mitchell Institute, Victoria University, <https://content.vu.edu.au/sites/default/files/documents/2024-09/childcare-deserts-international-report.pdf>

<sup>11</sup> Hannah Guevara, “Families in Rural Communities Face Acute Child Care Challenges”, First Five Years Fund, 13 October 2021, <https://www.ffyf.org/resources/2021/10/families-in-rural-communities-face-acute-child-care-challenges/>

<sup>12</sup> Rasheed Malik, Katie Hamm, Leila Schochet, *America’s Child Care Deserts in 2018*, The Center for American Progress, 6 December 2018, <https://www.americanprogress.org/article/americas-child-care-deserts-2018/>

<sup>13</sup> TorHoerman Law, LLC, “Child Care Deserts: The Impacts of Lack of Child Care Centers in a Community”, <https://www.torhoermanlaw.com/causes-and-effects-of-child-care-deserts/>

<sup>14</sup> Leila Schochet, “5 Facts To Know About Child Care in Rural America,” Center for American Progress, June 4, 2019, available at <https://americanprogress.org/issues/early-childhood/news/2019/06/04/470581/5-facts-know-child-care-rural-america/>.

<sup>15</sup> TorHoerman Law, LLC, “Child Care Deserts: The Impacts of Lack of Child Care Centers in a Community”, <https://www.torhoermanlaw.com/causes-and-effects-of-child-care-deserts/>

<sup>16</sup> Devercelli & Beaton-Day, p. 30.

<sup>17</sup> Rasheed Malik, Katie Hamm, Leila Schochet, *America’s Child Care Deserts in 2018*, The Center for American Progress, 6 December 2018, <https://www.americanprogress.org/article/americas-child-care-deserts-2018/>

<sup>18</sup> Charles Davidson, “Atlanta Fed Explores Rural-Metro Economic Divide”, Federal Reserve Bank of Atlanta, 2017, available at <https://www.frbatlanta.org/economy-matters/regional-economics/2017/12/14/atlanta-fed-explores-rural-metro-economic-divide>.

<sup>19</sup> Hannah Guevara, “Families in Rural Communities Face Acute Child Care Challenges”, First Five Years Fund, 13 October 2021, <https://www.ffyf.org/resources/2021/10/families-in-rural-communities-face-acute-child-care-challenges/>

<sup>20</sup> World Bank, “Nearly 350 Million Children Lack Quality Childcare in the World”, 4 March 2021, <https://www.worldbank.org/en/news/press-release/2021/03/04/nearly-350-million-children-lack-quality-childcare-in-the-world>

<sup>21</sup> Kendall Swenson, *Child Care Arrangements in Urban and Rural Areas* (U.S. Department of Health and Human Services, 2008), available at <https://aspe.hhs.gov/system/files/pdf/75456/report.pdf>

**RESOLUTION 15:           Collection of data on flood-prone river systems**

**MOVER:**                   **TBD\*** [from South Pacific Area Conference]

It is moved that:

*“ACWW and its Members call on all governments to ensure the collection, analysis, and public dissemination of real-time data on rainfall, river flow, and river heights, particularly in flood-prone regions. ACWW will work with interested member societies in promoting accessible community-level early warning systems and supporting local education efforts to improve flood preparedness.”*

**RATIONALE:**

Floods are among the most devastating natural disasters globally, and their frequency and severity are increasing due to climate change. Timely access to accurate data on rainfall, water flow, and river heights can save lives, yet many communities—particularly in the Global South—remain without real-time alerts or early warning systems.<sup>1</sup>

This resolution addresses a critical gap. In high-income countries like Australia, the United States, and Japan, national agencies provide real-time hydrological data and public flood warnings, contributing significantly to disaster preparedness and community safety. For example, the U.S. National Weather Service offers the Advanced Hydrologic Prediction Service (AHPS), which shares rainfall and river data publicly, enabling timely evacuations.<sup>2</sup>

In contrast, in countries such as Niger, Myanmar, and parts of the Amazon Basin, governments often lack the infrastructure or resources to collect and disseminate this data effectively. Many rural communities rely on word-of-mouth warnings, which arrive too late or not at all.<sup>3</sup> These gaps leave millions of people—especially women, who often care for children, livestock, and the elderly—at greater risk.

Rural women are particularly impacted. They often have limited access to formal information channels and face additional barriers to evacuation and disaster recovery.<sup>4</sup> For instance, in agricultural regions of South Asia, women farmers depend on flood-prone rivers for their livelihoods but are rarely included in disaster planning or decision-making structures.<sup>5</sup> A lack of early warning data can mean the loss of homes, harvests, and even lives.

By calling on governments to prioritize real-time hydrological data collection and public access, and by committing ACWW and its members to advocate for local warning systems and community education, this resolution provides a feasible and concrete path forward. It empowers rural women to be both recipients and agents of change in climate resilience, ensuring they are not left behind in disaster risk reduction efforts.

**NOTE:**

The South Pacific Area Conference (SPAC) adopted a resolution on this topic moved by an association that is no longer a Member Society of ACWW. Given members’ interest in this issue, an alternative Member Society is being sought to move this resolution. The proposed resolution was based on the resolution adopted at the SPAC and refined by the Board Working Group on Resolutions and Recommendations.

## REFERENCES

---

- <sup>1</sup> United Nations. (2022, November). *Early Warnings for All: Executive Action Plan 2023–2027*. <https://library.wmo.int/records/item/58209-early-warnings-for-all>
- <sup>2</sup> <https://www.weather.gov/gyx/ahps.htm>
- <sup>3</sup> United Nations Office for Disaster Risk Reduction (UNDRR), & World Meteorological Organization (WMO). (2023). *Global status of multi-hazard early warning systems*. <https://www.undrr.org/media/91954/download?startDownload=20250626>
- <sup>4</sup> United Nations Women. (2022). *Gender equality in climate action and disaster risk reduction*. <https://www.unwomen.org/en/digital-library/publications/2021/11/research-paper-beyond-vulnerability-to-gender-equality>
- <sup>5</sup> Food and Agriculture Organization of the United Nations (FAO). (2023). *The unjust climate: Measuring the impacts of climate change on the rural poor, women and youth*. <https://openknowledge.fao.org/server/api/core/bitstreams/62b46527-6ddc-4b8b-9078-bc32c14978f5/content>

**RESOLUTION 16: Iodine deficiency disorders in rural women**

**MOVER:** TBD\* [from South Pacific Area Conference]

It is moved that:

*“ACWW and its Member Societies call on all governments, the World Health Organisation, UNICEF, and other relevant United Nations bodies, to continue their efforts in relation to reaching optimal iodine nutrition in pregnant and lactating women and young children, particularly those living in rural areas, including:*

- *education and awareness-raising regarding Iodine Deficiency Disorders (IDDs) and the importance of iodine and thyroid function;*
- *appropriate healthcare programming to address IDD and ensure optimal iodine nutrition, particularly for pregnant and lactating women and young children, with due attention given to the increased challenges faced by rural women in this regard; and*
- *testing for iodine levels and thyroid function in standard blood tests, particularly during the first trimester of pregnancy, with appropriate arrangements for those living in rural and other underserved areas with limited access to medical facilities.*

*We urge governments, WHO and the UN to continue to invest in the sustainable elimination of iodine deficiency, and to ensure that cuts to international development funding do not jeopardise the full implementation of these measures for women and girls, particularly those living in rural and other underserved areas.”*

**RATIONALE:**

Overview

Iodine deficiency poses a significant global public health challenge: Globally, approximately 2 billion people suffer from iodine deficiency.<sup>1</sup> For more than three decades, the World Health Organisation (WHO)<sup>2</sup> has been working with governments around the world to support all pregnant and lactating women and young children in reaching optimal iodine levels through policy, programming, and funding measures.<sup>3</sup> UNICEF has also undertaken efforts to support the sustainable elimination of iodine deficiency disorders (IDDs).<sup>4</sup> The International Council for Control of Iodine Deficiency Disorders (the Iodine Global Network) has also supported this work, issuing guidelines for assessing IDD and monitoring their elimination.<sup>5</sup>

There is global commitment to achieving sustainable elimination of iodine deficiency, including through Sustainable Goal 3 (to ensure healthy lives and promote well-being for all at all ages). There have been significant achievements in reducing iodine deficiency some places;<sup>6</sup> however, IDD have not been eradicated for women and children living in rural and Indigenous areas.<sup>7</sup> People living in rural areas are a population particularly vulnerable to iodine deficiency, and there have been many studies highlighting the difference in prevalence of iodine deficiency in rural areas, and the link between iodine deficiency and food insecurity.<sup>8</sup>

Globally, sustained efforts and investments in government programmes are needed to ensure sustainability of iodine deficiency efforts, particularly for women and girls in rural areas.<sup>9</sup> It is feared that recent cuts to international development funding puts this progress at risk.

The importance of the sustainable elimination of iodine deficiency

Iodine is essential for optimum thyroid function and necessary for human health, particularly for women during pregnancy, and for neonatal health.<sup>10</sup> According to the WHO, iodine-deficiency disorders (IDDs), which can start before birth, jeopardize children’s mental health

and often their very survival.<sup>11</sup> During the neonatal period, childhood and adolescence, iodine-deficiency disorders can lead to hypothyroidism and hyperthyroidism. Serious iodine deficiency during pregnancy can result in stillbirth, spontaneous abortion and congenital abnormalities such as cretinism – a grave, irreversible form of mental retardation that affects people living in iodine-deficient areas of Africa and Asia.<sup>12</sup> Of even greater significance is the less visible, yet pervasive, mental impairment that reduces intellectual capacity at home, in school and at work and the significant benefits that can be obtained through iodine programmes: For example, recent studies in Denmark have shown that salt iodization increases the GPA of students by 6-9 percent.<sup>13</sup>

Optimal iodine nutritional status during pregnancy is essential for maintaining both proper thyroid function in mothers and normal development of the brain of progeny during foetal and early post-natal life.<sup>14</sup> Thyroid hormones, T4 and T3, are vital for normal growth and development, particularly of the brain and central nervous system.<sup>15</sup> In order for pregnant women to produce enough thyroid hormones to meet both her own and her baby's requirements, a 50% increase in iodine intake is recommended.<sup>16</sup> Iodine nutrition during pregnancy can affect the maternal thyroid function, which in turn can have adverse effects on the mother and the foetus, including pre-term birth, low-birth weight, and hypertension during pregnancy.<sup>17</sup> Pregnancy entails substantial changes in maternal thyroid function.<sup>18</sup> Insufficient iodine intake can also lead to miscarriage, and excessive intake can cause subclinical hypothyroidism, hypothyroxinemia, causing miscarriage, premature birth and other adverse pregnancy outcomes, which has serious impact on maternal and foetal health.<sup>19</sup>

As has been demonstrated in one of the most recent and widespread scientific studies on the global burden of iodine deficiency<sup>20</sup> beyond reproductive years, women face sustained thyroid hormone demands due to chronic thyroid conditions, such as goiter or hypothyroidism, which may have developed during their reproductive years.<sup>21</sup> These conditions can persist and worsen in the absence of adequate iodine intake, contributing to long-term health burdens.<sup>22</sup> Women are also more prone to autoimmune thyroid diseases, such as Hashimoto thyroiditis and Graves disease, which are exacerbated in iodine-deficient environments, increasing the burden of thyroid dysfunction.<sup>23</sup> Even in iodine-sufficient regions, women exhibit higher rates of thyroid autoimmunity than men, likely due to hormonal influences, such as fluctuations in estrogen levels, and genetic predisposition.<sup>24</sup> These combined factors – higher iodine demands during key life stages such as pregnancy, lactation, and menopause, alongside a heightened susceptibility to thyroid autoimmunity and the long-term effects of chronic thyroid dysfunction – underscore the chronic vulnerability of women to ID and its associated complications.<sup>25</sup>

#### *Iodine deficiency is a continuing public health concern*

Since 1990, due to the implementation of the universal salt iodization (USI) policy world-wide,<sup>26</sup> serious iodine deficiency diseases have been nearly eradicated, and some countries or regions implementing the USI have even appeared to have excessive iodine. Although universal iodized salt programs have achieved remarkable success in reducing global iodine deficiency prevalence, persistent challenges remain.<sup>27</sup> Recent epidemiological estimates highlight that 53% of populations in low- and middle-income countries remain at risk of iodine deficiency, especially for pregnant women in these regions with prevalence rates soaring to 83%.<sup>28</sup> Geographically, the burden of iodine deficiency exhibits stark regional disparities, disproportionately impacting low- and middle-income countries and regions with lower socio-demographic indexes, such as sub-Saharan Africa and South Asia, with the greatest burden falling on those Somalia, the Democratic Republic of the Congo, and Congo.<sup>29</sup> In many of these areas, the implementation of iodine optimisation efforts remains inconsistent due to political

and logistical challenges: Large rural populations, combined with widespread poverty and malnutrition, particularly among women and children, exacerbate these challenges.<sup>30</sup>

Further, the degree of access to iodine fortified food, such as iodinated salt, varies between households (with those residing in wealthier households reporting greater access) and regions (the lowest coverage with iodized salt was seen in Eastern and Southern Africa, where just over 4 in 5 in people had access to salt with any iodine).<sup>31</sup> Even in Europe, there is lower iodized salt coverage in rural areas, for example in Albania, Tajikistan and Uzbekistan.<sup>32</sup> Rural populations, in particular, rely on non-iodized salt, and the infrastructure to support consistent iodization remains weak.<sup>33</sup> Education is also important: In regions or communities with high levels of social deprivation, households with lower education and income are less likely to use iodized salt due to poor awareness of its importance, perpetuating iodine deficiency across generations.<sup>34</sup> Studies have shown that in some regions, such as the Southern Highlands of Tanzania, significant achievements in ensuring clear knowledge of IDD and awareness of the importance of iodized salt have resulted in positive improvements in controlling IDD.<sup>35</sup>

In some countries,<sup>36</sup> including Australia, the UK, the US, Nepal, Sweden, Switzerland, Somalia, and Turkey,<sup>37</sup> and others, many pregnant women do not get enough iodine, including, particularly for high-income countries, due to the rise in salt-reduced products.<sup>38</sup> In regions like Eastern Europe and East Asia, recent increases in rates of iodine deficiency have been reported, assumed to be related to the fragmentation of the post-Soviet health systems, along with ongoing conflicts such as the situation in Ukraine, which have significantly weakened public health capacity.<sup>39</sup> In the UK, Canada and many European countries testing of iodine levels and thyroid function is only carried out for “high-risk” pregnancies. In the US testing is carried out, with recommendations that pregnant women take mineral supplements throughout their pregnancy. However, studies show that uptake of this advice varies according to socio-economic and ethnic backgrounds as well as educational status. Such advice is not given in many other countries.

It is a matter of urgency that iodine levels and thyroid function levels be included in standard blood tests for all women during pregnancy, particularly in the first trimester. Governments should be urged to ensure that all women have access to information regarding nutrition during pregnancy and that health services be available to ensure they receive the highest level of care available.

The extensive research into the results of programmes such as USI underscore the imperative for sustained global monitoring of population iodine status and the implementation of context-specific interventions to address inequities in dietary access and healthcare infrastructure.<sup>40</sup> Strengthening iodization programs, improving health care access, targeted education, and consistent monitoring of vulnerable populations are essential to mitigate future risks and improve health outcomes.<sup>41</sup>

#### *The need for continued funding*

Sustained reduction in iodine deficiency requires targeted public health interventions, including the implementation of iodine supplementation programs, improved access to iodized salt, and regular monitoring of iodine status, particularly in regions with insufficient or marginal iodine intake.<sup>42</sup> Such programmes need to be maintained,<sup>43</sup> and the monitoring and evaluation of universal salt iodization programmes need to be conducted regularly.<sup>44</sup> Failure to maintain a sufficient coverage of iodized salt might put populations at risk of iodine deficiency in future, and timely information is obtained so that a population will not be getting too much or too little iodine from the universal salt iodization programmes.<sup>45</sup>

There are concerns that the reduction in global spending on health programming will lead to a loss in momentum or create further gaps in the implementation of these initiatives to reach optimal iodine nutrition, which will particularly affect the populations most at risk, including rural women and girls.

The decrease in spending on international development programmes, particularly health programming is particularly grave: For the first time in history, France, Germany, the United Kingdom, and the United States all cut their overseas development assistance (ODA) funding simultaneously for two consecutive years (a 9% drop in 2024 and an additional 9-17% drop predicted in 2025).<sup>46</sup> Bilateral ODA for health is projected to decline by 19-33 % in 2025 over 2023 levels, dropping to pre-COVID levels.<sup>47</sup> These bilateral ODA cuts are expected to be further exacerbated by additional cuts in funding to multilateral organisations, such as the WHO and UNICEF (among others).<sup>48</sup> Over half of the ODA provided to least developed countries is delivered through multilateral channels, yet eleven OECD providers of ODA to multilateral organisations have announced cuts that account for between 62% (for WHO) and 87% (for WFP) of funding to key multilateral health and humanitarian agencies.<sup>49</sup> These cuts risk undoing recent gains and will create major impacts on the countries and people most in need, particularly women and girls in rural areas, who are already among the most marginalized.

The impact of these global on organisations working in women's rights, particularly health, is significant: Research conducted by UN Women has indicated that almost half (47%) of women-led and women's organizations expect to shut down within six months if current funding levels persist, while over one-third (35%) remain trapped in uncertainty, unable to plan or sustain their work. Only 18% of women's organisations reported to UN Women that they anticipate to stay operational for more than a year.<sup>50</sup> UN Women has noted that the services most affected by funding cuts include gender-based violence prevention and response (67%), protection services (62%), livelihoods and cash assistance (58%), and health care (52%).<sup>51</sup>

When women and girls lose access to income, food, health services, or safe spaces, they face an increased likelihood of gender-based violence, exploitation, and harmful coping strategies such as early marriage, transactional sex, or unsafe migration.<sup>52</sup> UN Women emphasizes that specific marginalized groups – migrants, refugees, Indigenous women, women with disabilities, older women, and LGBTIQ+ individuals – will be among those most severely affected by funding cuts.<sup>53</sup> These groups, whose specific needs are often overlooked by humanitarian responses, will face even greater hardships as resources dwindle. UN Women highlights that the impact is particularly acute for organizations working with marginalized women and those in rural or areas with armed conflict, who already struggle to access essential services and support.<sup>54</sup>

This global decline in funding, particularly acute for health programming, along with the global pushback on gender rights, will impact services and education initiatives, disproportionately disadvantaging women and young children in rural areas and other underserved areas. It is feared that work such as the sustainable elimination of iodine deficiency will be particularly affected, given it lies at the intersection of health and women's rights, and because it is often given less attention and resource allocation than other issues.

Sustained public health interventions, particularly targeted interventions for women and young children in rural and other underserved areas, are needed globally to mitigate the multifaceted burden of iodine deficiency and improve health outcomes for women across their lifespan.<sup>55</sup> Expanding universal salt iodization programs should be a priority. Strengthening supply chains, ensuring access to iodized salt in rural and underserved regions, and enhancing quality control

measures are critical. Public health campaigns should focus on educating women of reproductive age about the importance of iodine. In regions where iodized salt is insufficient, supplementation programs are essential. Routine monitoring of iodine levels in high-risk groups, particularly pregnant women and children, should be integrated into national health strategies. This resolution calls for all governments to maintain and increase funding to support these initiatives in order to mitigate the long-term health and economic impacts of iodine deficiency and improve outcomes for those most at risk.

#### NOTE:

The South Pacific Area Conference (SPAC) adopted a resolution on this topic moved by an association that is no longer a Member Society of ACWW. Given members' interest in this issue, an alternative Member Society is being sought to move this resolution. The proposed resolution was based on the resolution adopted at the SPAC and refined by the Board Working Group on Resolutions and Recommendations.

#### REFERENCES

- <sup>1</sup> B.G. Biban and C. Lichiardopol, "Iodine Deficiency, Still a Global Problem?", *Current Health Sciences Journal*, 2017, Volume 43(2): 103-111, <https://doi.org/10.12865/chsj.43.02.01>
- <sup>2</sup> World Health Organisation (WHO), *Reaching Optimal Iodine Nutrition in Pregnant and Lactating Women and Young Children*, <https://cdn.who.int/media/docs/default-source/nutritionlibrary/reaching-optimal-iodine-nutrition-in-pregnant-and-lactating-women-and-young-children.pdf>
- <sup>3</sup> WHO, UN Children's Fund (UNICEF), and the International Council for Control of Iodine Deficiency Disorders (ICCIDD), "Assessment of iodine deficiency disorders and monitoring their implementation" (Third edition), 2007, [https://iris.who.int/bitstream/handle/10665/43781/9789241595827\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/43781/9789241595827_eng.pdf)
- <sup>4</sup> UNICEF, *Sustainable Elimination of Iodine Deficiency: Progress since the 1990 World Summit for Children*, 2008, <https://data.unicef.org/resources/sustainable-elimination-of-iodine-deficiency/>
- <sup>5</sup> G. Çelmeli, Y. Çürek, İ. Özen Küçükçetin, Z. Arslan Gülten, S. Özdem, S. Akçürin, and İ Bircan, "The results of 16 years iodization: assessment of iodine deficiency among school-age children in Antalya, Turkey", *Journal of Clinical Research in Pediatric Endocrinology*, 2020, Volume (12:3): 256-260, <https://www.jcrpe.org/pdf/cf9d60d6-523c-458a-a2e6-78728d3ffbb0/issues/2020-012-003.pdf>
- <sup>6</sup> T.C.E. Mosha, F. Tarimo and E. Tuzie, "Towards Sustainable Elimination of Iodine Deficiency Disorders: A Case Study of Selected Villages in the Endemic Southern Highlands, Tanzania", *Ecology of Food and Nutrition*, 2004, Volume 43(5): 375-408, <https://doi.org/10.1080/03670240490500307>; Eduardo A. Pretell and Elizabeth N. Pearce, "A History of the Elimination of Iodine Deficiency Disorders in the Americas: A Dramatic Achievement and Lessons Learned", *The Journal of Nutrition*, Volume 154(12): 3856-3867, <https://doi.org/10.1016/j.tjnut.2024.10.009>
- <sup>7</sup> Marcos Galván, Trinidad Lorena Fernández Cortés, Teodoro Suárez-Diéguez and Guadalupe López-Rodríguez, "Iodine nutritional status in urban and rural Mexican schoolchildren", *Endocrinología, Diabetes y Nutrición*, April 2020, Volume 67(4): 228-234, <https://www.elsevier.es/es-revista-endocrinologia-diabetes-nutricion-english-ed--413-articulo-iodine-nutritional-status-in-urban-S2530018020300500>
- <sup>8</sup> Galván M, Fernández Cortés TL, Suárez-Diéguez T, López-Rodríguez G. "Iodine nutritional status in urban and rural Mexican schoolchildren", *Endocrinol Diabetes Nutr* 2020;67:228-234; Campos Rde O, Reboucas SC, Beck R, de Jesus LR, Ramos YR, Barreto Idos S, Marques TX, Cerqueira TL, Santos WA, Oliveira CA, Teixeira LS, Souza VC, Barbosa F Jr, Ramos HE, "Iodine Nutritional Status in Schoolchildren from Public Schools in Brazil: A Cross-Sectional Study Exposes Association with Socioeconomic Factors and Food Insecurity", *Thyroid* 2016;26:972-979. Epub 2016 Jun 10.
- <sup>9</sup> Jing Lin, Hai-Long Tan and Huan Ge, "Global, Regional, and National Burden of Iodine Deficiency in Reproductive Women from 1990 to 2019, and Projects to 2035: A Systemic Analysis for the Global Burden of Disease Study 2019", *International Journal of Women's Health*, 21 June 2025, Volume 17: 1863-1874, <https://doi.org/10.2147/IJWH.S513856>

- 
- <sup>10</sup> K. Agrawal, B.H. Paudel, P.N. Sing, S. Majhi and H.P. Pokhrel, “Urinary Excretion in Pregnancy: A Pilot Study in Regional Nepal”, *Journal of Clinical and Diagnostic Research*, 1 July 2013, Volume 7(7): 1319-1321, <https://doi.org/10.7860/JCDR/2013/6040.3136>
- <sup>11</sup> WHO, “Iodine deficiency”, <https://www.who.int/data/nutrition/nlis/info/iodine-deficiency>
- <sup>12</sup> WHO, “Iodine deficiency”, <https://www.who.int/data/nutrition/nlis/info/iodine-deficiency>
- <sup>13</sup> Benjamin Ly Serena, “Cognitive Consequences of Iodine Deficiency in Adolescence: Evidence from Salt Iodization in Denmark”, *Scandinavian Journal of Economics*, July 2022, Volume 124(3): 869-902, <https://doi.org/10.1111/sjoe.12473>
- <sup>14</sup> Wang, Yanling et al. “Iodine nutrition status and thyroid function of women at different phases of gestation in an iodine sufficient rural area.” *Asia Pacific Journal of Clinical Nutrition* vol. 30,1 (2021): 99-103. doi:10.6133/apjcn.202103\_30(1).0012, <https://pubmed.ncbi.nlm.nih.gov/33787045/>
- <sup>15</sup> Şeyma Şimşirgil Kara, Muhittin Yılmaz and Huriye Demet Cabar, “The Importance of Iodine for Thyroid Health”, in Ifigenia Kostoglou-Athanassiou and Panagiotis Athanassiou, *Recent Advances in Thyroid Disorders*, 8 May 2024, <https://www.intechopen.com/online-first/1208079>
- <sup>16</sup> Wang, Yanling et al., previously cited.
- <sup>17</sup> Jing Lin et al., previously cited.
- <sup>18</sup> Wang, Yanling et al., previously cited.
- <sup>19</sup> Ibid.
- <sup>20</sup> Dan Liang, Li Wang, Panpan Zhong, Jiuxiu Lin, Leyan Chen, Qifang Chen, Shuang Liu, Zhen Luo, Changwen Ke, Yingsi Lai, “Perspective: Global Burden of Iodine Deficiency: Insights and Projections to 2050 Using XGBoost and SHAP”, *Advances in Nutrition*, March 2025, Volume 16(3), <https://doi.org/10.1016/j.advnut.2025.100384>
- <sup>21</sup> Ibid.
- <sup>22</sup> Ibid.
- <sup>23</sup> Ibid.
- <sup>24</sup> Ibid.
- <sup>25</sup> Ibid.
- <sup>26</sup> WHO, UNICEF & ICCIDD, “Assessment of iodine deficiency disorders and monitoring their implementation” (Third edition), 2007, [https://iris.who.int/bitstream/handle/10665/43781/9789241595827\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/43781/9789241595827_eng.pdf)
- <sup>27</sup> Jing Lin, et al., previously cited.
- <sup>28</sup> Patriota ESO, Lima ICC, Nilson EAF, Franceschini SCC, Goncalves VSS, Pizato N. “Prevalence of insufficient iodine intake in pregnancy worldwide: a systematic review and meta-analysis”, *Eur J Clin Nutr.* 2022;76(5):703–715. doi: 10.1038/s41430-021-01006-0
- <sup>29</sup> Jing Lin, et al., previously cited.
- <sup>30</sup> Dan Liang, et al., previously cited.
- <sup>31</sup> UNICEF Data, *Iodine Data*, March 2023, <https://data.unicef.org/topic/nutrition/iodine/>
- <sup>32</sup> WHO Europe and Iodine Global Network, *Prevention and control of iodine deficiency in the WHO European Region*, 2024, [https://ign.org/app/uploads/2024/07/WHO\\_IGN\\_Iodine-Deficiency-Report.pdf](https://ign.org/app/uploads/2024/07/WHO_IGN_Iodine-Deficiency-Report.pdf), p. 49.
- <sup>33</sup> Dan Liang, et al., previously cited.
- <sup>34</sup> Ibid.
- <sup>35</sup> T.C.E. Mosha, et al., previously cited.
- <sup>36</sup> WHO Europe and Iodine Global Network, previously cited.
- <sup>37</sup> G. Çelmeli, et al., previously cited; M.F. Erdoğan, K. Ağbaht, T. Altunsoy, S. Özbaş, F. Yücesan, B. Tezel, C. Sargin, I. İlbeğ, N. Artik, R. Köse and G. Erdoğan, “Current iodine status in Turkey”, *Journal of Endourological Investigation*, 2009, Volume 32:617-622; Ulu H, Marakoğlu K, Akyürek F, Kızmaz M. “Evaluation of urinary iodine levels and thyroid function tests in pregnant women and their infants”, *Acta Endocrinol (Buchar)*. 2017 Jan-Mar;13(1):47-52. doi: 10.4183/aeb.2017.47. PMID: 31149147; PMCID: PMC6525759.
- <sup>38</sup> National Institutes of Health, *Iodine*, <https://ods.od.nih.gov/factsheets/Iodine-HealthProfessional/>
- <sup>39</sup> Jing Lin, et al., previously cited.
- <sup>40</sup> Ibid.
- <sup>41</sup> Dan Liang, et al., previously cited.
- <sup>42</sup> Dan Liang, et al., previously cited.
- <sup>43</sup> G. Çelmeli, et al., previously cited.

---

<sup>44</sup> Zheng Feei Ma, “Letter to the Editor: The results of 16 years of iodization: Assessment of iodine deficiency among school-aged children in Antalya, Turkey”, *Journal of Clinical Research in Pediatric Endocrinology*, 2020, Volume 12(3): 329-330, <https://doi.org/10.4274/jcrpe.galenos.2019.2019.0036>

<sup>45</sup> Ibid.

<sup>46</sup> OECD, “Cuts in official development assistance: OECD projections for 2025 and the near term”, 26 June 2025, [https://www.oecd.org/en/publications/cuts-in-official-development-assistance\\_8c530629-en/full-report.html](https://www.oecd.org/en/publications/cuts-in-official-development-assistance_8c530629-en/full-report.html)

<sup>47</sup> Ibid.

<sup>48</sup> Ibid.

<sup>49</sup> Ibid.

<sup>50</sup> UN Women, *At Breaking Point: The Impact of Foreign Aid Cuts on Women’s Organizations in Humanitarian Crises Worldwide*, April 2025, <https://www.unwomen.org/sites/default/files/2025-05/at-a-breaking-point-the-impact-of-foreign-aid-cuts-on-womens-organizations-in-humanitarian-crises-worldwide-en.pdf>

<sup>51</sup> Ibid.

<sup>52</sup> Ibid.

<sup>53</sup> Ibid.

<sup>54</sup> Ibid, p. 12.

<sup>55</sup> Dan Liang, et al., previously cited.

**RESOLUTION 17:        Equitable access to vaccines**

**MOVER:                CWA Queensland**

The CWA Queensland moves that:

*“ACWW and its Members call on all governments to fully fund and implement their commitments to providing equitable access to all vaccines, to adopt innovative programmes that are responsive to the needs of women in rural and remote communities, and to ensure that cuts to international development funding do not jeopardise the full implementation of these measures for women and girls, particularly those living in rural, remote and other underserved areas.”*

**RATIONALE:**

Vaccination has a significant impact on morbidity and mortality. High vaccination coverage rates are required to achieve herd protection against vaccine-preventable diseases.<sup>1</sup> Research shows that vaccines are one tool that can help break the pernicious cycle of poverty and ill health, improving equity across both health and wealth.<sup>2</sup>

Governments around the world have committed to equitable access to vaccines: For example, Resolution 50/13 adopted at the 50th session of the UN Human Rights Council called for ensuring access to medicines, vaccines and other health products and for an analytical study on violations in this area. To implement these commitments, global programming by international organisations such as the World Health Organisation, UNICEF and the Vaccine Alliance has been ongoing for some time. In May 2012, the World Health Assembly endorsed the Global Vaccine Action Plan, a framework for preventing millions of deaths through more equitable access to available vaccines for all populations.<sup>3</sup> One of the strategic goals in this Global Vaccine Action Plan is to “ensure that the benefits of immunization are equitably delivered to all people, regardless of where they live, age, gender, disability, education and socioeconomic status, ethnic group and employment status”.

Yet despite these commitments and efforts towards eliminating inequalities in access to vaccines, in recent years, many countries, including those in Europe, have been dealing with increasing rates of vaccine-preventable diseases.<sup>4</sup> The main barriers at the national and local level to ensure equitable access to medicines, vaccines and other health commodities include: poverty, lack of education, gender inequality, universal coverage issues, lack of equitable financing of health services, and health inequalities.<sup>5</sup> Limited vaccine access, particularly acute for many rural and regional areas, and hesitancy among specific communities (including those in more socioeconomically deprived areas), represent significant obstacles.<sup>6</sup> Research shows that although vaccination uptake for certain diseases is already sub-optimal in general populations, this is even lower among disenfranchised and disadvantaged groups, particularly populations that are disadvantaged and difficult to reach due to socioeconomic (disenfranchised populations), cultural/religious (isolated and closed communities) and geographic reasons (selected ethnicities, border populations and economic travellers).<sup>7</sup>

People living in rural areas are disproportionately victims of inequality in immunisation services.<sup>8</sup> This is true in most low- and high-income countries. For example, rural communities in the USA experience increased disparity of care for both general healthcare services and access to routine vaccines, with a 40% lower vaccination rate compared to urban communities.<sup>9</sup> Access to general health services is a significant factor that influences access to

vaccines, and people in rural areas often experience difficulties accessing and being reached by health services and show poorer health outcomes compared to the average national population.<sup>10</sup> Gaps in vaccine access often occur due to a combination of transportation challenges and the distance between health care sites and where people live and work.<sup>11</sup> Travelling long distances to health clinics may deter women from attending immunisation clinics for themselves or bringing children, due to safety and mobility issues.<sup>12</sup> When implementing programmes in rural and remote communities, for example in rural Papua New Guinea, the UN has found that ineffective communication linkages, limited services infrastructure, limited or poor transport access, and a very low economic level are key challenges.<sup>13</sup>

Gender-related barriers can also have an indirect impact on immunisation. The Global Vaccine Alliance (GAVI) explains that social and cultural norms, and the unequal status of women in many societies, can reduce the chances of children being vaccinated, by preventing their caregivers, who are most often women, from accessing immunisation services.<sup>14</sup> Due to gender norms, it is often women's responsibility to bring children for vaccination; yet women in lower-income countries often face gender-related barriers to doing so, including: time constraints due to high workload; limited funds for transport; and lack of access to information on disease prevention. In many countries, vaccinators are predominantly women, and they may face barriers in delivering vaccine services due to gender norms, unsafe working conditions, poor or irregular pay, and heavy workload.<sup>15</sup> The United Nations' Gender Development Index confirms that countries with a high level of gender equality have higher immunisation coverage, for both children and women.

More innovative strategies need to be deployed to improve vaccination coverage among those most at risk of being left behind, and to reduce inequality and inequity for women and children in rural communities. Policy makers must ensure rural populations' unique needs are considered and included during the design and implementation of vaccine programmes.<sup>16</sup>

There are concerns that the reduction in global spending on health programming will lead to further gaps in measures to improve equitable access to vaccines, which will particularly affect the populations most at risk, including rural women and girls. As stated earlier (in the rationale provided for Resolution 16 on iodine deficiency), the decrease in spending on international development programmes, particularly health programming, is particularly grave, and predicted to significantly impact global health initiatives, particularly for women. This is further undermined by the global backlash against women's rights and gender diversity. For example, recently UNICEF has found that in some areas where it works, for example Laos, the threat of progress backsliding looms as deep-seated gender disparities threaten to leave vulnerable groups behind.<sup>17</sup>

This resolution calls for all governments to fully fund equitable access to vaccines and ensure that cuts to development budgets do not impact these initiatives in order to support the important health and economic benefits of widespread affordable vaccination programmes, particularly for those most at risk of being left behind.

## REFERENCES:

---

<sup>1</sup> Ekezie, Winifred et al. "Access to Vaccination among Disadvantaged, Isolated and Difficult-to-Reach Communities in the WHO European Region: A Systematic Review." *Vaccines* vol. 10,7 1038. 28 Jun. 2022, doi:10.3390/vaccines10071038

- 
- <sup>2</sup> The Value of Immunization Compendium of Evidence (VoICE), “Evidence Brief: Equity and Immunization: Shrinking the Gaps”, 3 June 2020, <https://immunizationevidence.org/equity-and-immunization-shrinking-the-gaps/>
- <sup>3</sup> WHO, “Global Vaccine Action Plan”, <https://www.who.int/teams/immunization-vaccines-and-biologicals/strategies/global-vaccine-action-plan>
- <sup>4</sup> Ekezie, Winifred et al., previously cited.
- <sup>5</sup> Association for Women’s Right to Health in Development (KADINSA), the Association of Public Health Specialists (HASUDER) and the Turkish Medical Association (TTB), “Monitoring Report on Access to Medicines, Vaccines and Other Health Products in Turkey”, submission to the UN Human Rights Office (OHCHR), <https://www.ohchr.org/sites/default/files/documents/hrbodies/cescr/cfis/access-medicine/submissions/subm-ohchr-analytical-cso-assoc-women-right.pdf>
- <sup>6</sup> Ekezie, Winifred et al., previously cited.
- <sup>7</sup> Ibid.
- <sup>8</sup> Eskiocak M., “Status of Immunization Services and Inequalities in Immunization in Turkey, *Turkey Health Report 2020*, <https://www.halksagligiokulu.org/Kitap/DownloadEBook/a35b8034-2993-460e-9d1c-816b46a3e5b2>
- <sup>9</sup> McKeirnan, Kimberly C et al. “A Qualitative Analysis of Rural Community Vaccination Barriers During the COVID-19 Pandemic.” *Vaccines* vol. 12, 12 1442. 21 Dec. 2024, doi:10.3390/vaccines12121442
- <sup>10</sup> Ekezie, Winifred et al., previously cited.
- <sup>11</sup> Ann Lee and Sheila Davis, “Ensuring Equitable Access to Vaccines”, *Stanford Social Innovation Review*, 29 June 2021, [https://ssir.org/articles/entry/ensuring\\_equitable\\_access\\_to\\_vaccines](https://ssir.org/articles/entry/ensuring_equitable_access_to_vaccines)
- <sup>12</sup> GAVI, “Gender and Immunisation”, <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>
- <sup>13</sup> UN Department of Economic and Social Affairs, *Girls’ and Women’s Right to access Health and Education Services to reduce Inequality and Inequity in rural communities toward preventing Maternal and Infant Mortality*, <https://sdgs.un.org/partnerships/girls-and-womens-right-PNG>
- <sup>14</sup> GAVI, “Gender and Immunisation”, <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>
- <sup>15</sup> Ibid.
- <sup>16</sup> McKeirnan, Kimberly C et al., previously cited.
- <sup>17</sup> UNICEF Lao PDR, *Breaking Barriers: How We Can Transform Immunization in Lao PDR by Promoting Greater Gender Equality*, <https://www.unicef.org/laos/stories/breaking-barriers-immunization-gender-HPV-COVID-19>

**RESOLUTION 18: Funding of sexual and reproductive health and rights**

**MOVER:** TBD\* [from South Pacific Area Conference]

It is moved that:

*“ACWW and its Members call on all governments to implement strategies to fully fund sexual and reproductive health and rights, including providing information, comprehensive sex education and facilities to all.”*

**RATIONALE:**

More than 200 million women – many of them poor and living in rural and remote parts of the world – lack access to voluntary family planning methods.<sup>1</sup> In addition, more than 800 pregnant women – many in fragile socio-economic situations – die each day from complications related to pregnancy and childbirth.<sup>2</sup> In many parts of the world, access to services is particularly limited or even non-existent for rural and indigenous women, undermining their ability to exercise their reproductive rights. The UNFPA Executive Director reminds us that “[m]aking reproductive health care universally accessible would not only help fulfil a poor, rural woman’s reproductive rights; it would also enable her to stay healthy, get an education and participate in all facets of life, including economic life.”<sup>3</sup>

Women’s sexual and reproductive health is intrinsically linked to multiple human rights, including the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. The Committee on Economic, Social and Cultural Rights (CESCR) and the Committee on the Elimination of Discrimination against Women (CEDAW) have both clearly indicated that women’s right to health includes their sexual and reproductive health.<sup>4</sup> The UN Special Rapporteur on the right to health maintains that women are entitled to reproductive health care services, and goods and facilities that are: available in adequate numbers; accessible physically and economically; accessible without discrimination; and of good quality.<sup>5</sup>

Governments around the world have already committed and are bound by international human rights law to respect, protect and fulfill the sexual and reproductive health and rights of all. For example, member states of the UN General Assembly have reaffirmed their commitment to implementing and upholding sexual and reproductive health and rights (SRHR) in numerous resolutions,<sup>6</sup> reaffirming the human rights framework that underpins these rights and emphasizing the need to ensure access to related services, free from coercion and discrimination.<sup>7</sup> Key aspects include the right of individuals to make decisions about their sexual and reproductive health, the importance of gender equality and non-discrimination, and the need to address violence and harmful practices like female genital mutilation.<sup>8</sup> Resolutions and other commitments emphasize the importance of access to comprehensive sexual and reproductive health services,<sup>9</sup> including family planning, maternal health care, and prevention and treatment of STIs. Some resolutions focus on the specific needs of vulnerable groups, including rural women, young people, and individuals with disabilities. Resolutions call for international cooperation to promote, protect, and fulfil SRHR, including through collaboration with governments, civil society, and other stakeholders.

In April, at the United Nations Headquarters in New York, governments again renewed their commitment and determination to accelerate the implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD).<sup>10</sup> It’s principles

are embedded in the United Nations Sustainable Development Goals (SDGs), including commitments to ensure universal access to sexual and reproductive health-care services and to advance reproductive rights.

Despite these obligations, violations of women’s sexual and reproductive health and rights are frequent.<sup>11</sup> The UN Human Rights Office reports that violations of women’s sexual and reproductive health and rights are often due to deeply engrained beliefs and societal values pertaining to women’s sexuality. Patriarchal concepts of women’s roles within the family mean that women are often valued based on their ability to reproduce. Early marriage and pregnancy, or repeated pregnancies spaced too closely together—often as the result of efforts to produce male offspring because of the preference for sons—has a devastating impact on women’s health with sometimes fatal consequences. Women are also often blamed for infertility, suffering ostracism and being subjected to various human rights violations as a result.

Rural women and girls are particularly affected. Accessing SRHR services in rural areas presents complex challenges that negatively impact women’s health and exacerbate health inequities across the life course.<sup>12</sup> A major five-year programme and global strategic partnership on women’s health across Africa, Asia and Latin America,<sup>13</sup> Right Here Right Now, has found that rural women and girls face significant barriers in accessing the essential sexual and reproductive health services and commodities they need.<sup>14</sup> Their research, which spanned eight countries in various regions, found barriers are formed by various factors, such as: long distance from the health facilities, lack of preferred and high costs of service, poorly trained medical staff, confidentiality issues, long waiting hours, work and family obligations and the constant fear of stigmatization and discrimination.

“These barriers are strongest for young rural women and girls when obtaining safe abortion services, even in areas where legislative barriers are absent. Due to access issues and a strong fear of stigmatisation, many women resort to seeking unsafe abortion services despite being knowledgeable of the risk affiliated with this action, which can contribute to maternal mortality. Many young rural women and girls have no awareness of their fundamental SRHR. This is caused by lack of access to evidence- and human rights-based comprehensive sexuality information, even as it relates to good menstrual hygiene. Absent is often also the availability of full range of contraceptives and the ability to choose their preferred choice of contraceptive method and counseling, as a result they are unable to make informed choices and decisions about their sexual and reproductive health.”

“The results are devastating; young rural women who cannot access comprehensive information and inclusive services, experience higher rates of unplanned and unwanted pregnancies, early and forced marriage, and maternal mortality from complications during childbirth or from unsafe abortions.”

There is an urgent need for targeted interventions to address SRH service access disparities in rural communities, in low- and high- income countries.<sup>15</sup> Understanding the barriers and facilitators women face in accessing SRH services within the rural context is necessary to develop comprehensive healthcare policies and interventions informed by a nuanced understanding of rural women’s diverse needs.<sup>16</sup>

Despite the challenges and barriers, significant progress has been made globally to progress women’s access to SRHR over the past three decades. UN agencies report that since 1990, the number of women using modern contraception has doubled; since 2000, maternal mortality

has declined by 34%; and by 2022, access to HIV treatment had averted an estimated 20.8 million deaths globally.<sup>17</sup> However, the WHO, UNFPA, UNICEF, UNAIDS and UN Women all warn that “[m]ore recently, however, this progress has stalled and in some instances is reversing. Looking forward, the prospect of continued progress is far from guaranteed. The ongoing effects of the COVID-19 pandemic, persistent and increasing conflict, climate change, rising inequalities and deepening polarization are all undermining access to quality, essential health services. These setbacks demand urgent action.”<sup>18</sup>

In particular, there are concerns that the reduction in global spending on health programming will lead to significant reductions in investment in SRHR, which will particularly affect the populations most at risk from gender discrimination and limited access to health services, including rural women and girls. As stated earlier (in the rationale provided for Resolution 16 on iodine deficiency), the decrease in spending on international development programmes, particularly health programming, is particularly grave, and predicted to significantly impact global health initiatives, particularly for women. This is further undermined by the global backlash against women’s rights and gender diversity.

The decrease in spending on international development programmes, particularly health programming is particularly grave: For the first time in history, France, Germany, the United Kingdom, and the United States all cut their overseas development assistance (ODA) funding simultaneously for two consecutive years (a 9% drop in 2024 and an additional 9-17% drop predicted in 2025).<sup>19</sup> Bilateral ODA for health is projected to decline by 19-33 % in 2025 over 2023 levels, dropping to pre-COVID levels.<sup>20</sup> These bilateral ODA cuts are expected to be further exacerbated by additional cuts in funding to multilateral organisations, such as the WHO and UNICEF (among others).<sup>21</sup> Over half of the ODA provided to least developed countries is delivered through multilateral channels, yet eleven OECD providers of ODA to multilateral organisations have announced cuts that account for between 62% (for WHO) and 87% (for WFP) of funding to key multilateral health and humanitarian agencies.<sup>22</sup> These cuts risk undoing recent gains and will create major impacts on the countries and people most in need, particularly women and girls in rural areas, who are already among the most marginalized.

The impact of these global on organisations working in women’s rights, particularly health, is significant: Research conducted by UN Women has indicated that almost half (47%) of women-led and women’s organizations expect to shut down within six months if current funding levels persist, while over one-third (35%) remain trapped in uncertainty, unable to plan or sustain their work. Only 18% of women’s organisations reported to UN Women that they anticipate to stay operational for more than a year.<sup>23</sup> UN Women has noted that the services most affected by funding cuts include gender-based violence prevention and response (67%), protection services (62%), livelihoods and cash assistance (58%), and health care (52%).<sup>24</sup> SRHR programming is particularly being targeted for elimination.

UN Women emphasizes that specific marginalized groups – migrants, refugees, Indigenous women, women with disabilities, older women, and LGBTIQ+ individuals – will be among those most severely affected by funding cuts.<sup>25</sup> UN Women highlights that the impact is particularly acute for organizations working with marginalized women and those in rural or areas with armed conflict, who already struggle to access essential services and support.<sup>26</sup> This global decline in funding, particularly acute for health programming, along with the global pushback on gender rights, will impact SRHR services and education initiatives, disproportionately disadvantaging women and young children in rural areas, remote and other underserved areas.

This resolution calls for all governments to uphold and fully fund their commitments in relation to SRHR. As the UN reminds us:<sup>27</sup>

“Promoting comprehensive sexual and reproductive health and rights is not only the right thing to do; it is also the smart thing to do. Investing in women’s and girls’ reproductive rights and agency and expanding access to services is proven to have remarkable returns, including in terms of social well-being, economic prosperity and peace, which our world so desperately needs. Additional financing from all sources – domestic, international, public, private – is essential to create long-term positive outcomes for women and girls.”

#### **NOTE:**

The South Pacific Area Conference (SPAC) adopted a resolution on this topic moved by an association that is no longer a Member Society of ACWW. Given members’ interest in this issue, an alternative Member Society is being sought to move this resolution. The proposed resolution was based on the resolution adopted at the SPAC and refined by the Board Working Group on Resolutions and Recommendations.

#### **REFERENCES:**

<sup>1</sup> UNFPA, “Protecting reproductive rights of rural women: a pathway to a more equal world”, 8 March 2018, <https://www.unfpa.org/press/protecting-reproductive-rights-rural-women-pathway-more-equal-world>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> UN Human Rights Office (OHCHR), *Sexual and reproductive health and rights*, <https://www.ohchr.org/en/women/sexual-and-reproductive-health-and-rights>

<sup>5</sup> The Special Rapporteur on the right to health, A/61/338, [http://ap.ohchr.org/documents/dpage\\_e.aspx?si=A/61/338](http://ap.ohchr.org/documents/dpage_e.aspx?si=A/61/338)

<sup>6</sup> Center for Reproductive Rights, “UN adopts resolutions to protect gender and reproductive rights”, 13 January 2023, <https://reproductiverights.org/un-general-assembly-resolutions-gender-reproductive-rights/>

<sup>7</sup> A/RES/77/193

<sup>8</sup> A/RES/77/181

<sup>9</sup> WHO, UNFPA, UNICEF, UNAIDS and UN Women, Joint UN statement calling for sexual and reproductive health and rights for all, 11 July 2024, <https://www.who.int/news/item/11-07-2024-joint-un-statement-calling-for-sexual-and-reproductive-health-and-rights-for-all>

<sup>10</sup> Ibid.

<sup>11</sup> OHCHR, previously cited.

<sup>12</sup> Wood, S.M., Alston, L., Chapman, A. *et al.* Barriers and facilitators to women’s access to sexual and reproductive health services in rural Australia: a systematic review. *BMC Health Serv Res* 24, 1221 (2024). <https://doi.org/10.1186/s12913-024-11710-9>

<sup>13</sup> Right Here Right Now is implemented by a consortium of eight organisations: Rutgers Netherlands, HIVOS, Dance4Life, CHOICE for Youth and Sexuality, International Planned Parenthood Federation Africa Region, the Asian-Pacific Resource and Research Centre of Women, the Latin American and Caribbean Women’s Health Network, and the Ministry of Foreign Affairs of the Netherlands. See <https://rutgers.international/programmes/right-here-right-now/>

<sup>14</sup> Right Here Right Now, *Sexual and Reproductive Health and Rights for Young Rural Women and Girls*, [https://www.choiceforyouth.org/assets/Docs/198f89dc19/PositionPaper\\_CSW\\_DEF.pdf](https://www.choiceforyouth.org/assets/Docs/198f89dc19/PositionPaper_CSW_DEF.pdf)

<sup>15</sup> Wood, et al., previously cited.

<sup>16</sup> Ibid.

<sup>17</sup> WHO, UNFPA, UNICEF, UNAIDS and UN Women, Joint UN statement, previously cited.

---

<sup>18</sup> Ibid.

<sup>19</sup> OECD, “Cuts in official development assistance: OECD projections for 2025 and the near term”, 26 June 2025, [https://www.oecd.org/en/publications/cuts-in-official-development-assistance\\_8c530629-en/full-report.html](https://www.oecd.org/en/publications/cuts-in-official-development-assistance_8c530629-en/full-report.html)

<sup>20</sup> Ibid.

<sup>21</sup> Ibid.

<sup>22</sup> Ibid.

<sup>23</sup> UN Women, *At Breaking Point: The Impact of Foreign Aid Cuts on Women’s Organizations in Humanitarian Crises Worldwide*, April 2025, <https://www.unwomen.org/sites/default/files/2025-05/at-a-breaking-point-the-impact-of-foreign-aid-cuts-on-womens-organizations-in-humanitarian-crises-worldwide-en.pdf>

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid, p. 12.

<sup>27</sup> WHO, UNFPA, UNICEF, UNAIDS and UN Women, Joint UN statement, previously cited.

**RESOLUTION 19: Sustainable funding models to address violence against women and girls**

**MOVER:** TBD\* [from South Pacific Area Conference]

It is moved that:

*“ACWW and its Members call on all governments to implement the following measures in addressing violence against women and girls:*

- *to prioritise the development and implementation of sustainable funding models for services addressing perpetrator risk factors known to contribute to violence against women and children;*
- *to prioritise funding models that support integrated, trauma-informed, and victim-centred responses across relevant sectors, ensuring affordable and equitable access to legal protections and essential support services for women and children at risk of or affected by violence.”*

**RATIONALE:**

Violence against women and children remains one of the most persistent and devastating human rights violations worldwide, with long-term impacts on individuals, families, and communities. While legal frameworks to address violence against women and children exist in many jurisdictions, the lack of sustainable funding for implementation, frontline services, and prevention programs continues to undermine effective responses.

Women, especially those living in rural and remote areas face unique barriers to accessing timely, appropriate, and affordable support. Children exposed to violence often suffer as co-victims, with evidence linking exposure to lifelong physical, emotional, and developmental harms.<sup>1</sup> The United Nations, through numerous resolutions of the General Assembly<sup>2</sup> and the Human Rights Council,<sup>3</sup> and the work of its Treaty Bodies,<sup>4</sup> has recognised violence against women and children as a critical global issue requiring coordinated, adequately resourced responses. These include Commission on the Status of Women Agreed Conclusions,<sup>5</sup> which consistently highlight the importance of ensuring predictable and sustainable financing to implement national action plans, deliver services, and strengthen prevention efforts.

Governments across regions have made varying degrees of progress. Some good-practice models include: Spain<sup>6</sup> allocating multi-year funding to support integrated services across education, health, justice, and social sectors, with a focus on local-level capacity; Canada<sup>7</sup> including a commitment to sustainable, multi-jurisdictional funding and acknowledging the specific needs of Indigenous and rural women; and Australia<sup>8</sup> integrating prevention, early intervention, and recovery pillars, with specific funding streams for rural and remote communities and for services addressing violence against women and children.

UN mechanisms such as CEDAW<sup>9</sup> and the UN Working Group on Discrimination against Women and Girls,<sup>10</sup> have developed normative frameworks outlining obligations and expectations to be met by countries globally on financing to address violence against women and children. However, a key gap remains in the implementation and financing of these standards, particularly in rural and marginalized areas.

Through this resolution, ACWW and its Member Societies call for all levels of government to provide sustainable and equitable funding frameworks to address violence against women and children.

**NOTE:**

The South Pacific Area Conference (SPAC) adopted a resolution on this topic moved by an association that is no longer a Member Society of ACWW. Given members' interest in this issue, an alternative Member Society is being sought to move this resolution. The proposed resolution was based on the resolution adopted at the SPAC and refined by the Board Working Group on Resolutions and Recommendations.

**REFERENCES:**

---

<sup>1</sup> UNICEF. (2017). *A familiar face: Violence in the lives of children and adolescents*. United Nations Children's Fund. [https://www.unicef.org/publications/index\\_101397.html](https://www.unicef.org/publications/index_101397.html)

<sup>2</sup> United Nations General Assembly Resolutions on the Elimination of Violence against Women (A/RES/48/104; A/RES/77/300)

<sup>3</sup> UN Human Rights Council, Resolution 53/27, Accelerating efforts to eliminate all forms of violence against women and girls, 14 July 2023.

<sup>4</sup> UN Human Rights Committee, General Comment No. 36; Committee on Economic, Social and Cultural Rights, General Comment No. 16

<sup>5</sup> Commission on the Status of Women (CSW57, CSW60 Agreed Conclusions)

<sup>6</sup> State Pact against Gender-based Violence (2017) <https://violenciagenero.igualdad.gob.es/wp-content/uploads/GUIADEACCIONESINGLES.pdf>

<sup>7</sup> Canada National Action Plan to End Gender-Based Violence (2022), <https://www.canada.ca/en/women-gender-equality/gender-based-violence/intergovernmental-collaboration/national-action-plan-end-gender-based-violence.html>

<sup>8</sup> Australia's National Plan to End Violence against Women and Children (2022–2032), <https://www.dss.gov.au/system/files/resources/national-plan-end-violence-against-women-and-children-2022-2032.pdf>

<sup>9</sup> CEDAW General Recommendation 35 (2017), <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-35-2017-gender-based>

<sup>10</sup> UN Working Group on Discrimination against Women and Girls, <https://www.unwomen.org/sites/default/files/Headquarters/Media/Publications/UNIFEM/UNIFEMWorkgroupoverview.pdf>

**RESOLUTION 20: Reducing digital harms via social media**

**MOVER: Country Women’s Council - USA**

**SECONDER: CWA Victoria**

The Country Women’s Council - USA moves that:

*“ACWW and its Member Societies call on all governments at all levels to implement and enforce policies that reduce digital harms, particularly via social media, and promote adolescent mental well-being online. ACWW members commit to advocating for safe, inclusive, and equitable digital environments for young people—especially young rural women—through public education, community engagement, and support for youth-led digital literacy initiatives.”*

**RATIONALE:**

Adolescents’ mental health is increasingly shaped by their experiences in the digital world.<sup>1</sup> While the internet and social media offer benefits (such as peer connection, learning opportunities, and emotional expression)<sup>2</sup>, there is also concern<sup>3</sup> that they also pose serious risks<sup>4</sup>—including cyberbullying, body image anxiety, sexual exploitation, and exposure to harmful or distressing content.<sup>5</sup> These risks are especially acute for young women and girls in rural areas, who face a combination of limited digital literacy, stigma around internet use, and fewer mental health support systems.<sup>6</sup>

Globally, a lack of regulation and accountability for online platforms means young people are often left vulnerable in virtual spaces.<sup>7</sup> At the same time, many governments have not prioritized equitable digital access, leaving rural youth—particularly girls—behind in terms of education, support, and opportunities for safe engagement online.

This resolution provides a clear, feasible path for ACWW members to take action. By advocating for stronger online safety laws, public education campaigns, and gender-sensitive digital literacy programs, members can push for both systemic change and community-level solutions. Supporting youth-led initiatives and safe digital spaces for girls can also empower young people to protect their own well-being and lead change in their communities.

Promoting digital safety and mental health is not only a youth issue—it is a gender equity issue, a rural development issue, and a global priority that aligns with ACWW’s commitment to empowering women and strengthening families and communities worldwide.

**REFERENCES:**

---

<sup>1</sup> World Health Organisation (WHO), “Mental health of adolescents”, 10 October 2024, <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

<sup>2</sup> Mariya Stoilova, Christopher Edwards, Kasia Kostryka-Allchorne, Sonia Livingstone and Edmund Sonuga-Barke, *The impact of digital experiences on adolescents with mental vulnerabilities*, London School of Economics and Political Science and Kings College London, 2021, [https://www.observatoriodelainfancia.es/ficherosoia/documentos/7714\\_d\\_The-Impact-Digital-Experiences-Adolescent.pdf](https://www.observatoriodelainfancia.es/ficherosoia/documentos/7714_d_The-Impact-Digital-Experiences-Adolescent.pdf)

<sup>3</sup> However, note that research indicates only small associations between the amount of daily digital technology usage and adolescents’ well-being and that recent and rigorous large-scale studies do not offer a way of distinguishing cause from effect and show that how that the links are unlikely to be of clinical or practical significance: Candic L. Odgers and Michaeline Jensen, “Adolescent Mental Health in the Digital Age: Facts, Fears and Future Directions”, in *Journal of Child Psychology and Psychiatry*, 17 January 2020, Volume 61(3): 336-348, doi: <https://doi.org/10.1111/jcpp.13190>

---

<sup>4</sup> Rachana Desai, “Child and adolescent mental health and the digital world: A double-edged sword”, in *South African Child Guage 2021/2022*, University of Cape Town’s Children’s Institute, February 2024, [https://www.researchgate.net/publication/378214003\\_Child\\_and\\_adolescent\\_mental\\_health\\_and\\_the\\_digital\\_world\\_A\\_double-edged\\_sword](https://www.researchgate.net/publication/378214003_Child_and_adolescent_mental_health_and_the_digital_world_A_double-edged_sword)

<sup>5</sup> Mariya Stoilova, Christopher Edwards, Kasia Kostycka-Allchorne, Sonia Livingstone and Edmund Sonuga-Barke, *The impact of digital experiences on adolescents with mental vulnerabilities*, London School of Economics and Political Science and Kings College London, 2021, [https://www.observatoriodelainfancia.es/ficherosoia/documentos/7714\\_d\\_The-Impact-Digital-Experiences-Adolescent.pdf](https://www.observatoriodelainfancia.es/ficherosoia/documentos/7714_d_The-Impact-Digital-Experiences-Adolescent.pdf), p. 28.

<sup>6</sup> V. Sharmila, “A study on digital literacy of rural women based on their educational qualification”, in *GRT Journal of Education Science and Technology*, December 2024, Volume 2(2): 52-56, doi: <http://dx.doi.org/10.26452/grtjest.v2i2.44>

<sup>7</sup> See, for example, the efforts being made by the European Union members: “The future of digital mental health – innovation, collaboration and joint action”, 7 April 2025, <https://polish-presidency.consilium.europa.eu/en/news/the-future-of-digital-mental-health-innovation-collaboration-and-joint-action/> and the OECD guidelines on “Promoting good mental health in children and young adults: Best practices in public health”, 7 April 2025, [https://www.oecd.org/en/publications/promoting-good-mental-health-in-children-and-young-adults\\_ebb8aa47-en.html](https://www.oecd.org/en/publications/promoting-good-mental-health-in-children-and-young-adults_ebb8aa47-en.html)

**RESOLUTION 21: Disclosure requirements for commercial use of digital editing and artificial intelligence productions**

**MOVER:** TBD\* [from South Pacific Area Conference]

The mover moves that:

*“ACWW and its Members call on all governments to develop and enforce legislation and regulations requiring clear and consistent disclosure of commercially distributed content that has been digitally edited or generated using artificial intelligence. ACWW members commit to raising awareness in their communities—particularly in rural areas—about the impacts of undisclosed synthetic media and to supporting digital literacy initiatives that empower women and girls to recognize and respond to manipulated content.”*

**RATIONALE:**

Digital editing and artificial intelligence (AI) technologies are increasingly used in the creation of commercial content, including advertising, influencer media, and entertainment. When these alterations are not disclosed, they can distort perceptions of reality and negatively affect the mental health and well-being of viewers—especially adolescents and women. Exposure to idealized or synthetic imagery is linked to rising levels of body dissatisfaction, anxiety, and social comparison,<sup>1</sup> disproportionately affecting young people in low-literacy and rural contexts who may lack the tools to critically interpret what they see online.

Young rural women and girls are particularly vulnerable:<sup>2</sup> they are often excluded from digital literacy education, have limited access to support services, and may face social stigma or real-world consequences if manipulated content is misused or misunderstood. In some cases, digitally altered or AI-generated content has been used in exploitative ways, including deepfakes, image-based abuse, and scams, with little legal recourse available in many regions.

Although some countries have begun developing legal frameworks (e.g., the European Union’s AI Act<sup>3</sup> and China’s watermarking mandates), global progress is uneven. There is an urgent need for transparent, enforceable disclosure policies that apply to commercial content across all platforms and regions.

This resolution provides a practical and scalable approach. ACWW and its members can:

- Advocate to governments for disclosure laws and platform accountability;
- Partner with local educators and NGOs to deliver digital literacy programs;
- Document community concerns and share examples of harms;
- Equip rural women and girls with tools to navigate the digital environment safely and confidently.

In doing so, ACWW can help ensure that digital technologies are used in ways that promote, rather than undermine, the rights, dignity, and mental health of women and girls worldwide.

**NOTE:**

The South Pacific Area Conference (SPAC) adopted a resolution on this topic moved by an association that is no longer a Member Society of ACWW. Given members’ interest in this issue, an alternative Member Society is being sought to move this resolution. The proposed resolution was based on the resolution adopted at the SPAC and refined by the Board Working Group on Resolutions and Recommendations.

## REFERENCES:

---

- <sup>1</sup> Perloff, R. M. (2021). Social media effects on young women's body image concerns: Theoretical perspectives and an agenda for research. *Sex Roles*, 85(7), 1–14. DOI: 10.1007/s11199-014-0384-6
- <sup>2</sup> Fardouly, J., & Vartanian, L. R. (2022). Social media and body image concerns: Current research and future directions. *Current Opinion in Psychology*, 43, 36–41. DOI: 10.1016/j.copsyc.2015.09.005
- <sup>3</sup> European Commission. (2023). *Regulation (EU) 2024/1689 of the European Parliament and of the Council on artificial intelligence (AI Act)*. Official Journal of the European Union. <https://eur-lex.europa.eu/eli/reg/2024/1689/oj/eng>

## **RECOMMENDATION 1: Encouraging youth membership and engagement**

**MOVER:** ACWW Board of Trustees

*The Board of Trustees encourages ACWW Member Societies to actively engage and integrate young members in their organizations.*

### **RATIONALE:**

This Recommendation urges Member Societies to actively engage and integrate young<sup>1</sup> members within their organizations. It is in line with ACWW's ongoing efforts to build a more inclusive and dynamic membership by encouraging societies to recognize the value that young people bring to their communities. Additionally, this recommendation supports the principles outlined in the United Nations 2030 Agenda for Sustainable Development,<sup>2</sup> which underscores the importance of youth engagement and inclusion across all sectors covered by the Sustainable Development Goals.

### **REFERENCES:**

---

<sup>1</sup> To alleviate concerns regarding the definition of "young" and whether this means *all* young people or young *women*, attention is drawn to clause 10.1 of the ACWW Constitution which provides that applicants for ACWW membership must be individuals over the age of 18 years old (10.1.1) or "an organisation of women" (10.1.2).

<sup>2</sup> <https://sdgs.un.org/2030agenda>

## **RECOMMENDATION 2: New and updated ACWW policies**

**MOVER:** **ACWW Board of Trustees**

*The ACWW Board of Trustees recommends to Members that they review the new and revised policies approved by the Board during the 2023-2026 Triennium, and take all necessary and recommended steps to ensure they and their Societies are in full compliance, including and in particular the:*

- *ACWW Safeguarding Policy;*
- *ACWW Privacy Policy;*
- *ACWW Data Protection Policy;*
- *ACWW Anti-Corruption and Bribery Policy;*
- *ACWW Anti-Money Laundering Policy;*
- *ACWW Counter-Terrorism Policy;*
- *ACWW Anti-Fraud Policy;*
- *ACWW Cookie Policy; and*
- *ACWW Risk Policy*

### **RATIONALE:**

Each of the above mentioned policies have been created or updated during the 2023-2026 Triennium, and are important documents for all Members to be aware of. Note that many of these policies create responsibilities for Member Societies and Individual Members.

The policies are available on the ACWW website, and Central Office staff and Board Leads remain available to discuss if Members have any questions or queries about these policies.