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PARTNERSHIPS FOR HEALTH DEVELOPMENT WITH THE FOCUS ON WOMEN'S HEALTH AND DEVELOPMENT

(Working Paper for the Technical Discussions)

1. INTRODUCTION

The world is experiencing profound economic, political and social changes – the opening up of markets, adoption of more democratic forms of government, greater public demand for equity, quality and participation, and an information and technology explosion. As in other parts of the world, these changes are having a profound impact on the health and quality of life of the people of the WHO South-East Asia Region.

Within the context of a rapidly changing yet interconnected world, the crucial role of health in creating socially and economically productive societies is widely accepted. Health is, therefore, featuring prominently on national development agendas.

The dynamic state of health is now understood as a product of the interactions of multiple factors – biological as well as social. The diversity and interrelationships of these determinants clearly imply that health development must be a shared responsibility involving more than the health sector alone. Health development requires holistic, multisectoral and multidisciplinary approaches.

The multifaceted nature of health and the multisectoral interactions that influence health are bringing a large number of actors to the health development arena. This has brought new challenges to countries and has opened new avenues for collaboration through dynamic partnerships for achieving health goals.

Nowhere are the potential and the need for partnerships more evident than in the area of women's health and development. It is well recognized that a woman's health is inextricably linked to her social status in families and communities and her access to and control over resources, such as education, information and income. Many of these factors fall outside the traditional concerns of the health sector, yet they are critical to the success of any effort to improve women's health. The overwhelming concern is to find tangible ways and means of fostering meaningful partnerships that mainstream the health concerns of women.

2. FOCUS ON WOMEN'S HEALTH AND DEVELOPMENT

The term ***women's health and development*** (WHD) evolved through the global movement for women's advancement. While international and national responses for improving women's status and participation in development emphasized the *women in development* (WID) approach, the WHD response was intended to highlight the health aspects – not only the critical importance of women's health but also women's vital role in health development. This section of the working paper further elaborates the meaning of women's health and development, briefly describes some of the prevailing and emerging women's health issues, and concludes with the rationale for partnerships in this area.

2.1 Women's health and development

Women's health and development (WHD) as a concept draws attention to several dimensions. First, ***it points to the complex determinants of women's health.*** It is not only biological factors that determine the status of women's health, but also sociocultural, economic, political, environmental and other factors. It is the consideration of all these factors and how they interact that is essential for an understanding of women's health in its various dimensions. More importantly, this understanding is essential for the identification of health and other interventions that can improve women's health.

Second, ***women's health and development goes beyond looking at specific women's health issues*** in isolation or as "women's only" concerns - it links them to the social context of their lives. *This brings in the gender dimension.* An analysis of women's health issues based on a gender approach focuses on the different roles of men and women and the consequences of these differences on their lives and on their health. In particular, it points to inequitable social divisions that often put women in disadvantaged position vis-à-vis men. It is well known that women's inferior social and economic status, their limited access to education and income, and their lack of involvement in decision making in families and in public life have serious repercussions for their health status and access to health services. Hence, efforts to improve women's health without addressing these gender-based inequities have limited success.

Third, ***a WHD perspective emphasizes that women's health is essential to their empowerment and hence their capacity to fully participate in health and overall development***. It is well known that improvement of women's access to information and education, and not just about health, has a positive impact on family health. Improving women's health and well-being improves not only their own lives but also the lives of their children, and contributes to the health and welfare of their communities as well as to societies in general.

2.2 Current and future situation

Recently, there have been significant changes in the concept of women's health. For a long time, interest in women's health by health policy makers and providers has been driven by a view of "women" mainly as "mothers." As a result, women's health programmes have focused on the health conditions and risks faced by women during their reproductive years. Services for women were largely provided through maternal and child health and family planning programmes.

Women's reproductive health is certainly of critical importance, especially considering the burden of reproductive ill-health borne by women throughout their lives. However, a sole focus on women's reproductive role has limited the understanding of other aspects of women's health. With new evidence and a deeper understanding of overall women's health issues, it is now universally recognized that women's health needs go far beyond those related to childbearing.

WHO has strongly advocated a life-cycle approach to women's health – from conception to old age. This perspective emphasizes the health needs and concerns of women at every stage and in every aspect of their lives. It also points out that health conditions in one phase of a woman's life affect other phases of her life as well as the health and well-being of future generations.

What is the situation of women's health in the South-East-Asia Region? Until recently, information on women's health that reflected this life-span perspective has been limited. To address this gap, the WHO Regional Office for South-East Asia has collaborated with multisectoral and multidisciplinary teams in the countries of the Region to compile WHD Country

Profiles. Information, while far from complete, is now more readily available, not only on prevailing women's health issues but also on those that were previously neglected or thought not to exist.

Prevailing women's health issues

Maternal mortality is still one of the major concerns in many countries where too many women die needlessly in pregnancy and childbirth. In fact, it is estimated that about 40% of the maternal deaths worldwide (over 230,000) occur in this Region alone. Maternal mortality ratios range from about 40 to 539 per 100,000 live births. In countries with high maternal mortality, most women do not receive the services of a trained attendant (midwife, nurse, or doctor) at the time of delivery.

Unsafe abortions also take a heavy toll. Data from five countries indicate that the proportion of maternal deaths due to abortion is substantial – ranging from 10-40%. In addition, such abortions, performed under unhygienic conditions, often result in major complications with long-term health consequences.

Information on other aspects of reproductive ill-health is difficult to obtain. However, recent studies in some countries of the Region suggest that the burden of ***maternal morbidity, reproductive tract infections and infertility*** is considerable. For example, one study reported levels of reproductive morbidity ranging from 44 to 57% while another study revealed that 45% of women suffered some type of morbidity due to childbirth long after the time of the delivery.

Nutritional problems of young girls and women continue to plague the Region. Among the six WHO Regions, the South-East Asia Region has the highest prevalence of anaemia in all age groups – as high as 87% among pregnant women. The significance of its magnitude is that maternal mortality is considerably higher in anaemic women.

Examples of Women's Health Issues

- Maternal mortality
- Unsafe abortion
- Anaemia, especially in pregnant women
- Tuberculosis
- HIV/AIDS
- Work-related health problems
- Mental health problems
- Violence against women
- Chronic conditions of the elderly

Undernutrition is more prevalent in girls than in boys in some countries of the Region. Inadequate feeding in childhood, often due to discriminatory food allocation in families, can lead to impaired intellectual capacity and delayed puberty. It can also cause stunting in the reproductive years, contributing to complications in childbirth and underweight babies and to disabling conditions in the later years of life.

Emerging women's health issues

The availability of some gender-related health data in the Region is beginning to uncover other women's health problems. In the area of communicable diseases, WHO reports that ***tuberculosis*** is the leading single infectious cause of female deaths in the world, killing over one million women every year, mainly between the ages of 15 and 44. There are at least 250,000 tuberculosis deaths among women every year in the South-East Asia Region. While prevalence rates are higher in men than in women, barriers to early detection and treatment are reported to be greater for women.

AIDS *has now become a major challenge in the Region* with the total number of HIV-infected persons estimated to be over four million. AIDS is no longer a predominantly male disease, as nearly 40% of the 23 million people estimated to be HIV infected worldwide are women. HIV infection in women is also no longer limited to those practising risky behaviour. It is being spread through heterosexual transmission to even monogamous wives and partners of HIV-infected men.

The actual number of women infected with *HIV in the Region is not known. Judging from* the increase in the number of children reported to have AIDS, the problem is becoming serious. From 1988 to 1998, the number rose from 2 to 4,500. Over 80% of these children had acquired the infection from their HIV-infected mothers. Women are also more adversely affected, not only because of their greater biological and social vulnerability to HIV infection, but also because of the additional load they bear as care-givers in families and communities.

As more women enter the labour force, ***the adverse effects of work on their health*** are becoming more apparent. In some situations, they work long hours and under poor working conditions, and are exposed to hazardous environments and work-related health risks. Many women also work in the informal sector and thus do not have access to health benefits or social security.

Occupational health problems *cover a broad range of illnesses and disabilities. They* arise out of injuries, infections and exposure to dust, chemicals and gases. Women also face health hazards that can increase their risk to reproductive health problems, including premature onset of labour, miscarriage and stillbirth.

Women's traditional work roles in the home also have health consequences. In some *countries, women and girls are known to walk 10 kilometers per day to fetch wood and to carry* water weighing up to 20-30 kilograms on their hips or heads. Degraded environments due to deforestation mean even more work. In rural areas, women generally cook for five hours every day, usually with biomass fuels, in poorly ventilated and substandard housing, exposing themselves and often their children to heavy particulate concentrations. All of these environment and work-related hazards have been closely linked with respiratory infections, such as bronchitis, musculoskeletal injuries, disability and even miscarriage.

Previously neglected women's health issues

There are some women's health issues about which little is known in the Region. Globally, ***mental health problems***, particularly depression, affect more women than men. The few studies *carried out in the Region have shown a 2 to 1 female to male ratio for clinical depression.* However, data are generally lacking. More information and research are needed to fully understand the magnitude of mental health problems in women and the predisposing factors in their life situations.

Although grossly underreported, nearly all countries in the Region recognize the escalating *problem of* ***violence against women***. Where reliable, large-scale studies have been conducted, including in the South-East Asia Region, results indicate that between 16 and 52% of women have been assaulted by an intimate partner. Rape, sexual assault and child abuse, especially involving young girls, are also reported to be serious problems.

Physical injuries, psychological trauma, sexually-transmitted diseases, unwanted pregnancies, and even suicides are common consequences of such violence, but are often not *well documented. A recent study in one country of the Region found that 50% of the female*

victims of violence did not seek medical treatment. It is clear that violence against women has significant public health implications and that strong preventive programmes, along with well-coordinated legal, social and health services, are needed.

As in other parts of the world, the elderly women of the Region face a number of significant health problems, including osteoporosis, cardiovascular disorders, diabetes and cancers. However, ***the health and social needs of aging women*** need more thorough study, including the impact of changing values and lifestyles on their health and well-being.

Major determinants of women's health

The previous overview points out the vulnerability of women in the South-East Asia Region to a range of health problems throughout their lives. But it is not complete without a reiteration of the gender disparities arising out of the social context in countries that either determine or aggravate their health condition. The disproportionate burden of poverty borne by women and their unequal education and economic participation levels mean that women have fewer opportunities to develop their capacities to full potential. They also are less well equipped to take charge of promoting and protecting their own health and well-being as well as that of their children and families.

Where women's social status is low in countries, they face discrimination in many situations ranging from preference for son and differential feeding practices to unfavourable laws and customs, all of which have a bearing on their health status and access to health care. With little decision-making power in families and communities and with low representation in senior decision-making bodies, women are unable to participate as equal partners in policies and decisions affecting their lives and their health. These gender disparities, along with the health problems of women, are major issues that need to be addressed.

3. FUNDAMENTALS OF PARTNERSHIPS

A discussion of the role of partnerships in women's health and development must be based on a common understanding of the meaning of partnerships and the steps required in partnership development. This is especially true with the current emphasis in health on expanding partnerships, reaching out to new actors and exploring new ways of working together. This section of the working paper addresses some of these fundamentals of partnerships that will need to be applied when implementing partnership strategies for advancing women's health and development.

3.1 Partnerships in health development

The term ***partnership*** is commonly used and has many variations in interpretation. A partnership may simply be understood as a joining of forces to achieve common objectives. It is not an end in itself.

> Partnerships in health mean "bringing together all those involved in improving the health and quality of life of people. These may be sectors, groups of people, governmental or nongovernmental institutions, who work together for a common goal, based on mutually-agreed rules and principles" (Rafei, 1997).

Genuine partnerships are based on a shared vision, commitment to common goals, mutual trust and respect for others and their contributions, willingness to share responsibilities, and shared ownership of both the partnership process and outcome. A partnership implies an equal relationship in which there is a balance of power and in which each partner benefits.

Partnerships can range from formal relationships or contracts that are governed by written agreements or memoranda of understanding to informal, loosely-knit community-based networks. They need not involve only two partners but can be multilateral and can be created at various levels. Partnerships can be of short or long duration, depending on the purpose to be achieved and the scope of work to be accomplished.

3.2 Partnership process

Irrespective of the nature, scope, duration or purpose, partnerships do not happen by chance. Nor are they easily created in well-established systems, such as the health sector where professional and territorial boundaries are well-entrenched. Yet the process of partnership development is often overlooked or given inadequate attention in discussions concerning partnerships or in partnership development itself. ***Building and maintaining partnerships require a deliberate process involving time, energy and resources, and even new skills and a new mindset***. The following basic steps provide a useful framework for the process of building and sustaining a partnership:

Steps in Partnership Development

- Identifying opportunities
- Identifying potential partners
- Selecting the most suitable partners
- Negotiating/reaching a clear partnership agreement
- Maintaining the partnership
- Regularly evaluating the partnership

Identifying opportunities and potential partners inherently require acceptance that it is necessary to work together with others to achieve desired health goals. It also requires awareness that there are others, even outside the health sector, who are willing to become partners in health. It is important to be in contact with a wide range of actors and to be alert to new opportunities in which health inputs can be mutually beneficial.

Selecting the most suitable partners and negotiating/reaching a clear partnership agreement involves extensive consultations and open dialogue to explore each other's interests and ensure common understanding and direction. A clear agreement must be worked out, including the specific ground rules within which the partnership will operate. A clear plan of action is also critical, including measurable objectives, resources, responsibilities of each partner, and a realistic timetable. Steps for regularly monitoring the partnership process should also be agreed upon.

Maintaining and regularly evaluating the partnership require continuous dialogue in order to sustain the initial enthusiasm and commitment. Open dialogue and collaboration throughout the partnership are especially critical for ensuring transparent working relationships. Evaluation, according to agreed upon criteria or indicators, is essential to determine if the partnership is achieving its objectives.

While these steps may appear obvious, their implementation may require deviations from the usual ways of operating. This may be particularly true when the health sector is reaching out to new partners who have not traditionally been associated with health development or with women's health.

The important criteria for successful partnerships are that health gains have been achieved and that they have been worth the effort taken in establishing and maintaining the partnership.

3.3 Partnerships for women's health and development

The previous sections have clearly illustrated the links between women's health, their social context, and their participation in development. They have also outlined the pressing health and development issues facing women in the Region and have laid down some of the dynamics of new partnerships for health.

It is clear from these discussions that the multitude of factors influencing women's health and their role in development require holistic, multisectoral approaches involving partnerships with a wide range of actors. No amount of health interventions alone can have a lasting impact on women's health status unless social, educational, economic and other barriers are removed.

There is universal acceptance of the urgent need to address long-standing gender-based inequalities faced by women so that they may fully enjoy their basic rights, particularly their right to health. The UN conferences of the 1990s have reinforced the recognition of women's health as vital to their well-being and empowerment and as a critical prerequisite for achieving health and development goals. As a result, women's health issues, along with education and employment, are increasingly featured on the development agenda. More importantly, these conferences have called for greater commitment on the part of governments along with institutions and organizations in the public, private and nongovernmental sectors and civil society to work together to achieve the goals unanimously agreed upon.

In their follow up to the Fourth World Conference on Women, held in Beijing in 1995, countries have intensified their response. National action plans have been formulated and policies and mechanisms for women's advancement have been developed or strengthened. The health sector response is also becoming evident with more concerted efforts being made to address some of the pressing health concerns of women.

A significant step forward was the adoption of the "Declaration on Health Development in the South-East Asia Region in the 21st Century" by the Ministers of Health of the countries of the Region in August 1997 and its endorsement by the Regional Committee at its 50th session. This Regional Health Declaration reinforces the link between women's health and the development process and highlights gender inequalities among the pressing regional challenges. It calls for investment in women's health and development and integration of gender issues into the mainstream of development.

Thus, global, regional and national attention to women's health and development is mandating action. Available evidence clearly highlights the multidimensional nature of the determinants of women's health. The positive links between women's education and health are well known, as are the adverse effects of low social status, poor working conditions and degrading environments on health. The evidence points the way to numerous avenues for partnerships. It is not a question of whether or not to promote partnerships for women's health and development. It is more a question of how they can be fostered and expanded.

4. STRATEGIES FOR WOMEN'S HEALTH AND DEVELOPMENT AND THE ROLE OF PARTNERSHIPS

The previous sections of this working paper have illustrated some of the existing and emerging WHD issues in the Region, the need for partnerships to address these issues and the basic principles of partnership development. This section focuses on a few key broad strategies to address the need for continued advocacy and political commitment, the adoption of new ways of looking at women's health and development, the use of existing national mechanisms and relevant processes for the advancement of women and the expansion of partnership roles.

4.1 Addressing policy, advocacy and information needs

Political commitment for action

As the previous sections of this paper have pointed out, great strides have been made in mobilizing political commitment for women's health and development. A prime example is the high profile given to women's health across the life span in the **Beijing Platform for Action.** This was brought about by proactive advocacy efforts both, before and during the Beijing Conference. Broad-based partnerships between governments, international organizations, NGOs and others from the South-East Asia Region played an important part. Women's activists from grassroots level played a particularly key role in ensuring that the voices of the most vulnerable groups of women were heard.

It is now imperative that these high-level commitments be sustained. Many of the groups that were actively involved at the Beijing Conference have continued and expanded into networks and watch groups, such as **Asia-Pacific Watch** based in India and Thailand, **Health Watch** in India and the **Women's Health Advocacy Network** in Thailand. It is especially important for these networks and groups to continue to work closely with governments to keep women's health issues high on the political and development agenda. It will also be important to link up with UN bodies, such as the Commission on the Status of Women, that are designated to monitor Beijing follow-up to ensure that regional and national priorities for women's health continue to be put forth forcefully. Links with regional commissions and inter-governmental bodies, such as ESCAP, ASEAN and SAARC, will help facilitate regional cooperation for follow-up action.

It is even more important that the commitments made be translated into action. Several countries of the Region announced specific commitments at the Beijing Conference, including those targeted at women's health and nutrition. Partnerships at the highest level are needed to ensure that these health commitments are not lost or pushed aside in favour of other priorities. Effective links need to be established among health ministries, finance ministries, planning ministries and other high-level decision-making bodies in order to press for the necessary policies, plans and resources. Links with parliamentarians, as already initiated in the Region through collaboration with the ***International Medical Parliamentarians Organization*** (IMPO) and the recently-established ***SAARC Parliamentarians Forum on Reproductive Health and HIV/AIDS***, can serve as effective avenues for lobbying for the legislative and budgetary reforms required.

A gender approach to health

Realizing these commitments also requires a new way of looking at women's health and development issues. A gender approach is just beginning to be used, such as the recent initiatives in Bangladesh and Indonesia to develop gender strategies or to use gender analysis in

the development of national health programmes. A more comprehensive approach is now being advocated through ***a strategy for mainstreaming gender in the design, implementation, monitoring and evaluation of policies and programmes at all levels.***

Gender mainstreaming in national policies, plans and programmes is all encompassing and would necessarily bring together a multitude of government sectors, e.g. education, labour, law, agriculture, and health, along with international agencies, organizations in the public and private sectors, institutions and so on. Gender mainstreaming initiatives in countries would certainly have an influence on programmes addressing specific women's health problems. The health sector would also be brought into the wider development arena, providing contact with a wide range of actors and greater opportunities for initiating partnerships.

A unique exercise in India was recently undertaken to engender the Ninth Five-Year Development Plan. A novel partnership was orchestrated through the initiative of UNIFEM, bringing together government departments, the Planning Commission, academicians, researchers, NGOs and women from the grassroots. A series of consultations around the country enabled key decision makers to hear the issues concerning women. It was not surprising that women's health emerged as a priority concern that overlapped with nearly every issue that was raised. The outcomes of this process are not yet finalized, but a think tank and countrywide network is in place to continue to advocate for gender sensitization in planning and to monitor follow up. There are valuable lessons to be learned from such experiences. Evaluation of the process and outcomes should be a priority and should be shared with other countries that are planning or are undergoing similar exercises.

Any approaches for advancing women's health and development require gender-disaggregated data at national and even regional and district levels in order to identify where the differences and disparities in health and access to health care exist. Disaggregated data are often collected at local levels, but are usually aggregated at higher levels, often for ease of reporting. The ultimate goal would be effective health information systems providing data disaggregated by gender and other relevant variables. However, it may be more practical initially to analyse information on selected indicators which are relevant to women's health issues and for which data are readily available.

The process of compiling WHD country profiles, referred to earlier in this paper, is a good example of such an exercise. The profile consists of a core set of indicators and analysis of both quantitative data and qualitative information, especially in areas where few national statistics are available.

The process of bringing together multidisciplinary and multisectoral teams was particularly useful. The numerous meetings of the teams provided opportunities to sensitize health policy makers and planners, experts from various fields and sectors, and particularly representatives from statistical offices and departments on the need for collection, analysis, dissemination and use of gender-disaggregated data. This experience also demonstrated how qualitative information and data from small-scale studies can be used effectively for identifying problems and areas for further research.

Research on WHD issues

Stimulating research on neglected women's health and development issues and on areas where there are gaps in information is another important strategy for obtaining information to be used as a sound technical basis for action. This paper has already highlighted some of these areas, such as mental health issues, violence against women and gender differentials in risk factors and manifestation of disease.

Quantitative methods must be complemented by qualitative approaches in order to achieve better understanding of the social forces that are significant determinants of women's health. Greater advantage can be taken of the research resources and expertise already existing in countries through academic and research institutions, research bodies and professional associations, WHO collaborating centres, and national centres of expertise. Some of these that have already been active in women's health and related issues are the ***Centre for Women's Research (CENWOR)*** in Sri Lanka, the ***Institute for Population and Social Research (IPSR)*** in Thailand, ***Maldives Association for Research and Development on Women (MARDOW)*** and ***Women for Women*** in Bangladesh.

Partnership relationships can be fostered not only with those institutions dealing primarily with women's health issues but also with others focusing on related issues in which women's health is of prime concern. For example, many countries, such as India, Indonesia and Thailand, have university-based women's study centres which have well-developed expertise in research and women's issues. In Indonesia, these study centres have, in fact, formed a national network, which meets regularly to exchange information and collaborate on identified research priorities, thus maximizing the use of their individual resources.

Such research networks also provide easier entry points for accessing institutions and engaging them in research related to women's health. One example is the ***Nutrition Research-cum-Action Network of South-East Asia***. The primary objective of this network is to optimize regional expertise by linking nutrition research to country programmes designed to solve nutrition problems. Nutritional problems of women and children form an integral part of their work. For example, at a recent training workshop for network members on applied food and nutrition, five of the project proposals developed specifically focused on women.

4.2 Using relevant processes and mechanisms

Multisectoral linkages at all levels

Multisectoral initiatives are often carried out at community or grassroots level. In fact, there have been impressive achievements in the implementation of integrated approaches to women's health and development through community-based programmes, such as the ***Grameen Bank*** in Bangladesh, the ***National Women's Association of Bhutan***, and the ***Family Welfare Movement (PKK)*** in Indonesia. These organizations have offered a range of programmes directed at credit schemes, income generation, and education and skills development along with a health component. Some have even had widespread support from all governmental levels.

Such community-based initiatives need to be complemented by ***multisectoral linkages or partnerships at the highest levels in order to ensure policy direction for intersectoral coordination directed towards sustainability.*** In fact, approaches are required that undertake action at various levels simultaneously.

An example of this is in Bangladesh where an inter-ministerial committee involving the Law, Home, Social Welfare, Health and Women's Affairs Ministries was established to consider ways to address the issue of violence against women. As noted earlier, the issue of violence against women is becoming a major concern that can only be effectively addressed through approaches that bring together many sectors. The main ones are the police and legal systems, social welfare and health, but others such as education, information and media can also play important roles.

This initiative in Bangladesh was largely brought about through the advocacy of several NGOs who were working to provide services for individual victims but were often hampered and

frustrated because they had to deal with so many different sectors separately. When they tried to raise their concerns at higher levels to promote a more coordinated response, they were equally frustrated because each Ministry also dealt with the issue separately from their respective point of view. When the Secretary of the Ministry of Women's Affairs became convinced, he took the lead with other ministries and created the inter-ministerial committee.

After much discussion and consultations with international experts, a multisectoral project to combat violence against women was formulated. This project covers several aspects, including legal reforms, police training and a one-stop hospital-based trauma centre to provide integrated services for victims. While the project is yet to get under way, an important spin-off is the greater collaboration among the concerned sectors and the NGOs in dealing with individual cases.

National structures and mechanisms for women's advancement

It is important to recognize and build on existing national structures and mechanisms. ***Nearly all countries in the Region either have separate ministries, departments or national committees for women's affairs***. Most have developed further mechanisms to promote integrated approaches on women's issues, involving the relevant sectors, or to coordinate the programmes among the different sectors. For example, several countries, such as Bangladesh, Indonesia and Sri Lanka, have gender or women-in-development focal points throughout the ministries. Others, such as Myanmar and Thailand, have formed sub-committees to address critical issues. It is interesting to note that the health sector and health concerns are well represented. Such mechanisms provide rich opportunities for exploring and creating partnerships as well as supportive environments for joint initiatives, activities and projects.

UN and donor agencies and other international organizations in many countries of the Region have also followed this approach by forming inter-agency task forces or working groups in areas such as women in development and, more recently, gender and development. Some of these working groups or task forces have served mainly as channels for the exchange of information on the programmes and projects of individual agencies and organizations. Others have moved to carrying out joint activities, such as promoting gender perspectives and supporting the development of gender-disaggregated databases and monitoring systems. As these agencies and organizations are actively involved in providing technical and financial assistance to countries, greater coordination of these efforts would further strengthen partnership development.

Awareness for gender equity in health

There is a need to create awareness about gender disparities affecting women's health and to foster attitudes to promote gender equality and gender equity in health. It is well recognized that one of the major factors influencing gender discrimination is the social conditioning of both boys and girls at an early age, starting even at birth and powerfully reinforced during the pre-school and school years.

Thus ***interventions to bring about changes in attitudes and social and cultural practices must also begin early in communities, in families and in schools*** and continue in social, political, work, health care and other settings where attitudes and values continue to be shaped and influence behaviour. Most importantly, they need to involve young boys and men together with young girls and women in the process of changing attitudes, roles and responsibilities.

Such measures obviously involve a multisectoral approach - with the health sector combining forces with education, the media, community groups and leaders, NGOs, religious

organizations, industry and so on. Strategies can include sensitizing parents to the value of educating girls, and life skill or family life education courses for boys and girls in schools.

In fact, gender sensitive curricula are needed at all levels. Special attention to young girls and women is needed to equip them with information and skills to enable them to make responsible decisions about their health as well as to enhance their self-esteem and confidence. Media campaigns and health promotion messages need to be constructed so as not to reinforce gender stereotypes. ***Educational programmes for health personnel also need to incorporate a gender and life-span perspective*** to women's health in order to bring about changes in the way health personnel perceive women's health needs, relate to female clients and deal with their health problems.

4.3 Expanding partnership roles

Leading role of ministries of health

It is clear that the health sector must play a lead role in initiating, establishing and maintaining partnerships for women's health and development. An important prerequisite is widespread conviction throughout the health sector, starting with senior officials in health ministries, of the critical importance of focusing on women's health and development and the resulting benefits and health gains. Health ministries must provide leadership in disseminating throughout the health sector the principle that women's health issues must be addressed holistically so that it permeates policies and programmes. Special emphasis will need to be given to the process of assessing the implications for women of any planned action at all levels.

Implementation will require ***reorientation of health systems, programmes and personnel to make them more responsive to women's needs***. It will also require educating health professionals to think and act in an interdisciplinary manner. It will require concrete steps on the part of health ministries to translate the commitments made in the Regional Health Declaration into clear policies and programmes. Policy directives must be complemented by participatory approaches, which involve women in decision-making, particularly for planning and implementing programmes designed to meet their health and development needs.

Health ministries must also play a lead role in ***advocating with other development sectors that health can be an attractive entry point for many development programmes and social change initiatives***. They will need to participate more proactively in the interministerial and intersectoral structures and mechanisms developed in countries for the advancement for women.

Health ministries will need to build up a convincing evidence base through research and development and documentation of best partnership practices, substantiating areas where health inputs can make a difference not only to improve women's health but also to enhance their empowerment. For some development areas, this may be easier than for others. For example, income-generating projects for women often include health education components, which have been shown to be effective in enabling women to use their increased purchasing power more wisely for health and child care. Health ministries will need to offer concrete proposals and resources for intersectoral partnership initiatives.

Government-NGO collaboration

Forging partnerships with NGOs is important for any health initiative. In the case of women's health, it is even more so since NGOs have demonstrated impressive achievements towards

empowering women for social action to improve their health and social status. However, the tensions between governments and NGOs are well known. Yet if the potential of NGOs is to be harnessed for advancing women's health and development, it is time to look seriously at strategies and mechanisms for reconciling the differences and maximizing government and NGO collaboration.

New approaches may be based on the formulation of broad strategic frameworks within which NGOs can collaborate with governments. This would require criteria for differentiating types of NGOs, the roles they can play and their contributions, clear ground rules and so on in order to bring some order and regulation to NGO collaboration. Some countries have initiated mechanisms, such as registration bodies for NGOs, which help to better coordinate their work. In Bangladesh for example, a separate NGO Affairs Bureau has been established.

While these bodies perform useful functions, coordination mechanisms should go beyond regulation and control. ***National frameworks or mechanisms should also promote dialogue between NGOs and governments and among NGOs themselves if the new spirit of partnership is to be achieved.*** The positive experience of greater NGO involvement with governments in the lead-up to the Beijing Conference and in the post-Conference follow-up suggests that it is possible. Establishment of Government-NGO Forums may facilitate mutual dialogue to better comprehend where the differences are while uncovering compatible interests. They may also help to create new ways of working within and among organizations, which promote joint, integrated planning and shared accountability. Such dialogue could help to shift the mode of working together from one of co-option to one of cooperation.

Another approach that is gaining ground is the ***organization by NGOs themselves into networks, coalitions or umbrella groups***. Some NGOs, for fear of losing their autonomy and identity, may resist this approach. However, networks do have the advantage of being self-coordinating and self-regulating, thereby reducing competition and duplication. They also have the advantage of maximizing resources toward achieving common goals and facilitating interactions with governments.

An example is the **Support Network for Safe Motherhood at Family and Community Level** in Nepal, which consists of over 70 organizations involved with maternal health. The Network's overall objective is to improve the status of women by contributing to safe motherhood through advocacy and awareness creation. Its work in the areas of communication, capacity building, social mobilization, finance and fund raising and advocacy, organized through various sub-committees, is complementary to the government's safe motherhood programme. A recent study of the development and impact of the Network has found that it is being effective in raising awareness at family and community levels with a positive impact on behaviour.

Engaging the private sector

Experience has shown that the private sector has been making contributions in the health sector, particularly in terms of health technology development and provision of services. ***The private sector's broad power base, knowledge and expertise, and additional resources should also be harnessed for women's health and development***. While there may be many avenues for engaging the private sector, development of health technology can be an important one, particularly if the technologies are appropriate and relevant to the local situation and the users' needs. This has not often been the case in the past, resulting in serious repercussions on women when technologies were developed without taking into account differences between men and women.

Another important area for private sector partnerships concerns industrial development in many countries of the Region and the growing participation of female workers. Thailand is a prime example where leading export industries, such as textile, garment and electronics, have employed more female workers than men. This paper has pointed out some of the health risks that women face in such industries. A meeting on women, health and development in 1994, organized by the National Commission on Women's Affairs with WHO support, stressed the importance of improving the health of women in the industrial sector and suggested a number of strategies. Partnerships with industries, trade unions and organizations dealing with labour issues can greatly enhance the implementation and effectiveness of such strategies. Persuasive arguments will be required in order to motivate corporate officials in this direction.

Supporting role of WHO

WHO has a critical role to play in facilitating, promoting and supporting partnerships for women's health and development. Three main ones are outlined here. In the first instance, ***WHO can enhance its advocacy with a wide range of actors*** on the importance of women's health and development and on the concepts and approaches for addressing the critical health needs of women. This advocacy will, of course, be intensified with ministries of health and other partners in the health sector, but must also reach out to other sectors so that women's health and development is positioned on the wider development agenda.

A major part of this advocacy will include collecting, analysing and sharing more widely the most current information available on women's health and development. This would not only be information on the issues to be addressed but also information on successful programmes and interventions, available resources and so on. In the South-East Asia Region, WHO has been gradually building up its technical resources, but the collaboration with countries to prepare WHD country profiles has enabled intensified work, starting with the publication of the *Regional Health Report 1998, Focus on Women.*

WHO can also play a greater catalytic role in bringing sectors together and in supporting the processes of building partnerships. By virtue of its national, regional and international linkages, the Organization is in a unique position to identify opportunities for partnerships for women's health and development. Maximizing the widest contact with potential partners will also require that WHO takes a more direct, proactive role in national structures and mechanisms for the advancement of women and in intersectoral groups established for larger development initiatives. WHO can assist health ministries and others in the health sector to use information to build compelling arguments for partnership approaches and to frame issues in such a way as to attract potential partners from different sectors that might not have been identified initially.

Once partnerships are established, ***WHO can play a strong role in providing technical assistance and support for joint initiatives and projects***. WHO can also help in the process of sustaining partnerships, in reconciling differences impeding progress, and in evaluating outcomes. Such support can contribute to the documentation of best practices in partnerships and the creation of a repertoire of successful interventions and even guidelines for partnership development.

In these roles of advocating for, facilitating and supporting partnerships, WHO will also need to reconsider it own structures, mechanisms and organizational culture as they relate to the Organization's ability to be more responsive to current demands at all levels for new partnerships for health development. These, of course, must be considered within the policy framework of WHO and the principles which govern its relationships with other organizations and within the mandates of the governing bodies. However, some reorientation will be necessary if WHO is to play a leading role in health partnerships.

5. POINTS FOR CONSIDERATION

This paper has highlighted the changing concept of women's health and development and the multitude of health problems that women face throughout their life span. Attention has been drawn to the complexity of the determinants of women's health and the need for holistic, gender-sensitive approaches not only to improve women's health but also to enable their full participation in health and overall development. Partnerships involving other sectors and organizations and groups working for women's empowerment are widely recognized as essential for ensuring sustainable improvements in the health status of women. Some of the key strategies for partnership development have been elaborated with examples from the countries of the Region. This section raises some points for consideration in the application of the new concepts and implementation of the strategies.

5.1 A new way of looking at women's health and development

The use of a gender perspective is now widely advocated for addressing women's health and development issues across the life span. However, the concept of gender in health development must be translated into concrete actions for identifying women's health needs as well as for implementing effective interventions. Strategies for gender mainstreaming, such as establishment of gender focal points, gender sensitization training, use of gender analysis and tools and so on, are being promoted and put into use.

- How can these mechanisms and strategies be used more widely to integrate a gender perspective in health policies and programmes, especially those targeted at women's health and development?
- What other strategies may be needed for mainstreaming a gender perspective in the health sector?

5.2 Leading role of health ministries

The role of health ministries is crucial in providing leadership to advocate for greater attention to women's health and development, both within the health sector and among other sectors. Health ministries can also initiate and sustain effective partnerships for addressing the critical issues. However, it is well recognized that fulfilling this role will require reaching out to new actors and moving beyond the traditional concerns of the health sector.

- What will health ministries need to do in order to form new partnerships for women's health and development?
- What changes may be needed in policies and mechanisms within the health ministries to enable a supportive environment for expanding partnerships?
- What new attitudes may need to be fostered and new skills developed among health professionals in order to promote partnership development with a wider range of sectors and organizations?
- What new information on women's health and their determinants may be needed and how can this be generated through research and health information systems?
- How can health ministries be linked with other ministries active in the women's development arena in order to enable sharing of information and exploration of new partnership opportunities?

5.3 Government-NGO partnerships

The achievements of NGOs and women's groups in fostering women's empowerment have long been recognized. Greater importance is being placed on the role NGOs can play in accelerating progress toward further improvements in women's health and development. The aim is to facilitate effective collaboration between NGOs and governments in order to capitalize on their positive experiences and lessons learned. However, the constraints and barriers in doing so are also well recognized.

- What new policies are needed to facilitate effective GO-NGO partnerships for women's health and development?
- How can the existing mechanisms for GO-NGO collaboration be strengthened?
- What new mechanisms are needed to foster GO-NGO dialogue and consensus building?
- What is the role of the governments and what is the role of the NGOs in bringing about the necessary changes?

5.4 Priority areas for WHD partnership development

The range of women's health issues across the life span is extensive. Some of these issues are long standing while others are becoming more apparent as new data are made available. Some issues are emerging as a result of the changing health situations in countries, while others have been prevalent but neglected or overlooked. Not all of the issues can be addressed simultaneously. For some, more information is needed before any effective action can be considered.

- What are the priority issues or areas for action for improving women's health and development in the Region?
- Which priority areas would be more effectively addressed through a partnership approach?
- In which areas can existing partnerships be strengthened?
- Which potential partners would be considered as most crucial for women's health and development?

5.5 Initiation of pilot WHD partnership projects

It is clear that partnership development for women's health and development will require new approaches and initiatives, many of which will no doubt lead to the development of new models that others can follow. These may involve strategies for linking women's health issues with other women's concerns or may involve mechanisms for linking the health sector with non-traditional partners.

- How can pilot WHD partnership projects be initiated?
- How can the required human and other resources be mobilized?

- How can the process and outcome of WHD partnership projects be effectively documented and evaluated in order to capture the lessons learned for building a repertoire of best practices?

5.6 Role of WHO and other international agencies

WHO and other international agencies have long been active in advocacy, technical assistance, standards formulation, resource mobilization, and information dissemination for women's health and development. The challenges ahead are likely to require even greater support for the initiation of new partnerships in order to achieve the desired goals.

- How can WHO and other agencies enhance their support and facilitation of partnerships for women's health and development?

- What new mechanisms may be needed in order to enable WHO to foster partnerships with existing as well as new and different actors, in other development sectors, the private sector, among NGOs, etc?

- How can WHO establish more direct links with ministries concerned with women in development issues as well as with NGOs dealing with women's health and development?

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