

Women and health: 20 years of the Beijing Declaration and Platform for Action

Report by the Secretariat

1. The Beijing Declaration and Platform of Action, the outcomes of the Fourth World Conference on Women (Beijing, 4–15 September 1995), set out 12 areas of action for the global realization of gender equality and women’s empowerment, one of which was women and health.
2. This report describes the challenges to, and emerging priorities for, improving women’s health in the context of the review of the Beijing Declaration and Platform for Action (Beijing+20) and the elaboration of the post-2015 sustainable development agenda, for which a comprehensive approach to women and health is vital.
3. Over the past 20 years, governments have taken steps towards implementing the commitments made in Beijing. Overall progress has been made in reducing maternal mortality and, to a greater extent, infant mortality and morbidity rates. Progress accelerated with the launch of the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health in 2010. Use of services, especially those for sexual and reproductive health, has increased in some countries, in particular in the areas of family planning, cervical cancer screening, antenatal care and deliveries in health facilities. School enrolment rates for girls around the world and higher political participation of women - two determinants of women’s health - have risen in many parts of the world.

THE UNFINISHED AGENDA

4. Despite progress, societies are still failing women in relation to health, most acutely in poor countries and among the poorest women in all countries. Discrimination on the basis of their sex leads to health disadvantages for women. The vision of gender equality in health remains an unfinished agenda.
5. Evidence shows the slow and uneven progress in core areas of the Beijing Platform for Action related to women and health, such as nutrition, sexual and reproductive health, HIV/AIDS and other sexually transmitted diseases, and violence against women. More work needs to be done, as the following data illustrate.
6. Poor sexual and reproductive health outcomes represent one third of the total global burden of disease for women between the ages of 15 and 44 years, with unsafe sex a major risk factor for death and disability among women and girls in low- and middle-income countries. In addition, worldwide, 222 million women are estimated to have an unmet need for modern contraception.

7. Although the maternal mortality ratio has halved between 1990 and 2013, this progress is not sufficient to reach the target of Millennium Development Goal 5 of a 75% reduction by 2015. Maternal mortality ratios remain unacceptably high: in 2013, it is estimated that 289 000 women died from complications in pregnancy and childbirth and that, in 2008, 22 million unsafe abortions occurred (half all induced abortions in that year), nearly all in low- and middle-income countries. Furthermore, nearly 30% of women are affected by anaemia.

8. In 2013, almost 60% of all new HIV infections among young people aged 15–24 years occurred among girls and young women. Tuberculosis is often linked to HIV infection and is among the leading causes of death in low-income countries of women of reproductive age and among adult women aged 20–59 years.

9. Sexually transmitted infections, of which human papillomavirus infection is the most common, disproportionately affect women and adolescent girls. About 70% of cervical cancer cases worldwide are caused by the two most common pathogenic types of human papillomavirus. In pregnancy, untreated syphilis is responsible for about 212 000 stillbirths and early fetal deaths and about 92 000 neonatal deaths.

10. One in three women aged 15–49 years has experienced physical and/or sexual violence by an intimate partner or non-partner sexual violence,¹ with many short- and long-term consequences for their health.

11. More than 125 million women and girls have been subjected to female genital mutilation, and one in three girls in developing countries (excluding China) are married before the age of 18 years. Both these harmful practices have negative health consequences for girls, women and their infants.

EMERGING PRIORITIES FOR WOMEN AND HEALTH

12. **Adolescents** account for a large proportion of the population in low- and middle-income countries. Adolescent pregnancy rates are usually high in these countries where about 95% of the 13 million girls aged between 15 and 19 years who give birth each year in the world live. In these countries complications from pregnancy and childbirth are among the leading causes of death among such girls. In 2008, there were an estimated three million unsafe abortions among girls aged 15–19 years. The adverse effects of adolescent childbearing also extend to the health of infants. Perinatal mortality rates are 50% higher among babies born to mothers under 20 years of age than among those born to mothers aged 20–29 years. Adolescent mothers' newborns are also more likely to have low birth weight, which may result in a higher rate of long-term health risks for the infants concerned.

13. In 2012, most female premature deaths from **noncommunicable diseases** (82% or 4.7 million) in the age group 30–70 years occurred in low- and middle-income countries, with higher rates in women aged 15–59 years than in high-income countries.

14. Women are differentially affected by several risk factors for noncommunicable diseases. Girls and women are generally less physically active than men with many contributing factors related to

¹ See accompanying document EB136/12 on global status report on violence and health.

income, limited mobility, household hierarchies and roles. In some WHO regions, such as the European and the Americas, more than 50% of women are overweight.¹

15. Globally, tobacco use accounts for about 9% of all female noncommunicable disease deaths. Poor women are at greater risk of the adverse effects of smoking on their health. Maternal smoking is associated with risks in pregnancy including ectopic pregnancy, preterm birth, placental problems, miscarriage and stillbirth.

16. Harmful use of alcohol, illicit drugs and other psychoactive substances by girls and women, including during pregnancy, is increasing in many parts of the world with significant public and individual health implications. In 2012 an estimated 4% of deaths of women were attributable solely to alcohol use.

17. Chronic obstructive pulmonary disease is a leading cause of disease and death among older women, often resulting from tobacco use. In low-income countries, the primary risk factor for women is exposure to indoor air pollution caused by the burning of solid fuels for indoor heating and cooking.

18. Road traffic injuries are among the five leading causes of death for adolescent girls and women of reproductive age in most WHO regions.

19. Women's cancers result in high rates of mortality and morbidity, especially in low- and middle-income countries. Widespread major inequalities in access to early detection and screening lead to large variations in clinical outcomes and survival after treatment. Breast cancer, the leading cause of deaths due to cancer in women (1.7 million new cases and 0.5 million deaths in 2012), is diagnosed in low- and middle-income countries mostly at advanced stages, when palliative care is the only option. With 528 000 estimated new cases in 2012, cervical cancer is the fourth most common cancer affecting women worldwide. In low- and middle-income countries, it is the third leading cause of death due to cancer in women, and in most cases women had limited access to screening and treatment of precancerous lesions, with resultant late-stage identification.

20. Mental disorders cause about 7% of the global disease burden for both sexes and about one-quarter of disability. Suicide is a leading cause of death for women aged 20–59 years globally. Women are more susceptible to depression and anxiety than men. Patterns of mental health problems differ between men and women as a result of different gender roles and responsibilities, biological differences and variations in social contexts. In lower-income countries women benefit much less from mental health services than men do.

21. Globally, women represent a higher proportion of **older adults**. Traditionally, women have provided most of the unpaid care in the family, looking after both children and older people, often to the detriment of their own participation in the paid workforce. The consequences in older age include a greater risk of poverty, more limited access to good-quality health and social care services, a higher risk of abuse, poor health and reduced access to pensions. Furthermore, several serious medical conditions of older age, including dementia, are more common in women, yet women find it harder to access the treatment they need.

¹ See Update on the WHO Commission on Ending Childhood Obesity (document EB136/10).

HEALTH SYSTEMS RESPONSE

22. Persistent obstacles in health systems to realizing the aims of the Beijing Declaration and Platform for Action include a lack of gender responsiveness, such as a lack of sex-disaggregated data and gender analysis, with the result that often health services do not take into account the specific needs and determinants of women's health. Removing these obstacles needs tackling the following cross-cutting issues.

23. **Structural determinants of women's health.** Sex-based biological factors interact with inequalities based on gender, age, race, ethnicity and class in shaping women's exposure to health risks, experience of ill health, access to health services and health outcomes. Gender inequalities in the allocation of resources, such as income, education, health care and nutrition, are strongly associated with poor health and reduced well-being.

24. **Inequities in access.** Women continue to have inequitable access to good-quality health care services in many countries. Pockets of low health system coverage exist and services in rural areas and urban slums are often of low quality. Indigenous women, women living with disabilities and those with other vulnerabilities similarly lack good services. Poor health service coverage is exacerbated by gender-related barriers to access to prevention, treatment and care. For example, cardiovascular disease has similar risk factors in men and women yet is the most common cause of death in older women. Gender bias (of providers and in health care research) often means that women are diagnosed late, receive fewer diagnostic tests for cardiovascular disease and receive inadequate treatment.¹

25. Women's inability to obtain the health services (including health promotion and disease prevention) that they need also reflects weaknesses in health systems that cannot be rectified solely by targeting interventions at women. The paucity of motivated health workers with the right skills and in the right place constrains the availability and quality of services in many countries. Service delivery is often also compromised by lack of access to good-quality medicines and medical products, health financing systems that require cash prepayment, and information systems that do not provide timely or accurate information. Tackling these problems in an integrated way across all diseases and programmes will significantly improve women's health and well-being.

26. **Quality of care.** Despite decades of unprecedented medical advances and innovations in health care, quality of care in general, and for women's health in particular, is often weak. A recent WHO study on maternal and newborn health showed that lowering maternal mortality substantially will need a comprehensive approach to emergency care and overall improvements in the quality of maternal health care.²

27. **Monitoring and accountability.** Ensuring these functions underlies the promotion and protection of women's health and human rights. The Commission on Information and Accountability for Women's and Children's Health, established to ensure that the results of implementing the United Nations Secretary-General's Global Strategy for Women's and Children's Health are measured, recommended that accountability needs to be based on certain core principles: clarity about

¹ WHO. A global brief on hypertension. Geneva: World Health Organization; 2013.

² World Health Organization multi-country survey on maternal and newborn health 2010–2012. See http://www.who.int/reproductivehealth/topics/maternal_perinatal/nearmiss/en/ and links therein (accessed 2 December 2014).

stakeholder responsibility for action; accurate measurement; independent verification; impartial, transparent and participatory review; and clear recommendations for future action.

28. As the target date approaches for the Millennium Development Goals, a new vision is emerging among stakeholders for advancing the health and development of women, children and adolescents through a new global strategy.¹ Building on and extending the unfinished development goal agenda, this strategy would elaborate actions needed to end preventable maternal, newborn, child and adolescent mortality and for promoting health and well-being of women, children and adolescents. It would emphasize investment in universal access to integrated sexual and reproductive health and human rights, and establish shared goals with health-enhancing sectors, including (but not limited to) education, nutrition, and water and sanitation. It would aim to achieve convergence between high- and low-income countries within a generation, so that women, children and adolescents in low-income countries are not at a higher risk of dying from preventable causes than those in high-income countries, and to ensure that women's health was considered as part of a broad agenda, including the health of children and adolescents. It would also pay special attention to redressing within-country inequities and the situation in fragile states.

ACTION BY EXECUTIVE BOARD

29. The Board is invited to note this report and give further guidance on WHO's leadership in addressing the challenges and emerging priorities in relation to women's health within a broader strategy for women's and children's health.

= = =

¹ As expressed most recently at the Every Woman Every Child Stakeholder Consultation on Accountability for women's and children's health: setting the foundation for post-2015 (Geneva, 6 and 7 November 2014).