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**WOMEN’S HEALTH IN THE WHO AFRICAN REGION: A CALL FOR ACTION**

**Report of the Regional Director**

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**RESOLUTION**

AFR/RC58/R1 Women’s health in the WHO African Region: a call for action



## BACKGROUND

1. By virtue of their multiple roles, women constitute a key link in the chain of development actions worldwide. Women not only account for over half of the population of countries in general, but they also invest their energy in families and communities, thus contributing to the wealth of nations.
2. Women need to be in a state of complete physical, mental and social well-being to be able to carry out their numerous responsibilities. Against this background, during the United Nations Decade for Women (1975-1985) and at various international meetings on population and development,<sup>1</sup> Member States of the United Nations agreed that women's health and their active participation in development actions were closely linked.
3. Unfortunately, the huge majority of African women are still unaware of their fundamental rights to health, education and life as part of the fundamental rights they gained several decades ago.<sup>2</sup> They continue to suffer from sociocultural discrimination, harmful traditional practices such as female genital mutilation (FGM), gender-based violence, food taboos, forced marriages, early and unwanted pregnancies, all of which are very harmful to their health.
4. These problems, coupled with the weakness of health systems, are at the root of the high maternal mortality in sub-Saharan Africa where 1 out of every 26 women is at risk of dying during childbirth compared to 1 woman out of every 7300 in developed countries. Furthermore, of the 14 countries worldwide where maternal mortality is above 1000 per 100 000 live births, 13 are in sub-Saharan Africa.<sup>3</sup>
5. As maternal mortality is one of Africa's most tragic health problems, countries and their development partners made a commitment at the Millennium Summit (2000) to reduce this mortality by three quarters between 1990 and 2015 (MDG5). Although this required a 5.5% annual average reduction of maternal mortality in order to achieve MDG5, the actual annual reduction in sub-Saharan Africa<sup>4</sup> between 1990 and 2005 was only 0.1%.
6. In addition, the Regional Committee adopted a number of resolutions on women's health and their contribution to development.<sup>5</sup> These resolutions addressed the issue of women's health throughout their life cycle as well as gender and human rights issues in order to achieve rapid and long-lasting impacts in the African Region.

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<sup>1</sup> First World Conference on Women, Mexico City, Mexico, 8 March 1975; World Conference on Human Rights, Vienna, Austria, 14–25 June 1993; World Summit on Social Development, Copenhagen, Denmark, 6–12 March 1995; International Conference on Population and Development, Cairo, Egypt, 10 December 1994; Fourth World Conference on Women, Beijing, China, 4–15 September 1995; United Nations Millennium Summit, New York, USA, 6–8 September 2000.

<sup>2</sup> United Nations Universal Declaration of Human Rights, Article 22, 10 December 1948; United Nations Convention on the Elimination of all Forms of Discrimination Against Women, 18 December 1979.

<sup>3</sup> Maternal mortality in 2005, estimates developed by WHO, UNICEF, UNFPA and the World Bank.

<sup>4</sup> Maternal mortality in 2005, estimates developed by WHO, UNICEF, UNFPA and the World Bank.

<sup>5</sup> WHO Regional Committee resolutions AFR/RC39/R9: Traditional practices affecting women and children, 1989; AFR/RC40/R2: Accelerating the improvement of maternal and child health, 1990; AFR/RC43/R6: Women, health and development, 1993; AFR/RC44/R11: Regional strategy for accelerated reduction of maternal and neonatal mortality in the African Region, 1994; AFR/RC47/R4: Promotion of the participation of women in health and development, 1997; AFR/RC53/R4: Women's health: a strategy for the African Region, 2003; AFR/RC54/R2: Repositioning family planning in reproductive health services: A framework for accelerated action, 2005–2014, 2004; AFR/RC54/R9: Road map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa, 2004.

7. Considering the gravity of the health situation of African women, the WHO Director-General has made women's health one of the top priorities for the Organization.<sup>6</sup> In addition, the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa focused on strengthening health systems to address maternal health, women's health and related issues using the primary health care approach.

8. The present document reports on progress made and proposes actions to improve women's health in the African Region.

## **ISSUES AND CHALLENGES**

9. The women's health strategy for the African Region sets forth interventions based on the national women's health profile which defines the country's economic situation, the status of women in general and the status of women's health. Sixteen countries<sup>7</sup> already have developed their national women's health profiles; however, very few have integrated women's health into their national health policies and programmes.

10. The 2001 regional strategy on adolescent health has two main thrusts: prevention of teenage pregnancy and control of sexually-transmitted infections and HIV/AIDS. National strategies have been developed by a number of countries, but implementation remains a challenge.

11. The Road Map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa (MDG5) aims to provide women with assistance by qualified staff during childbirth and with access to quality emergency obstetric care. Although most of the countries of the Region already have their national Road Map, mobilization of resources for effective implementation has been difficult.

12. According to WHO estimates, 57% of women in the African Region lack access to assistance by qualified staff during childbirth.<sup>8</sup> The shortage of skilled birth attendants in health facilities, especially in rural areas, exposes women to preventable death.

13. The Child Survival Strategy for the African Region (2006) emphasizes the need to respect the rights of the child, including the girl-child. However, the majority of girls are still subjected to discrimination, abuse and neglect. Addressing this problem remains a challenge in the Region.

14. Men are not adequately informed about the problems women face due to various social and cultural beliefs. The weak involvement of men in issues regarding girls, adolescents and women make it difficult to address women's health problems.

15. Despite international efforts to eliminate gender-based violence, including FGM, FGM has decreased in only 10 countries due to entrenched cultural and traditional beliefs. Addressing the problem of FGM in the remaining 17 countries has proved to be a major challenge.

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<sup>6</sup> Dr Margaret Chan, WHO Director-General-elect, at the First Special Session of the World Health Assembly, Geneva, 9 November 2006.

<sup>7</sup> WHO, Report of the Regional Consultation on Women's Health in Africa: Vision and Reality, Brazzaville, Republic of Congo, 28-31 May 2007.

<sup>8</sup> Maternal mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and the World Bank.

16. Average life expectancy at birth in the African Region is 51 years for women. Case studies on motherhood-related disability in some countries show that disability of women is a huge but unaddressed problem. In addition, women traditionally give less priority to their own health compared to the health of other members of the family.<sup>9</sup>

17. Competing priorities, recurrent conflicts poverty and misunderstanding of women's role hamper the allocation of adequate resources to women's health. Issues of women's health are complex and require multisectoral and concerted action involving the public and private sectors, nongovernmental organizations, communities, families and women themselves.

## **ACTIONS PROPOSED**

18. Women's health remains critical despite the commitments and efforts of Member States of the WHO African Region to improve the situation. There is a need to integrate women's health issues into existing programmes based on gender and human rights approaches. The following actions need to be addressed in the implementation of the regional women's health strategy for effective impact on women's health.

19. **Strengthen existing multisectoral bodies** to advocate for the implementation of international conventions and instruments related to women's health and development adopted by countries. These include the Millennium Development Goals and the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems.

20. **Set up a multidisciplinary technical team composed of experts in health, gender and human rights** to identify priority interventions for effective scaling up and resource mobilization for women's health at national level. The team should have clear terms of reference in order to assess and monitor trends in women's health.

21. **Scale up essential interventions** related to women's health with special emphasis on rural areas. It is important to expand coverage of services, enhance the skills of health workers (skilled birth attendants) and social workers, and improve the existing facilities with particular emphasis on referral systems and availability of medicines in order to provide quality, timely and affordable care for women.

22. **Use the primary health care approach** in line with the Ouagadougou Declaration to deliver women's health interventions. Improve the utilization of services by women in general and by pregnant women in particular through active involvement of men and community participation. Men's involvement is important to address financial and geographical barriers to women's access to essential health services.

23. **Strengthen the capacity of women, families and communities to prevent diseases** by providing them with information on appropriate care and on the risk of diseases. Women should be economically empowered to access health services and to take appropriate decisions related to their health and sexuality.

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<sup>9</sup> Khattab HAS, The silent endurance, Cairo, UNICEF and Population Council 1992; Fortney JA Smith JB, The base of the iceberg: Prevalance and perceptions of maternal morbidity in four developing countries, Research Triangle Park, NC Family Health international, 1997, pp. 98-99.

24. **Document and disseminate best practices.** A number of countries are making progress in the area of maternal and women's health. These countries need to be supported to document and share their best practices to stimulate other countries in the Region to emulate their examples.
25. **Develop an integrated communication plan** to increase understanding of the importance of women's roles and promote societal attitude change towards women. This plan should be comprehensive and interactive to address all the major obstacles to women's health. The relationship between the health of the mother and the well-being of the child should be reflected in this plan.
26. **Mobilize resources** for effective implementation of essential women's health interventions by implementing the 2001 Abuja Declaration in which African Heads of State committed themselves to allocate 15% of national budgets to the health sector. Explore various funding sources for women's health, including health insurance schemes and other community funding mechanisms, and allocate specific funds for the implementation of national Road Maps.
27. **Strengthen partnerships** with women's rights groups, including community-based organizations, nongovernmental organizations and women's associations, and integrate women's health issues into their agendas. Collaboration between key stakeholders including development partners should be strengthened for effective coordination.
28. The Regional Committee is requested to consider and adopt the actions proposed in this document.

ORIGINAL: FRENCH

## RESOLUTION

### WOMEN'S HEALTH IN THE WHO AFRICAN REGION: A CALL FOR ACTION (document AFR/RC58/5)

The Regional Committee,

**Recognizing** that women must be in a state of complete physical, mental and social well-being to be able to carry out their numerous and important responsibilities in the society and contribute to national development;

**Recalling** the Universal Declaration on Human Rights; the Convention on the Elimination of All Forms of Discrimination against Women, and the Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly;

**Bearing in mind** the various WHO Regional Committee resolutions pertaining to women's health and development, including Resolution AFR/RC53/4: Women's health: a strategy for the African Region, 2003 and Resolution AFR/RC54/R9: Road Map for accelerating the attainment of the Millennium Development Goals relating to maternal and newborn health in Africa, 2004;

**Concerned** that despite the numerous efforts by Member States in the past to improve women's health, the overall progress has not been satisfactory in the Region;

**Deeply concerned** that: 1 out of every 26 women is at risk of dying during childbirth in countries in sub-Saharan Africa compared to 1 woman out of every 7300 in developed countries; 13 out of the 14 countries where maternal mortality is above 1000 per 100 000 live births worldwide are in sub-Saharan Africa; over 57% of women in the African Region lack access to assistance by skilled birth attendants during childbirth; and female genital mutilation affects 100–140 million women and girls today;

**Alarmed** that although sub-Saharan Africa requires a 5.5% annual average reduction of maternal mortality in order to achieve Millennium Development Goal 5, the actual annual average reduction over 15 years between 1990 and 2005 was only 0.1%;

**Noting** that underdevelopment of health systems and their weaknesses are at the root of the high maternal mortality in sub-Saharan Africa;

**Recalling** the 2008 Ouagadougou Declaration on Primary Health Care and Health Systems in Africa that seeks to strengthen health systems using the primary health care approach;

**Aware** that women continue to suffer from sociocultural discrimination; low economic status; harmful traditional practices such as female genital mutilation; sexual and gender-based violence; taboos; forced marriages; early, unwanted pregnancies; HIV and other STIs;

**Recognizing** that women are adversely affected by political and social instability, food insecurity, poverty, and natural and man-made disasters;

**Deeply concerned** that resources allocated to women's health in general and maternal health in particular are far below what is required to make significant impact towards achieving MDG3 and MDG5;

**Mindful** that women's health issues are complex and require multisectoral and concerted actions involving the public and private sectors, nongovernmental organizations, communities, families, women themselves and active involvement of men;

Having reviewed the document "Women's health in the WHO African Region: a call for action" as well as the report of the Programme Subcommittee relating thereto:

1. ENDORSES the report on women's health in the WHO African Region;
2. URGES Member States:
  - (a) to strengthen existing high-level multisectoral institutional bodies to advocate for and monitor issues related to women's health and empowerment, education of the girl-child, and poverty reduction strategies, including women's health-related actions of various sectors with the involvement of local government authorities;
  - (b) to build institutional capacity for implementing women's health interventions by establishing effective multisectoral coordination mechanism through nomination of a women's health focal person in each government ministry and department who has an influence on women's welfare and health and by setting up a women's health multisectoral, multidisciplinary technical group with clear and uniformed terms of reference;
  - (c) to affirmatively increase national resources to implement national policies and strategies for women's health by allocating specific funds for women's health; adopting and implementing policies to address financial barriers to women's access to health care; and developing and implementing human resources for health policies that increase the availability of health workers providing maternal health services, especially in rural and underserved areas;
  - (d) to consider, in women's health policies, the prevention of early and forced marriages, gender-based violence and all forms of discrimination against women, and adopt and enforce relevant legislation;
  - (e) to strengthen partnerships with women's rights groups, including community-based organizations, nongovernmental organizations and womens' associations, and integrate women's health issues into their agendas;
  - (f) to develop and implement national Road Maps to accelerate the reduction of maternal and newborn mortality in line with Resolution AFR/RC54/R9 entitled "Road Map for



- Accelerating the Attainment of Millennium Development Goals Relating to Maternal and Newborn Health in Africa”;
- (g) to use the primary health care approach to deliver women’s health-related interventions with strong community participation and ownership and active male involvement to improve utilization of services by pregnant women;
  - (h) to strengthen the integration of family planning, malaria control in pregnancy, nutrition and prevention of mother-to-child transmission of HIV into maternal and child health services and diversify entry points for women’s health interventions in existing services to improve effectiveness and efficient use of resources;
  - (i) to scale up essential interventions related to women’s health throughout their life cycle;
  - (j) to develop an integrated communication plan for better understanding of women’s roles in society, and for promoting change of behaviour and attitudes towards women’s health;
  - (k) to promote research on issues specific to women’s health to generate evidence for informed policy actions and programmes;
3. DECLARES 4 September as Women’s Health Day in the African Region;
4. REQUESTS the Regional Director:
- (a) to strengthen advocacy for increased resources for women’s health in general and for reduction of maternal and neonatal mortality in particular;
  - (b) to continue providing technical guidance to Member States to address women’s health policies and priority interventions, and document and share best practices;
  - (c) to pursue partnerships with other relevant UN Agencies such as UNDP, UNESCO, UNICEF, UNFPA and UNIFEM to advocate for girls’ and boys’ education and for the socioeconomic empowerment of women and improvement of women’s health throughout their life cycle;
  - (d) to establish a Commission on Women’s Health to generate evidence on the role of improved women’s health in socioeconomic development for improved advocacy and policy action;
  - (e) to establish a monitoring and evaluation mechanism in collaboration with the African Union and regional economic communities;
  - (f) to support countries to strengthen national information systems;
5. APPEALS to other international health partners:
- (a) to recognize women’s health as a priority in the African Region and establish innovative mechanisms for increased investment in maternal and newborn health services;
  - (b) to align women’s health programmes and funding to national policies and priorities in line with the Paris Declaration on Aid Effectiveness, Alignment and Harmonization.