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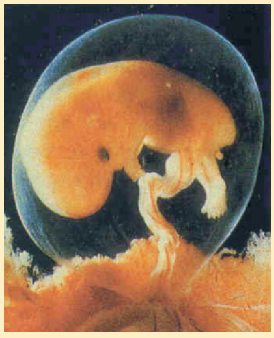
WOMEN'S HEALTH:
A Strategy for the African Region





World Health Organization
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WOMEN'S HEALTH:

A STRATEGY FOR THE AFRICAN REGION

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EXECUTIVE SUMMARY

1. Women's health is a state of complete physical, mental and social well-being of women throughout their lifespan and not only their reproductive health. Women's health is a result of the interaction of different factors: biological, psychological and sociocultural influences; environmental and occupational conditions; and economic development. The various stages in the life of a woman range from infancy, childhood, adolescence and adulthood to the postreproductive years. Each stage has specific health problems that influence outcomes in subsequent years.

2. Women's biological vulnerability, low social status, limited access to health services, low level of literacy and lack of decision-making powers are major determinants of ill-health. Difficult geographical and financial access, poor quality of care, attitude of health care workers and long waiting hours in health facilities have limited women's utilization of services. All these factors require detailed studies in order to inform policies and promote effective planning and interventions.

3. The creation of an enabling environment for women at all levels is critical to the attainment by them of the highest possible level of health as reflected in the *Health-for-All Policy for the 21st Century in the African Region: Agenda 2020.* This consists of health system responsiveness o the needs of women, education of the girl-child, quality health care, elimination of gender discrimination and harmful traditional practices, and an appreciation of the role of women in sustaining human life.

4. The goal of the women's health strategy is to contribute to the attainment of the highest possible level of health for women throughout their lifespan in line with the Millennium Development targets. It addresses the health conditions that are specific to or more prevalent in women, have severe consequences and imply certain risk factors.

5. The proposed interventions focus on improving the responsiveness of health systems based on well researched information on the specific needs of women; developing appropriate evidence-based policies, advocacy and communication strategies; and strengthening capacity of various cadres of health providers at all levels.

6. The Regional Committee adopted the proposed strategy for implementation in Member States.

Dr Luis Gomes Sambo
Regional Director

INTRODUCTION

1. Women's health is a state of complete physical, mental and social well-being of women throughout their lifespan and not only their reproductive health.[1] Women's health is a result of the interaction of different factors: biological, psychological and sociocultural influences; environmental and occupational conditions; economic development.[2] The various stages in the life of a woman[3] range from infancy, childhood, adolescence and adulthood to the postreproductive years. Each stage has specific health problems and subsequent health outcomes are influenced by the experience of previous stages.

2. Women's biological vulnerability to some health conditions (such as HIV/AIDS), low social status, limited access to health services, low level of literacy and lack of decisionmaking powers are major determinants of ill-health. In the African Region, many women are subjected to sociocultural discrimination as well as harmful traditional practices (HTPs) such as female genital mutilation[4] (FGM), food taboos, early and forced marriage and pregnancy. Various factors such as difficult geographical and financial access, poor quality of care, negative attitude of health care workers and long waiting hours in health facilities have limited women's utilization of services. These factors are more critical in rural population.

3. The collective effect of these factors determines the way a woman's health is perceived by her and others as well as the value placed on her well-being. The decision about when to seek health care is not always vested in the woman but rather in those who have power over her.

4. Numerous conferences, meetings and symposia have focused on aspects of women's health, and various resolutions[5] and guidelines for action have led to the disaggregation of data and the establishment of programmes for improving women's health worldwide. Despite global and regional calls for action, there are still information gaps on what is required to improve women's health and how to respond to the health risks and needs of poor women.

5. A few countries in the Region have improved access to quality health services for all in terms of both distribution and affordability. These countries have reduced maternal mortality rates. On average, there is a decline in total fertility rates in the majority of countries over the past ten years as assessed in women's health profiles in selected countries.[6]

6. The women's health strategy addresses the health of women holistically and proposes interventions that will assist Member States to identify priorities and plan their programmes accordingly.

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1 Resolution WHA45.25, Women, health and development, 1992.

2 Women's health: Across age and frontier, WHO, Geneva, 1992.

3 In this document, the term *women* includes female infants, children, adolescents, adults, women in postreproductiveyears and women in difficult situations, as well as rural and urban women.

4 FGM constitutes all procedures which involve the partial or total removal of the external female genitalia or other injury to the female genital mutilation organs for cultural or other non-therapeutic reasons. WHO, Regional plan of Action to accelerate the elimination of female genital mutilation in Africa, Brazzaville, 1997.

5 Resolutions AFR/RC39/R8, AFR/RC39/R9, AFR/RC40/R2, AFR/RC43/R6, and AFR/RC44/R11; Resolutions WHA40.27, WHA42.42, WHA43.10 and WHA45.25; 1993 International Conference on Human Rights; 1994 World Social and Economic Summit; 1994 International Conference on Population and Development, 1995 World Conference on Women.

6 Reports of national women's health profiles in 18 countries in the African Region: Algeria, Burkina Faso, Cape Verde, Côte d'Ivoire, Ethiopia, Ghana, Lesotho, Mali, Mauritania, Mozambique, Namibia, Niger, Nigeria, Democratic Republic of Congo, Seychelles, South Africa, Tanzania, Zimbabwe.

SITUATION ANALYSIS

7. Deficiencies in early life affect women's health and reproductive performance and that of their daughters, creating intergenerational health effects. Newborn survival is intricately linked to maternal nutrition, health and care.[7] The common childhood diseases–diarrhoea, acute respiratory infections, measles and malnutrition–affect both female and male infants. The African girl-child suffers from a perpetual intergenerational cycle of under-nutrition, child labour, abuse, neglect and social discrimination, including FGM, all of which increase the risk of morbidity and mortality.

8. Early marriage, unwanted pregnancy and pregnancy complications coupled with sexual violence and substance abuse, characterize the period of adolescence. In some countries, 25–27% of first births occur among adolescents, and this group accounts for up to 40% of total maternal deaths, a significant proportion of which results from unsafe abortions.[2]

9. WHO estimates that reproductive ill-health accounts for 33% of the total disease burden for women, as compared to 12.3% for men of the same age. Despite the availability of safe and affordable technologies, in developing countries one woman in 14 dies of pregnancy and childbirth-related complications compared with one in 4,000 or even one in 10,000 in developed countries. This demonstrates a high level of inequity. Maternal mortality ratio in the African Region remains at an extremely high level of 1,000 per 100,000[8] live births, the world's highest. Major causes include antepartum and postpartum haemorrhage, sepsis, malaria and complications of abortion, and lack of antenatal care. While malaria occurs throughout the lifespan in both men and women, malaria in pregnancy presents an additional challenge to the woman and the baby. It results in maternal anaemia, antepartum haemorrhage, foetal anaemia and low birth weight or death.

10. For every woman who dies as a result of maternal causes, approximately 20 others will suffer short-term or long-term disabilities such as obstetric fistula, chronic depression, urinary incontinence, infertility, maternal exhaustion and chronic anaemia.[9] Case studies on maternal disabilities in a number of countries reveal an enormous but unaddressed problem shrouded in a "culture of silence and endurance" because of values that encourage women to give lower priority to their own health than that of other family members.[10]

11. Women account for the majority of the elderly population, and this trend is increasing. In Africa, the average life expectancy is 51 years for women and 48 years for men.[11] This fact masks a very different profile of morbidity and quality of life in women due to reproductive disabilities. Major causes of ill-health among elderly women include cervical and breast can-

7 Africa's newborns: the forgotten children, WHO Regional Office for Africa, 2002.
8 UNDP, Human development report 2001, New York, 2002.
9 WHO, The road to safe motherhood, Harare, 2001.
10 Khattab HAS, The silent endurance, Cairo, UNICEF and Population Council, 1992; Fortney JA and Smith JB, The base of the iceberg: Prevalence and perceptions of maternal morbidity in four developing countries, Research Triangle Park, NC, FHI, 1996.
11 UN, Women's indicators and statistics database (WISTAT), New York, UN Population Division, 2000.

cers, osteoporosis, post-menopausal syndrome and mental depression. Many of these problems are usually silent and unrecognized in the early stages, hence the fatality associated with them in the post-menopausal period.

12. HIV/AIDS occurs throughout the lifespan. Although it affects both women and men, women are more vulnerable due to biological and epidemiological factors, sexual violence, low socioeconomic status and lack of negotiating powers with male partners. In sub-Saharan Africa, 55% of the 28.1 million HIV-infected adults are women; among the youth, there are four infected women for every HIV infected man.[12] Increasing numbers of women attending antenatal clinics are being diagnosed with HIV infection. HIV transmission rates from mother-to-child range from 25% to 40% in some countries.[13] In sub-Saharan Africa, there are 11 million children orphaned by HIV/AIDS. This large population of orphaned children has increased the burden of care provided by the poor and elderly women.

13. With the re-emergence of tuberculosis (TB), it has become the single leading infectious cause of death in women worldwide. It kills over one million women aged 15–44 years annually; 600,000 TB deaths occur in the African Region, mainly in women.[14] HIV, TB and malaria constitute a deadly triad in African women.

14. Violence against women[15] is recognized worldwide as a violation of women's human rights, although regional data are sparse. Globally, 16–50% of women have been victims of physical violence at some time in their lives. In some African countries, high levels of psychological abuse have been reported. Adolescent girls have become the main victims[16] of sexual assault and human trafficking. The health consequences of gender-based violence include post-traumatic stress disorders, substance abuse, sexually transmitted infections, HIV/AIDS, femicide, attempted suicide and suicide.

15. FGM and nutritional taboos are prevalent in many societies. In many cultural settings, FGM is viewed as a rite of passage from childhood to womanhood. The immediate and long-term consequences of FGM are numerous.[17] In the African Region, some form of FGM with its attendant immediate and long-term health consequences occurs in 27 of 46 Member States. The prevalence ranges from 5–98% in some countries.[18] While there are some good reasons for recognizing and respecting the initiation of girls into womanhood, eliminating the associated mutilation has many advantages. Some Member States that have adopted the 20-year Regional Plan of Action for the Acceleration of the Elimination of FGM in Africa are showing a reduction in prevalence of FGM.

[12] UNAIDS/WHO, Report on the global HIV/AIDS epidemic, Geneva, 2002.
[13] UNAIDS/WHO, Report on the global HIV/AIDS epidemic, Geneva, 2000.
[14] WHO/AFRO, TB surveillance report, Brazzaville, 2001.
[15] Violence against women is any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, in private and public life (1993 UN Declaration on the elimination of all forms of violence against women). It includes rape, battering, homicide, incest, psychological abuse, forced prostitution, female trafficking, forced marriage, female abduction and sexual slavery.
[16] World Bank, Engendering development, Washington, D.C., 2001.
[17] Immediate health complications: pain, shock, acute urinary retention, injury to adjacent tissues, risk of transmission of blood-borne infections leading to death. Long-term complications are dysmenorrhoea, dyspareunia, sexual dysfunction, chronic pelvic infection, vesico-vaginal fistulae, prolonged and obstructed labour, psychological and social consequences. WHO, 2000.
[18] WHO, Female genital mutilation: a handbook for frontline workers, Geneva, 2000.

16. In armed conflicts, 80% of the refugees or internally displaced persons are women and children[19] who have special health needs. Women with disabilities and in specialized institutions[20] live in difficult situations that require specific interventions. These include access to reproductive health services, psychosocial support, care and rehabilitation services. A minimum package of public health services in emergency situations has been developed by WHO to address some of these problems.[21]

17. Over the years, fragmented approaches have been employed to address the health of women. The present women's health strategy focuses on the health conditions that are specific to women, have severe consequences and imply different risk factors for them. It also proposes interventions that will assist countries to contribute to the attainment of the millennium development goals (MDGs) related to women's health.

[19] UNHCR, Report on refugees and internally displaced persons, Geneva, 2000.
[20] Women in prison, elderly women in nursing homes, psychiatric hospital, etc.
[21] WHO, Reproductive health during conflict and displacement, Geneva, 2000.

THE REGIONAL STRATEGY

Goal and objectives

18. The goal of the strategy is to contribute to the attainment of the highest possible level of health for women throughout their lifespan in line with the Millennium Development targets.

19. The specific objectives are to support Member States to:

(a) advocate for women-sensitive health policies and programmes that respond to their needs and are in line with agreed international instruments and conventions;

(b) accelerate the implementation of interventions aimed at improving the health of women, focusing on major causes of morbidity and mortality, in particular, maternal mortality;

(c) improve access for all women to quality health services that are responsive to their specific needs, and ensured safe motherhood;

(d) accelerate the elimination of all forms of violence and harmful traditional practices.

Guiding principles

20. The success and sustainability of the implementation of the strategy will be guided by the following principles:
(a) adopting a holistic approach to women's health, including their physical, mental, social and economic well-being throughout their lives;

(b) promoting equity in health through women's access to quality health services, in particular, emergency obstetric care;

(c) empowering women to participate in, benefit from and play a leadership role in health, in particular through the education of the girl-child;

(d) advocating for the implementation of internationally agreed conventions and declarations in countries;

(e) incorporating a gender perspective into health policies and programmes.

Priority interventions

21. Interventions addressing the promotive, preventive, curative and rehabilitative aspects of women's health will be implemented.

22. Member States will be supported to formulate national women's health policies and programmes derived from the national women's health profile. The profile will enable countries to identify interventions needed to improve the health and survival of women, and reduce the disease burden in the context of existing health care delivery systems. National women's health policies should include appropriate health care financing mechanisms to enable the poorest of poor women to access the services. Countries may need to formulate or review laws to protect the health and rights of women.

23. Further support will re-orient health services to provide accessible quality care which is convenient, timely, affordable and responsive to women's specific health needs. These will include preventive sexual and reproductive health services; appropriate and timely management of cervical and breast cancers, TB and HIV/AIDS including prevention

of mother-to-child transmission of HIV; and early diagnosis and treatment of special conditions such as hypertension, diabetes and blindness that affect women's health. Management and rehabilitation of women with obstetric fistula where this is a problem will be addressed. Special approaches will be developed to provide responsive health care services for women in difficult circumstances.

24. Support will be provided to strengthen the capacity of health personnel to provide basic and comprehensive emergency obstetric care (EOC), psychosocial support and counselling and to adopt positive attitudes to women clients. Capacity of women and men, families and communities will also be strengthened to advance the cause of women's health, including the provision of information on appropriate care seeking for the reduction of maternal mortality and the elimination of all forms of social violence and health risks. Building the capacity of a multidisciplinary national collaborating group to conduct operations research on HTPs, gender-based violence and pre-service training of health personnel using WHO FGM training manuals will be supported.

25. Member States will be supported to strengthen mechanisms for the elimination of HTPs and all forms of violence by applying proven interventions (such as community involvement, alternative rites of passage, government commitment[22]) for prevention and timely case management.

26. Support will further develop and implement advocacy and communication strategies to promote the human rights approach to women's health at individual, family and community levels, in the broader context of social and economic development. Results of the national women's health profile and research findings will inform the development of appropriate advocacy and communication strategies.

27. Member States will be supported to identify and conduct priority research on issues related to women's health and apply the results to improve policy, programme planning and implementation. Areas for operational research include understanding women's health care seeking behaviour, sociocultural beliefs, psychosocial support and service providers' attitudes in women's health. Specific participatory research will be conducted in response to problems arising in the course of implementation.

[22] Report of the intercountry meeting to review effective interventions for the elimination of FGM in the African Region, Bamako (Mali), 2002. Unpublished document.

ROLES AND RESPONSIBILITIES

Role of countries

28. This strategy will be implemented in the context of national health policy or health sector reform, using the districts and communities as the entry points, and putting emphasis on integration with relevant health-related programmes. This integration will be done with the recognition that the health of women is the foundation for sustainable human development.

29. Member States will develop or strengthen national frameworks for implementing the strategy in an integrated manner in partnership with women, men, opinion leaders, community-based organizations, NGOs, relevant government ministries, and public and private institutions. Countries will implement the Abuja Declaration so as to mobilize and allocate adequate resources for women's health.

30. The development or revision of country-specific legal frameworks to prevent gender-based violence and HTPs will contribute greatly to women's health.

31. The ministry of health will play a stewardship role in ensuring the collection and collation of disaggregated gender data as well as strengthening health systems to meet the promotive, preventive, curative and rehabilitative health needs of women. The ministry of health will ensure the inclusion of gender perspectives in health sector reforms, poverty reduction strategy papers, quality of care and responsiveness of health systems. In addition, it will strengthen mechanisms for a national multidisciplinary and multisectoral coordination structure to monitor trends in women's health.

Role of WHO and partners

32. WHO will provide technical assistance to countries for the implementation of this strategy, taking into consideration major causes of morbidity and mortality in countries while ensuring equity and rights of women to access quality health services. Generic tools and guidelines for implementation, monitoring and evaluation will be provided for adaptation by countries.

33. Partnerships for education, capacity building and leadership roles for women will be fostered to ensure their active participation in health development. This will involve interested and relevant UN and bilateral agencies as well as international and national NGOs, private organizations, women's groups and communities.

MONITORING AND EVALUATION

34. WHO will assist countries to select and apply appropriate indicators for monitoring and evaluation. These include disaggregated vital health statistics, percentage access to EOC, percentage access to cervical and breast cancer screening, contraceptive prevalence rate, female literacy rate and percentage of women in decision-making positions. Information will be collected on strategy implementation, and reports will be provided periodically to the Regional Committee. Evaluation results will be used for strengthening national programmes and action plans.

CONCLUSION

35. Women deserve special attention because of the high burden of disease they endure and because of the health conditions related to their reproductive life. This calls for high-level commitment of families, communities, governments and international partners. Efforts to scale-up interventions aimed at improving women's health must be coordinated and involve all stakeholders. Strategic budgeting and effective monitoring and evaluation mechanisms will ensure implementation of proven interventions and demonstrate change.

36. The creation of an enabling environment for women at all levels is critical for the attainment of the highest possible level of health as reflected in the *Health-for-All Policy for the 21st Century in the African Region: Agenda 2020.* This enabling environment must be in the context of health sector reforms in countries. Major components are health system responsiveness to the needs of women, education of the girl-child, quality health care, elimination of gender discrimination and HTPs, and an appreciation of the role of women in sustaining human life.

37. The Regional Committee endorsed "Women's health: A strategy for the African Region" for implementation in Member States.

Annex 1 AFR/RC53/R4:
WOMEN'S HEALTH: A STRATEGY FOR THE AFRICAN REGION

The Regional Committee,

Recalling previous World Health Assembly resolutions WHA40.27, WHA42.42, WHA43.10 and WHA45.25 on women's health and development;

Bearing in mind the Regional Committee resolutions AFR/RC39/R9 on traditional practices affecting the health of women and children, AFR/RC43/R6 on women, health and development and AFR/RC47/R4 on promotion of the participation of women in health and development;

Adhering to the *Health-for-All Policy for the 21st Century in the African Region: Agenda 2020* that calls for the creation of conditions that will enable women to participate in, benefit from and play a leadership role in health development;

Mindful of the human rights instruments stated in international and regional conventions, declarations and charters;

Concerned about the extremely high level of morbidity and mortality in women, and the additional efforts that will be needed by Member States to achieve international goals for women's health, including maternal health;

Convinced of the need for sex-disaggregated data and the incorporation of a gender perspective in health programmes;

1. APPROVES the document, "Women's Health: A Strategy for the African Region", which focuses and emphasizes health conditions that are exclusive to or more prevalent in women as well as those which have more severe consequences and imply specific risk factors for women;

2. COMMENDS the Regional Director for advocating for, promoting and supporting women's health in the Region; AFR/RC53/R4

3. URGES Member States**:**

(a) to accord greater priority to women's health in their national socioeconomic development agenda through strengthening and expanding efforts to meet international targets for improved women's health, particularly the education of the girl-child;

(b) to make additional efforts to improve advocacy at the highest level for womensensitive health policies and programmes, resources, partnerships creation, and sustained political commitment to the Abuja Declaration;

(c) to promote access by all women to a full range of information and quality health services, focusing on the major causes of morbidity and mortality;

(d) to accelerate the implementation of interventions aimed at eliminating all forms of violence and harmful traditional practices, based on existing international and regional strategies;

(e) to equip health personnel, communities, families and individuals, women and men, with the requisite skills to enable them develop, implement, monitor and evaluate women's health policies and programmes at all levels.

4. REQUESTS the Regional Director:

(a) to provide technical support to Member States for the development of policies, and the implementation of agreed conventions and declarations towards the attainment of international goals on women's health;

(b) to continue to advocate for a strategic approach to the reduction of morbidity and mortality in women, including the effective interventions in the Safe Motherhood Initiative, regional plans for the elimination of female genital mutilation and other harmful traditional practices, prevention of violence, and education of the girl-child;

(c) to mobilize governments, UN agencies, NGOs and other stakeholders to organize symposia, conferences and workshops to refocus women's health in the national development agenda;

(d) to support public and private institutions and national experts to carry out research on identified priorities and document findings and best practices for use by Member States in the full implementation of cost-effective approaches for improved women's health;

(e) to maintain WHO commitment to the incorporation of gender perspective in policies and programmes;

(f) to report to the fifty-sixth session of the Regional Committee and every three years thereafter on the progress made in the implementation of the women's health strategy.