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# Gender, Health, and Sustainable Development

**Proceedings of a  
Workshop held in  
Nairobi, Kenya,  
5-8 October 1993**

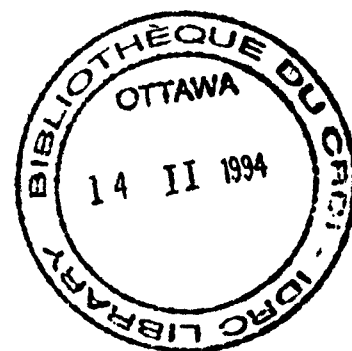
Edited by  
Pandu Wijeyaratne,  
Lori Jones Arsenault,  
Janet Hatcher Roberts, and  
Jennifer Kitts

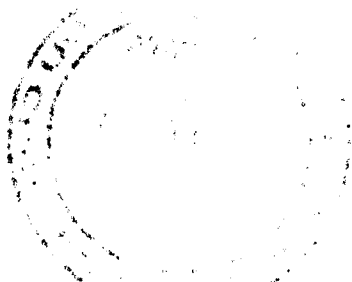
The International Development Research Centre  
Le Centre de recherches pour le développement international  
El Centro Internacional de Investigaciones para el Desarrollo

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# Global Commission on Women's Health

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Maureen Law<sup>1</sup>

## ***Background***

1992 World Health Assembly Technical Discussions on Women, Health and Development.

- Approach adopted in addressing women's health: roots of women's vulnerability, risk factors they face, biological differences between men and women, socioeconomic factors, discrimination - these all culminate in poor health status throughout their lifespan.

Publication *Women's health: across age and frontier* used as background document.

- Resulted in resolution WIIA45.25 *Women, health and development*, calling for *inter alia* the establishment of a Global Commission on Women's Health.

## ***Global Commission on Women's Health - Terms of Reference:***

- (a) produce an agenda for action on women's health;
- (b) make policy-makers aware of women's health issues using sex-specific, desegregated data on women's socioeconomic and health conditions;
- (c) advocate promotion of women's health issues within all developmental plans, using all mass media;
- (d) provide a forum for consultation and dialogue with women's organizations, health advocacy groups, and others who represent the mobilization of women, from the grassroots to the highest political levels;
- (e) report to major international conferences on women's health, including: World Conference on Human Rights, Vienna, June 1993; International Conference on Population and Development, September 1994, World Summit on Social Development, March 1995, Forth World Conference on Women, September 1995.

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<sup>1</sup>Director-General, Health Sciences Division, International Development Research Centre (IDRC). On behalf of Dr. A. El Bindari Hammad, World Health Organization, Geneva.



## ***Preparation for the Global Commission on Women's Health***

July 1992: The Director General of WHO established of Working Group to implement resolution and act as Secretariat to Commission

- Agreed on *grassroots strategy* where activities at country and regional levels culminate in the Commission itself
- Commission to capitalize on *existing networks* of institutions working at country and regional levels
- Collaborate within WHO technical programs and UN agencies to *quantify existing knowledge* before research into gaps in priority areas is initiated.

### ***March 1993: Inter-agency/interregional meeting held at WHO/HQ***

- 1) Reviewed existing endeavours to improve women's health status.
- 2) Proposed *areas for action* which will
  - (a) move from advocacy to practical interventions which will lead to marked and sustainable improvement in women's health and lives;
  - (b) form a common set of areas which lend themselves to regional variations in type and severity of health issues;
  - (c) seek to enhance the empowerment of women in deciding on their own lives.

## ***Areas for Action***

### ***Information***

#### ***Examples***

- Sex-desegregated data
- Making information available to women to better understand the health risks they face at different times in their lives and options and services available to them.

### ***Access to Quality Care***

#### ***Examples***

- Care for women when they are sick
- Facilities to provide care to sick and dying members of family
- Home-care facilities to assist care-providers

## ***Women's Perspectives in Development Technology***

### ***Examples***

- Design of technology to be used by women
- Involvement of women in development of technology
- Involving women in clinical trials

## ***Resources***

### ***Examples***

- Quality services targeted to women
- Services responding to specific health conditions or diseases
- Educational services (formal and informal)
- Resources for activities aimed at removing specific health risks in workplaces
- Research on women's health

### **3) Identified *specific health issues* which:**

- a) cut across regions yet lend themselves to regional specificities;
- b) are selective pointers that reveal other health issues;
- c) are feasible at low cost.

## ***Issues and Rationale***

### ***Nutrition***

- Discrimination exists in food allocation and nutritional status of girls and women.
- Malnutrition and vitamin deficiencies contribute to morbidity and mortality from a variety of infections and chronic disease.
- Anemia accompanied by chronic fatigue is the most widespread, as well as nutritional deficiency among women aged 15-49 years, particularly during pregnancy and lactation.
- Malnutrition was also found to be an increasing problem among elderly women.

### ***Reproductive Health***

- Access to relevant information and quality care services, would improve significantly women's health
- Unsafe maternity (including unsafe abortion and delivery) kills 1 400 women each day, and causes the death of some 1.3 million newborn babies each year.
- Untreated STD has serious consequences for women, including increased vulnerability to HIV infection.

- Particular attention should be given to adolescent health, a time of growth and change (of high rates of teenage pregnancies in both developed and developing countries.)

### ***Health Consequences of Violence***

- Violence against women is widespread and affects both physical and mental wellbeing.
- The toleration of battering, rape and incest are examples of the low status accorded to women.

### ***Aging***

- Women in increasing numbers will be facing the health problems which accompany old age, e.g. osteoporosis and physical and mental frailty, which are intensified during menopause.

### ***Lifestyle-Related Health Conditions***

- Lifestyles change and health-damaging behaviours related to these changes are increasing, as reflected in a higher percentage of women smoking, drinking alcohol and taking other psychoactive drugs.
- Increased stress and lack of social support are contributing to a rise in female suicides.
- Certain diseases such as STD, HIV/AIDS and cancers affect women differently. Specific, targeted interventions must be devised to enable women to protect themselves and receive appropriate care.

### ***Work Environment***

- Women are primary victims of environmental risks.
  - More attention must be given to women's health at home, in the workplace, including the traditional roles allocated to women.
- 4) Identification of specific indicators to monitor changes (See annex 1 for table showing issue areas, indicators and rationale for choosing indicators)

Overall approach adopted: *Human rights and women's health*

- Health as a fundamental, non-negotiable human right
- Vulnerable groups, such as women, being denied this right
- Pro-active approach. Promotion of culture of equal worth and dignity of all human beings is fostered and principle of non-discrimination is respected

- June 1993: *Human rights and women's health*: comprehensive document commissioned for World Conference of Human Rights which highlights ways in which existing international human rights laws may be better used to protect and promote women's health. Widely distributed and acclaimed (forthcoming WHO publication). Similar position papers to be prepared by notable experts in areas under discussion as Commission's input to the International Conference on Population and Development, Fourth World Conference on Women and World Summit on Social Development.

### ***Strategic Steps for Follow-Up***

Each WHO region to establish Working Group on Women's Health where this does not already exist.

#### ***Each WHO region to call regional inter-agency briefing to:***

- share outcome of March meeting;
- make final decision on countries with which to set up national activities rapidly. All countries encouraged to participate in regional networking activities but a limited number selected initially for close collaboration to generate positive experiences for mobilization of others.

#### ***Regional intercountry meetings will be held to:***

- agree on specific women's health issues of regional priority within the overall framework;
- agree on country-based studies to address these issues;
- identify suitable coordination mechanism;
- mobilize interest in women's issues at all levels;
- compile/strengthen directory of existing networks to assist in advocating women's issues at national and regional level.

***Many WHO Regions have made headway in implementing the above strategic steps (See table in Annex 2)***

September 1993: formulation of Global Commission on Women's Health

## Annex 1

Issue	Rationale	Indicator
Nutrition	Although women produce more than half the food in the developing world, discrimination exists in food allocation and nutritional status of girls and women. Malnutrition and vitamin deficiencies contribute to morbidity and mortality from a variety of infections and chronic disease. Anemia accompanied by chronic fatigue is the most widespread, as well as nutritional deficiency among women aged 15-49 years, particularly during pregnancy and lactation. Malnutrition was also found to be an increasing problem among elderly women and therefore in areas where the health of elderly women was subject of growing concern, malnutrition is now recognized as a significant indicator	<ol style="list-style-type: none"> <li>1. Proportion of women aged 15-49 years with haemoglobin levels below 12 gm/dl of blood (non-pregnant women) or 11 gm/dl (pregnant women)</li> <li>2. Proportion of women under reference weight desired at 5th month of pregnancy</li> </ol>
Reproductive Health	Access to relevant information and quality care services including family planning, safe motherhood, HIV/AIDS and STD, would improve significantly women's health. Unsafe maternity (including unsafe abortion and delivery) kills 1 400 women in the prime of life each day, and causes the death of some 4.3 million newborn babies each year. Untreated STD has serious consequences for women, including increased vulnerability to HIV infection. Particular attention should be given to adolescent health a time of growth and change (of high rates of teenage pregnancies in both developed and developing countries)	<ol style="list-style-type: none"> <li>1. Maternal mortality rate</li> <li>2. Total fertility rate</li> <li>3. Age-specific birth rate</li> <li>4. Percentage of men, and women of child-bearing age using contraceptives</li> <li>5. Ratio of pregnancy among girls/women under 19 years</li> <li>6. Incidence of cervical cancer per 100 000 women</li> </ol>
Health Consequences of violence	Violence against women is widespread and affects both physical and mental wellbeing. The toleration of battering, rape and incest are examples of the low status accorded to women.	Reduction in the health consequences related to type of violence (e.g. disability, rape, death)
Aging	Women in increasing numbers will be facing the health problems which accompany old age, e.g. osteoporosis and physical and mental frailty, which are intensified during menopause	<ol style="list-style-type: none"> <li>1. Percentage of women not covered by a health insurance scheme or social security</li> <li>2. Loss of extended family support</li> <li>3. No. of women above 65 years identified as disabled, i.e. limitation in ability to perform an activity in a manner considered normal</li> </ol>
Lifestyle-related health conditions	As industrialization and urbanization evolve, lifestyles change and health-damaging behaviours related to this change are increasing, as reflected in a higher percentage of women smoking, drinking alcohol and taking other psychoactive drugs. Increased stress and lack of social support are contributing to a rise in female suicides. In addition, certain diseases such as STD, HIV/AIDS and cancers affect women differently. Therefore specific, targeted intervention must be devised to enable women to protect themselves and receive appropriate care	<ol style="list-style-type: none"> <li>1. HIV/AIDS incidence (female specific)</li> <li>2. STD incidence (female specific)</li> <li>3. % men and women using condoms to prevent STD</li> <li>4. % women consuming alcohol, tobacco or drugs</li> <li>5. Suicide rate</li> </ol>
Work Environment	Women, more and more, are primary victims of environmental risks. More attention must be given to women's health at home, in the workplace, including the traditional roles allocated to women such as fetching water, cotton picking etc.	<ol style="list-style-type: none"> <li>1. Proportion of population with access to adequate amount of safe drinking water in dwelling or located within convenient distance from user's dwelling (200m from house or 1 hour to collect water)</li> <li>2. % women workers disabled from work</li> <li>3. Formal/informal health-related occupational hazards (to define)</li> </ol>

## Annex 2

WHO Region	Proposed Countries	Activities (where defined)
Africa	9 countries, 3 per sub region (to be identified)	To be defined
Americas	Belize, Costa Rica, El Salvador, Honduras, Nicaragua, Panama	<p>The Pan American Health Organization's Women, Health and Development programme has been extremely active in the last decade to improve women's health throughout the region. Specific projects have included:</p> <ul style="list-style-type: none"> <li>* Institutionalising the gender approach at all levels</li> <li>* SIMCA Project: technical cooperation with countries in Central America (project soon to be expanded to cover all areas of the American region) in concrete activities to improve women's health, particularly in four major categories: (a) juridical and legal reforms; (b) policies, programmes and plans; (c) local development; (d) research</li> </ul> <p>Important collaboration between health personnel and NGOs</p> <ul style="list-style-type: none"> <li>* Collaboration with the media: video tape "Somos la otra mitad" (we the other half)</li> <li>* A bibliography compiled to promote self-care in women's health</li> <li>* Ethnicity: project on the health of indigenous women</li> </ul>
Eastern Mediterranean	Egypt, Iran, Jordan, Lebanon, Morocco, Oman, Pakistan, Tunisia, UAE, Yemen	In order to maximize attendance, the meeting bringing together representatives of all United Nations agencies in the Eastern Mediterranean Region has been postponed from August until November 1993
Europe	Albania, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Poland, Romania, Ukraine	<ul style="list-style-type: none"> <li>* The WHO Regional Office for Europe has chosen the New Independent States and countries of Central and Eastern Europe for initial intensified activities on women's health.</li> <li>* A meeting of the country coordinators took place in May 1992. A second meeting is planned in November 1993. Coordinators will establish a network of contacts with governmental and non-governmental institutions within their country to obtain and exchange information.</li> <li>* For this purpose, a questionnaire has been developed which will form the basis of women's health profiles per country, a comparative analysis of which will be made by WHO/EURO.</li> <li>* A women's health conference is planned for February 1994 in Vienna to consolidate activities and use the analysis of the women's health profiles to plan future strategies to improve women's health.</li> <li>* At the same time (February 1994) a European Women's Health Forum will be launched: a body of eminent leaders in policies and international affairs to advise WHO on critical health issues affecting women in the European region.</li> </ul>
South East Asia	Bangladesh, India, Indonesia, Nepal, Sri Lanka, Thailand	Informal meetings between WHO and other United Nations agencies in the region are informally held on a regular basis
Western Pacific	Australia, China, Fiji, Malaysia, Philippines, Samoa, Vietnam	To be defined