



Italian G7 Presidency W7



BACKGROUND PAPER WORKING GROUP III

Women, Health and Science

Prepared by

World Health Organization

Distributed on the occasion of

Starting from girls

Women's Forum on inequality and sustainable growth

Rome, April 7-8, 2017

Concept note

Health and empowerment are among key drivers of women's full participation in a society. Investments and efforts for meeting women's special health needs especially relating to their reproductive health including access to health care and technology for planning pregnancies, and prevention and management of them through childbirth and postpartum periods, are crucial in ensuring this. A particularly vulnerable and important population group is adolescents, especially adolescent girls that constitute around 1 in 6 persons in the world. Currently, there are 1.2 billion adolescents aged 10 to 19. Investing in, and addressing the unique health challenges facing women and adolescents, especially adolescent girls helps to enhance their participation in society, fulfilling their pivotal role as key drivers of change in the post-2015 Sustainable Development Goals (SDGs) era. By investing in the right policies and programmes for women and adolescents' health to realize their potential and their human rights to health, education and full participation in society, we can unleash the vast human potential to transform our world.

Women's participation in decision-making, governance and management of healthcare, research, and science is another important pillar of sustainable development. Gender equality in science and research will stimulate acceleration in overall health and empowerment of women, will secure best talents from the whole of the society, and will have positive effects on development and recruitment of women scientists, researchers and managers. As most of the health care workers are women, this will also strengthen the skills, and capacities of health work force. However, it is shown that such participation is currently far from desired levels. For example, it was reported that only 15% of full professors in European universities are women, and women are under represented on decision-making scientific boards in almost all European countries.¹

With this understanding, the SDGs have reconceptualised women's health, acknowledging the broader aspects of gender equality and rights that influence health of women and girls as well as their empowerment. A key focus is placed on adolescents' health with attention to age-disaggregated data for tracking progress in all Goals. The *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)* – an early implementation mechanism for the related SDGs, envisions “a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.” This is health not merely as a right and worthy goal in its own right, but as an enabler of collective good. Participation of women to all key societal processes and mechanisms is crucial including in science, research and health care workforce and management.

Despite progress during the past decades, more needs to be done to achieve the objectives of the *Global Strategy* of survive, thrive, and transform. Globally, an estimated 303 000 women died in childbirth or as a result of their pregnancy² in 2015. Most died from bleeding during or immediately after childbirth, hypertensive conditions, infection, and complications from delivery or abortion³. Still others died from the interaction between pregnancy and pre-existing health conditions – especially for older women – that could have been addressed during pregnancy. Millions more suffer complications from their pregnancy which continue after childbirth. The lack of good quality health care is among the main obstacles to better health for women and further exacerbated by a global shortage of qualified health workers.⁴

Delivering appropriate care, support and information to women, girls, and their families according to needs throughout life course is critical to achieve health goals. These include promoting a healthy lifestyle, including good nutrition and preventing and treating anaemia; detecting and preventing diseases through immunization (for example HPV vaccination and cervical cancer screening) or management of pre-existing health conditions such as HIV,

diabetes and hypertension; providing family planning counselling and providing care and support for women experiencing intimate partner violence. Ensuring access to quality health care and related technology, is therefore, fundamental to enabling further improvement in the health and lives of women, and adolescent girls.

The ability to address unmet needs for family planning and help women reach their fertility intentions is critical; in 2017 it is estimated that only three quarters of reproductive aged women (married or in-union) had their demand for contraception satisfied with a modern method.⁵ Equally important is the appropriate use and equitable access to science and technologies that address needs of women who postpone their pregnancies to later ages, which is a common trend especially in industrialized countries, and support prevention and management of potential health effects of later pregnancies?

Basic knowledge about sexual and reproductive health issues and services available for informed decision-making is key for making fertility decisions. Women's and girls' autonomy in decision making over consensual relations, contraceptive use and access to sexual and reproductive health services is crucial for their empowerment and the full exercise of their decisions and reproductive rights.

In the absence of gender equality, autonomy and empowerment, girls and women are also at risk for harmful practices and the potential adverse health and broader societal outcomes resulting from these practices. Globally, an estimated 35% of women experience either physical and/or sexual violence by an intimate partner or non-partner sexual violence. Most of this violence is intimate partner violence.⁶ Similarly, it is estimated that at least 200 million girls and women have been subjected to female genital mutilation – a harmful practice⁷ prevalent in over 30 countries sub-Saharan Africa, Middle-East, and few in Asia, while more and more becoming also an important issue within Europe, North America, Australia and New Zealand due to increased migration⁸.

These challenges must be addressed to ensure women's health, empowerment, and their full participation in scientific, economic, political, and public life in their societies. Women's and girls' health, is both influenced by and also has a huge impact on their empowerment and gender inequality. Without meeting these needs, development challenges of next generations and societies cannot be addressed.

This working group will elaborate the key effective strategies, policies, and arrangements the global community with the leadership of G7 can highlight and apply if health and empowerment of women and adolescents' and their full participation in societies' especially as regards to science, research and health care management are to be achieved. Among other key issues, the working group will elaborate on and discuss the following related aspects:

- Women have played a key role in societal development, but still there are many barriers to the full participation of women to the scientific, economic, political, and public life. What are actions to promote a better engagement of women, especially in research and science?
- Access to health is a human rights for women and girls, however, far too many worldwide still have little or no access to essential, good-quality health service along their life-course. What are the key actions to be taken in order to grant equitable access to health for women and girls? Is gender budgeting a useful tool?
- What are the best multisectoral arrangements and interventions to strengthen adolescents' (especially adolescent girls) empowerment?
- About 16 million girls aged 15 to 19 and some 1 million girls under 15 give birth every year—most in low- and middle-income countries. Complications during pregnancy and childbirth are the second cause of death for 15-19 year-old girls globally. What are the

short and long terms consequences of early childbearing on girls and more broadly on society? What are the actions to put in place in order to prevent early pregnancy and poor reproductive outcomes?

- Pregnancy is at the same time one of the central moment in the reproductive life of a woman. Nowadays, especially in developed countries, women tend to postpone their pregnancy age. How can we ensure appropriate use and equitable access to science and technologies that help women's meeting their fertility goals and support prevention and management of potential health effects of later pregnancies?
- Among key health services and disease prevention services vaccination is still one of the best investment. Human papillomavirus is the most common viral infection of the reproductive tract, and can cause cervical cancer, other types of cancer, and genital warts in both men and women. Human papillomavirus vaccine was introduced in 66 countries by the end of 2015. What are the policies to recommend in order increasing awareness and use?
- Too few adolescents have access to evidence based information, health education and counselling and to integrated, youth-friendly services, and especially to sexual and reproductive health services, without facing discrimination or other obstacles. What are the solutions for adolescent girls and boys to access evidence-based information through media and other channels?

¹ Mapping the Maze: getting more women to the top in research. European Communities, 2008, Belgium.

https://ec.europa.eu/research/swafs/pdf/pub_gender_equality/mapping-the-maze-getting-more-women-to-the-top-in-research_en.pdf
accessed:21.03.2017

² Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. *Lancet*. 2016;387(10017):462-74.

³ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels JD, et al. Global causes of maternal death: a WHO systematic analysis. *Lancet Glob Health* 2014;2: e323-e333

⁴ A universal truth: no health without a workforce. WHO; Geneva, 2014.

⁵ UN Pop and SDG report

⁶ WHO, LSHTM and SAMRC. Global and regional estimates of violence against women. Geneva: WHO, 2013.

⁷ Female Genital Mutilation / Cutting: A Global Concern (UNICEF 2016)

https://www.unicef.org/media/files/FGMC_2016_brochure_final_UNICEF_SPREAD.pdf

⁸ Demographic Perspectives on Female Genital Mutilation (UNFPA, 2015)

[https://sustainabledevelopment.un.org/content/documents/19961027123_UN_Demographics_v3%20\(1\).pdf](https://sustainabledevelopment.un.org/content/documents/19961027123_UN_Demographics_v3%20(1).pdf)