

EXECUTIVE SUMMARY

WOMEN
AND
HEALTH

TODAY'S EVIDENCE
TOMORROW'S AGENDA



World Health
Organization

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Overview

This is a report on women and health – both women’s health needs and their contribution to the health of societies. Women’s health has long been a concern for WHO but today it has become an urgent priority. This report explains why. Using current data, it takes stock of what we know *now* about the health of women throughout their lives and across the different regions of the world.

Highlighting key issues – some of which are familiar, others that merit far greater attention – the report identifies opportunities for making more rapid progress. It points to areas in which better information – plus policy dialogue at national, regional and international levels – could lead to more effective approaches. The report shows the relevance of the primary health care reforms set out in *The world health report 2008: primary health care – now more than ever*, laying particular emphasis on the urgent need for more coherent political and institutional leadership, visibility and resources for women’s health, to enable us to make progress in saving the lives and improving the health of girls and women in the coming years. Finally, it sets out what the implications are in terms of data collection, analysis and dissemination.

The life-course approach taken in this report fosters a deeper understanding of how interventions in childhood, through adolescence, during the reproductive years and beyond, affect health later in life and across the generations. It also highlights the interplay of biological and social determinants of women’s health, and draws attention to the role of gender inequality in increasing exposure and vulnerability to risk, limiting access to health care and information, and impacting on health outcomes. While the report calls for greater attention to health problems that affect only women – such as cervical cancer and the health risks associated with pregnancy and childbirth – it also shows that women’s health needs go beyond sexual and reproductive concerns.

The report draws attention to the consequences and costs of failing to address health issues at the appropriate points of women’s lives. In a world with an ageing population, the challenge is to prevent and manage the risk factors of today to ensure that they do not lead to the chronic health problems of tomorrow.

The life-course approach reveals the importance of women’s multiple contributions to society – in both their productive and reproductive roles, as consumers and, just as importantly, as providers of health care. It is in recognition of this fact that the report calls for reforms to ensure that women become key agents in health-care provision – centrally involved in the design, management and delivery of health services.

Key findings

1. Widespread and persistent inequities

Disparities between women and men

While women and men share many similar health challenges, the differences are such that the health of women deserves particular attention. Women generally live longer than men because of both biological and behavioural advantages. But in some settings, notably in parts of Asia, these advantages are overridden by gender-based discrimination so that female life expectancy at birth is lower than or equal to that of males.

Moreover, women’s longer lives are not necessarily healthy lives. There are conditions that only women experience and whose potentially negative impact only they suffer. Some of these – such as pregnancy and childbirth – are not diseases, but biological and social processes that carry health risks and require health care. Some health challenges affect both women and men,

but have a greater or different impact on women and so require responses that are tailored specifically to women's needs. Other conditions affect women and men more or less equally, but women face greater difficulties in getting the health care they need. Furthermore, gender-based inequalities – for example in education, income and employment – limit the ability of girls and women to protect their health.

Differences between high- and low-income countries

While there are many commonalities in the health challenges facing women around the world, there are also striking differences due to the varied conditions in which they live. At every age, women in high-income countries live longer and are less likely to suffer from ill-health and premature mortality than those in low-income countries. In richer countries, death rates for children and young women are very low, and most deaths occur after 60 years of age. In poorer countries, the picture is quite different: the population is on average younger, death rates among children are higher, and most female deaths occur among girls, adolescents and younger adult women. The most striking difference between rich and poor countries is in maternal mortality – 99% of the more than half a million maternal deaths every year happen in developing countries. Not surprisingly, the highest burden of morbidity and mortality – particularly in the reproductive years – is concentrated in the poorest and often the institutionally weakest countries, particularly those facing humanitarian crises.

Inequalities within countries

Within countries, the health of girls and women is critically affected by social and economic factors, such as access to education, household wealth and place of residence. In almost all countries, girls and women living in wealthier households have lower levels of mortality and higher use of health-care services than those living in the poorest households. Such differences are not confined to developing countries but are found in the developed world.

2. Sexuality and reproduction are central to women's health

Women's health during the reproductive or fertile years (between the ages of 15 and 49 years) is relevant not only to women themselves, but also has an impact on the health and development of the next generation. Many of the health challenges during this period are ones that only young girls and women face. For example, complications of pregnancy and childbirth are the leading cause of death in young women aged between 15 and 19 years old in developing countries. Globally, the leading cause of death among women of reproductive age is HIV/AIDS. Girls and women are particularly vulnerable to HIV infection due to a combination of biological factors and gender-based inequalities, particularly in cultures that limit women's knowledge about HIV and their ability to protect themselves and negotiate safer sex. The most important risk factors for death and disability in this age group in low- and middle-income countries are lack of contraception and unsafe sex. These result in unwanted pregnancies, unsafe abortions, complications of pregnancy and childbirth, and sexually transmitted infections including HIV. Violence is an additional significant risk to women's sexual and reproductive health and can also result in mental ill-health and other chronic health problems.

3. The toll of chronic diseases, injuries and mental ill-health

While the sexual and reproductive health needs of women are generally well known, they also face other important health challenges.

Road traffic injuries are among the five leading causes of death for adolescent girls and women of reproductive age in all WHO regions – except for South-East Asia, where burns

are the third leading cause of death. While many are the result of cooking accidents, some are homicides or suicides, often associated with violence by an intimate partner. More research is needed to better understand the underlying causes of these deaths and to identify effective prevention strategies.

Suicide is among the leading causes of death for women between the ages of 20 and 59 years globally and the second leading cause of death in the low- and middle-income countries of the WHO Western Pacific Region. Suicidal behaviour is a significant public health problem for girls and women worldwide. Mental health problems, particularly depression, are major causes of disability for women of all ages. While the causes of mental ill-health may vary from one individual to another, women's low status in society, their burden of work and the violence they experience are all contributing factors.

For women over 60 years of age in low-, middle- and high-income countries, cardiovascular disease and stroke are major killers and causes of chronic health problems. Another significant cause of death and disability is chronic obstructive pulmonary disease, which has been linked to women's exposure to smoke and indoor air pollution largely as a result of their household roles. For many women, ageing is accompanied by loss of vision – every year, more than 2.5 million older women go blind. Much of this burden of disability could be avoided if they had access to the necessary care, particularly surgery for cataracts. In low-income countries, trachoma is a significant, but preventable, cause of blindness that affects women in particular.

4. A fair start for all girls is critical for the health of women

Many of the health problems faced by adult women have their origins in childhood

Proper nutrition is a key determinant of health, both in childhood and beyond. The nutritional status of girls is particularly important due to their future potential reproductive role and the intergenerational repercussions of poor female nutrition. Preventing child abuse and neglect and ensuring a supportive environment in early childhood will help children to achieve optimal physical, social and emotional development. These will also help avoid risky behaviours and a significant burden of disease, including mental health disorders and substance use later in life.

Changing behaviour now brings major health benefits later

It is essential to address the health and development needs of adolescents if they are to make a healthy transition to adulthood. Societies must tackle the factors that promote potentially harmful behaviours in relation to sex, tobacco and alcohol use, diet and physical activity, as well as provide adolescents with the support they need to avoid these harmful behaviours. In many high-income countries, adolescent girls are increasingly using alcohol and tobacco, and obesity is on the rise. Supporting adolescents to establish healthy habits in adolescence will bring major health benefits later in life, including reduced mortality and disability due to cardiovascular diseases, stroke and cancers.

Addressing the needs of older women will be a major challenge to health systems

Because they tend to live longer than men, women represent a growing proportion of all older people. Societies need to prepare now to prevent and manage the chronic health problems often associated with old age. Establishing healthy habits at younger ages can help women to live active and healthy lives until well into old age. Societies must also prepare for the costs associated with the care of older women. Many high-income countries currently direct large proportions of their social and health budgets to care for the elderly. In low-income settings, such care is often the responsibility of the family, usually of its female members. Policies are

needed in relation to health financing, pension and tax reform, access to formal employment and associated pension and social protection, and to the provision of residential and community care.

5. Societies and their health systems are failing women

Health system shortfalls deprive women of health care

The reasons why health systems fail women are often complex and related to the biases they face in society. However, these shortfalls can be understood and they can and should be challenged and changed. For example, women face higher health costs than men due to their greater use of health care yet they are more likely than their male counterparts to be poor, unemployed or else engaged in part-time work or work in the informal sector that offers no health benefits. One of the keys to improving women's health therefore, is the removal of financial barriers to health care. For instance, where there are user fees for maternal health services, households pay a substantial proportion of the cost of facility-based services, and the expense of complicated deliveries is often catastrophic. Evidence from several countries shows that removing user fees for maternal health care, especially for deliveries, can both stimulate demand and lead to increased uptake of essential services. Removing financial barriers to care must be accompanied by efforts to ensure that health services are appropriate, acceptable, of high quality and responsive to the needs of girls and women.

Health systems depend on women as providers of health care

Paradoxically, health systems are often unresponsive to the needs of women despite the fact that women themselves are major contributors to health, through their roles as primary caregivers in the family and also as health-care providers in both the formal and informal health sectors. The backbone of the health system, women are nevertheless rarely represented in executive or management-level positions, tending to be concentrated in lower-paid jobs and exposed to greater occupational health risks. In their roles as informal health-care providers at home or the community, women are often unsupported, unrecognized and unremunerated.

Societal failings damage women's health

Women's health is profoundly affected by the ways in which they are treated and the status they are given by society as a whole. Where women continue to be discriminated against or subjected to violence, their health suffers. Where they are excluded by law from the ownership of land or property or from the right to divorce, their social and physical vulnerability is increased. At its most extreme, social or cultural gender bias can lead to violent death or female infanticide. Even where progress is being made there are reasons to keep pushing for more. While there has been much progress in girls' access to education for example, there is still a male-female gap when it comes to secondary education, access to employment and equal pay. Meanwhile, the greater economic independence enjoyed by some women as a result of more widespread female employment may have benefits for health, but globally, women are less well protected in the workplace, both in terms of security and working conditions.

Developing a shared agenda for women's health

In publishing this report WHO seeks to identify key areas for reform, both within the health sector and beyond. Primary health care, with its focus on equity, solidarity and social justice, offers an opportunity to make a difference, through policy action in the following four areas.

Building strong leadership and a coherent institutional response

National and international responses to women's health issues tend to be fragmented and limited in scope. Identifying mechanisms to foster bold, participatory leadership around a clear and coherent agenda for action will be critical to making progress. The involvement and full participation of women and women's organizations is essential. The significant advances in women's health achieved in some countries indicate that it can be done. The interventions are known and the resources are attainable.

The Millennium Development Goals (MDGs) have been vitally important in maintaining a focus on development and in setting benchmarks in the face of many competing claims on the world's attention. The existence of a separate goal on maternal health draws attention to the lack of progress in this area, and has attracted both political and financial support for accelerating change. The addition of the target on universal access to reproductive health has helped broaden the scope of the goal. There is now a need to extend attention to the many other challenges to and determinants of women's health described in this report. In doing so, attention should be paid to ensuring gender equality and women's empowerment (MDG3). The situation is complex due to the way women's issues are handled both within and between governments and international organizations, with multiple initiatives competing for resources. More collaboration is needed to develop supportive structures, incentives and accountability mechanisms for improving women's health.

Making health systems work for women

The report highlights the need to strengthen health systems so that they are better geared to meet women's needs – in terms of access, comprehensiveness and responsiveness. This is not just an issue in relation to sexual and reproductive health – it is relevant throughout the life-course. Progress in increasing access to the services that could make a difference to women's health is patchy and uneven. Some services, such as antenatal care, are more likely to be in place than others, such as those related to mental health, sexual violence and cervical cancer screening and care. Abysmally low levels of coverage with basic interventions, such as immunization and skilled birth attendance, are found in several countries, and not only in those with humanitarian crises. Exclusion from health care of those in need, particularly the poor and vulnerable, is common, and the equity gap is increasing in many countries. Approaches to extending coverage must deal with the content of benefit packages and must include a greater range of services for girls and women of all ages. They must also address the issue of financial protection, by moving away from user charges and promoting prepayment and pooling schemes.

Healthier societies: leveraging changes in public policy

The report shows how social and economic determinants of health impact on women. Many of the main causes of women's morbidity and mortality – in both rich and poor countries – have their origins in societies' attitudes to women, which are reflected in the structures and systems that set policies, determine services and create opportunities. While technical solutions can mitigate immediate consequences, sustainable progress will depend on more fundamental change. Public policies have the potential to influence exposure to risks, access to care and the consequences of ill-health in women and girls. The report provides examples of such policies – from targeted action to encourage girls to enrol in school and pursue their education (by ensuring a safe school environment and promoting later marriage), to measures to build "age-friendly" environments and increase opportunities for older women to contribute productively to society. Intersectoral collaboration is required to identify and promote actions outside the health sector that can enhance health outcomes for women. Broader strategies,

such as poverty reduction, increased access to literacy, training and education, and increased opportunities for women to participate in economic activities, will also contribute to making sustainable progress in women's health. Experience suggests that this requires a gender equality and rights-based approach that harnesses the energy of civil society and recognizes the need for political engagement.

Building the knowledge base and monitoring progress

The report highlights major gaps in knowledge that seriously limit what we can say with real authority about the health of women in different parts of the world. While much is known about women's health, many gaps remain in our understanding of the dimensions and nature of the special challenges they face and how these can be effectively addressed. We must also be able to measure progress – and we must do it now. The foundations of better information about women and health need to be strengthened, starting with civil registration systems that generate vital statistics – including cause of death by age and by sex – and collection and use of age- and sex-disaggregated data on common problems. These data are essential for programme planning and management and without such systems, efforts to monitor changes in, for example, maternal mortality will remain thwarted. Research must systematically incorporate attention to sex and gender in design, analysis and interpretation of findings. We must focus more attention on assessing progress in increasing coverage with key interventions, together with the tracking of relevant policies, health system performance measures and equity patterns.

Conclusion

In reviewing the evidence and setting an agenda for the future, this report points the way towards the actions needed to better the health of girls and women around the world. The report aims to inform policy dialogue and stimulate action by countries, agencies and development partners.

While this report highlights differences between women and men, it is not a report just about women and not a report just for women. Addressing women's health is a necessary and effective approach to strengthening health systems overall – action that will benefit everyone. Improving women's health matters to women, to their families, communities and societies at large.

Improve women's health – improve the world.

This report, *Women and health: today's evidence, tomorrow's agenda*, uses currently available data to take stock of the health of girls and women around the world and to draw attention to the consequences and costs of failing to address health issues at appropriate points in their lives. It shows that while the health of girls and women has much improved over the past 60 years, the gains have been unevenly spread. In many parts of the world, women's lives – from childhood to old age – are diminished by preventable illness and premature death. The report highlights the commonalities in the health challenges facing women around the world but also draws attention to the differences that arise from the varied circumstances in which they live.

The report points the way towards the actions needed to better the health of girls and women and aims to inform policy dialogue, and stimulate action by countries, agencies and development partners. It lays particular emphasis on the urgent need for more coherent political and institutional leadership, visibility and resources for women's health, to enable progress to be made in saving the lives and improving the health of girls and women. As noted in the report, addressing women's health is a necessary and effective approach to strengthening health systems overall – action that will benefit everyone.