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WOMEN'S HEALTH

Recent decades have seen growing international commitment to women's health. In 1997, the WHO Regional Committee for the Western Pacific at its forty-eighth session, discussed "Women and Development" and adopted resolution WPR/RC48.R9, urging Member States to minimize gender-based inequities and increase women's participation in development. The World Health Assembly has adopted resolutions WHA57.12 endorsing the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health and WHA60.25 on the strategy for integrating gender analysis and actions into the work of WHO. In November 2009, WHO launched the report *Women and Health: Today's Evidence, Tomorrow's Agenda*, which analyses issues and challenges and provides policy recommendations to improve women's health.

The Western Pacific Region has achieved considerable improvements in women's health. Despite the overall progress, a significant unfinished agenda remains, with millions of women in the Region facing a variety of avoidable health challenges throughout their lives. Clearly, societies and health systems are not doing nearly enough to protect women's health and well-being. In order to improve the health of women in the Region, renewed political commitment, stronger government leadership, women-friendly health policies, programmes and services, action across sectors to address the multiple social determinants of women's health and other actions are needed.

The Regional Committee is invited to discuss women's health, revitalize the commitments to women's health, and consider approaches and strategies to improve the health of women in the Western Pacific Region.

1. CURRENT SITUATION

Recent decades have seen growing international commitment to women's health. The International Conference for Population and Development in Cairo in 1994 recognized the importance of women's health to development and called for a comprehensive approach to reproductive health. The Fourth World Conference on Women, held in Beijing in 1995, called for the advancement and empowerment of women and reaffirmed a woman's right to health. Millennium Development Goals 3 and 5 focus on the entitlements and needs of women.

The WHO Regional Committee for the Western Pacific, at its forty-eighth session held in 1997, discussed "Women and Development" and adopted resolution WPR/RC48.R9 urging Member States to strengthen the collection and analysis of sex-disaggregated data, minimize gender-based inequities and increase the participation of women in development. In 2004, the Fifty-seventh World Health Assembly in resolution WHA57.12, endorsed the strategy to accelerate progress towards the attainment of international development goals and targets related to reproductive health. An implementation framework for the strategy was developed in 2007. *The World Health Report 2005* focused on how to *Make every child and mother count*. In 2007, the Sixtieth World Health Assembly in resolution WHA60.25, noted the strategy for integrating gender analysis and actions into the work of WHO. In November 2009, WHO launched the global report *Women and Health: Today's Evidence, Tomorrow's Agenda*, which analyses issues and challenges and provides a range of policy recommendations to improve women's health.

In the context of global and regional developments, the Western Pacific Region has seen considerable improvements in women's health, including longer life expectancy, declines in total fertility, an increase in maternal health service coverage and a decrease in maternal mortality. These gains, however, have been uneven across and within countries. Despite overall progress, a significant unfinished agenda remains, with millions of women in the Region facing a variety of avoidable health challenges throughout their lives. Clearly, societies and health systems are not doing nearly enough to protect women's health and well-being. Renewed political commitment and redoubled efforts are needed to improve women's health.

2. ISSUES

2.1 Women face distinct health challenges and needs throughout the life cycle

Men's and women's health share many similarities, but the health challenges and their impact are significantly different in many respects. These differences call for particular attention to women's health needs throughout the life cycle. Health programmes for women typically focus on women's reproductive health needs, with programmes addressing other health concerns giving insufficient attention to girls and women.

Full and timely immunizations, adequate nutrition, and safe and nurturing environments can lay a strong foundation for girls, as for boys, during infancy and childhood. Adolescence brings risks related to sex, tobacco and alcohol use. Besides being biologically more vulnerable than young men to sexually transmitted infections, including HIV/AIDS, young women may not be able to negotiate safe sex and may face unwanted pregnancy and unsafe abortion.

In most—though not all—societies, women typically live longer than men, but they often live less healthy lives due to a combination of biological and societal factors. Women's reproductive role, entailing pregnancy and childbirth, carries health risks, accounts for a large share of women's morbidity and mortality, and requires special care, especially in low-income settings. Ensuring women's reproductive health is also important for the health of future generations. Although cost-effective interventions are available to prevent it, the maternal mortality ratio remains unacceptably high in some of the Region's countries, where the proportion of deliveries attended by skilled health personnel is less than 50%.

Mental health is a significant issue for women, with neuropsychiatric disorders ranking highest among the 10 leading causes contributing to disability-adjusted life years (DALYs) lost for women in the Region. Women are much more likely than men to suffer from depression, with depressive disorders accounting for close to 42% of the disability from neuropsychiatric disorders among women, and only 29.3% among men. Intentional injuries are among the 10 leading causes of DALYs lost in the Region for women but not for men, confirming that gender-based violence against women, which can result in mental health issues and other chronic health problems, remains a public health challenge.

Women's exposure to lifestyle-related risk factors, and thus their burden of noncommunicable diseases, has been increasing. Cardiovascular diseases are the second-leading cause contributing to DALYs lost for women in the Western Pacific Region. Of cancers in women, breast cancer is the

most frequent, with an estimated 300 000 new cases in 2008 in the Region. Cervical cancer, with an estimated 100 000 new cases in 2008 in the Region, is also an important concern. Tobacco use among women in the Region is relatively low compared to men (5% versus 57%), but is likely to increase as women are increasingly targeted by aggressive tobacco marketing. Despite their own low rates of tobacco use, women in the Region also face risks from exposure to second-hand smoke at home and in public places. Reports from the Global Youth Tobacco Surveys (2000–2007) show that over 50% of girl students (13–15 years) in the Region were exposed to second-hand smoke in homes, and over 64% in public places.

Women outlive men, but often with poor quality of life during old age. The Region is home to one third of the world's population of people aged 65 years and over, more than half of whom are women. Responsive health systems equipped for chronic care, community-based services and social and economic support are important for meeting the health needs of older women. But these are currently lacking in most developing countries of the Region.

2.2 There are multiple determinants of women's health

The health of women is determined by the complex interplay between their biological characteristics and a range of social factors.

Gender-based inequalities, norms and roles disadvantage women, compared to men, with respect to health vulnerabilities, risks and outcomes. Although girls are biologically hardier than boys, societal discrimination can disadvantage them even before birth, with practices such as sex-selective abortion and a skewed population sex ratio providing extreme examples. Evidence shows that in some settings households favour boys over girls when investing in nutrition, education and health, especially when resources are scarce. Compared to men, women typically have lower education levels and less political and economic empowerment. They also shoulder the dual burden of productive and reproductive work. These factors constrain their ability to protect their health or obtain timely and appropriate care when needed.

Women in richer countries fare better on average than those in the developing world. For example, women's health-adjusted life expectancy ranges between 70 and 80 years in the high-income countries of the Region, while it is in the 60s or below in most low- and lower-middle income countries. Within countries, the health of women differs depending on socioeconomic determinants, such as their level of household income, education, rural versus urban residence, employment status, ethnicity, age and other factors. In Viet Nam, for example, women from the richest households are

three times more likely to give birth in the presence of a skilled attendant than those from the poorest ones. In the Philippines, this difference is over four times.

2.3 Health systems are not meeting women's health needs

Health systems are often not responsive to women's health needs, compounding the constraints placed by other forms of disadvantage—including poverty, low education, political and economic disempowerment, and unequal gender roles and relations—upon women in protecting or improving their health.

Despite their greater need, the cost of health care can be unaffordable for women from poor households, especially because out-of-pocket payments comprise an unacceptably high share of health spending in the Region. Distance can become an almost insurmountable barrier for women, since they may lack control over household income or means of transport. Health workers need to be sensitive to the needs of women clients. Lack of privacy or confidentiality and the biased or unsympathetic attitudes of providers may deter women, especially poorer women or those from marginalized groups, from seeking care. Clinical and treatment protocols may be derived from male-centric research that may not adequately represent women's experiences or health needs.

Health information systems usually do not collect and analyse information that is disaggregated by sex or other relevant social stratifiers, making it difficult for policies to be tailored to the needs of women, especially those from underserved or marginalized groups.

2.4 The unfinished agenda can be addressed

Making significant improvements in women's health requires a range of actions. Strengthened political commitment and government leadership can provide the needed impetus to accelerate action to improve women's health. Existing national health policies, strategies and plans need to be expanded to accord high priority to women's health. Adequate and sustainable financing for women's health needs to be secured and gender-related barriers to access to health services addressed. The highest priority should be given to ensuring that no woman in the Western Pacific Region dies during pregnancy or childbirth for lack of adequate financial protection.

The evidence-based interventions to address many priority health concerns of women are already available, but not optimally applied. What are needed are strengthened health systems that ensure universal coverage for all, including women, based on the values of primary health care, including equity.

Health systems should develop a comprehensive range of women-friendly policies, programmes and services that are responsive to women's health needs across their life cycle, from infancy to girlhood, to adolescence and into adulthood and old age. As a priority, health systems should be strengthened to ensure women universal access to integrated and high-quality reproductive health services along the continuum of care, with a focus on providing quality skilled care for women during pregnancy and after childbirth, including emergency obstetric care, comprehensive family planning services and safe abortion services, where legal. In particular, adequate services are needed to prevent pregnancies that are unwanted.

In addition, a broad range of health services is needed to comprehensively meet the other health needs of women, with a priority to addressing HIV and other sexually-transmitted infections, reducing depression and suicide, tackling gender-based violence as a public health concern, preventing noncommunicable diseases and addressing related major lifestyle risk factors, and improving chronic and long-term care for older women. As a priority, a vigorous health sector response to gender-based violence against women needs to be mounted. Preventing young girls and women from taking up smoking is another priority action that will reduce their noncommunicable disease burden in later life.

Sustainable action requires broad partnerships to advocate for women's health and encourage multisectoral approaches to address its multiple social determinants. Appropriate public policies to improve the education of girls, to ensure their adequate nutrition and safety, and to promote their political and economic empowerment can lay the foundation for their life-long health and well-being.

Collecting and analysing health data and information that are disaggregated by sex and other relevant social stratifiers can help in suitably tracking progress, identifying remaining gaps, and guiding the design and implementation of appropriate policies, programmes and actions to improve women's health.

3. ACTION PROPOSED

The Regional Committee is invited to discuss women's health, revitalize the commitments to women's health, and consider approaches and strategies to improve the health of women in the Western Pacific Region.