



# **Women Political Leaders Policy Toolkit:**

***Women's healthcare throughout  
their lives***



“Adopting an integrated life-course approach offers the potential for early intervention to reduce the risk of certain diseases, as well as to prevent and manage disease progression. Policy action is needed to prioritise women's health across their life-course.”

Jess Phillips MP,  
UK Shadow Minister for Domestic Violence and  
Safeguarding



“Despite the tragedy of the situation, there is a window of opportunity that has been created through COVID-19 in terms of additional resources that can be channeled into health care.”

Francesca Colombo, Head, Health Division, Organisation  
for Economic Co-operation and Development



# Foreword

Women's health is wealth. The economic and social case for investing in women's health and wellbeing is a powerful one: it increases productivity, reduces poverty, and stimulates economic growth. Yet, too many girls and women are being let down because they lack the information, care, and services they need to ensure their lifelong health.

Promoting the human rights of women and girls and gender equality were identified as prerequisites for women's health in the 1995 Beijing Declaration and Platform for Action. But are we any closer to reaching the goals set in Beijing?

Despite some progress on women's economic participation and health outcomes, such as reducing maternal mortality worldwide and barriers to accessing quality health services, there is still a long way to go. Women continue to face multiple forms of discrimination, marginalisation, and violence, limiting their access to education, employment, and decision-making opportunities. While these challenges persist, new ones are arising. The COVID-19 pandemic and its economic fallout are having a regressive effect on gender equality, and not taking the necessary actions could lead to a \$1 trillion loss in global GDP by 2030. Doing the opposite could add \$13 trillion.<sup>1</sup>

The Beijing Declaration is a landmark global policy framework, but still, not one country can claim to have achieved gender equality. In fact, by 2045, most global leaders will be too young to remember the Declaration. Women constitute half of the world's population, and their role is too vital in societies to neglect their specific health concerns. Now is the time for meaningful investments, political commitment and policy actions that prioritise women's health across their life course. A growing awareness of women's specific health and wellbeing needs and a willingness to proactively put in place women-centric policies across the health sector and beyond can significantly improve women's health and rights.

This toolkit aims to identify some of the actions it will take to bring equality to women's health and explore what can be done to ensure women are able to live long and healthy lives. Women Political Leaders (WPL) is enormously grateful to the experts who took part in interviews that informed the development of this toolkit. A better understanding of women's unmet health needs can help identify actions required to address them. As the saying goes: "communities are only as strong as the health of their women".

**Silvana Koch-Mehrin**  
Founder and President,  
Women Political Leaders

<sup>1</sup> "COVID-19's hit to women's jobs could cost the world \$1 trillion by 2030," McKinsey & Company, <https://www.mckinsey.com/featured-insights/coronavirus-leading-through-the-crisis/charting-the-path-to-the-next-normal/covid-19s-hit-to-womens-jobs-could-cost-the-world-1-trillion-by-2030>.

# Acknowledgments

WPL would like to extend its gratitude for the expertise and the willingness to contribute to such an important cause as women's health throughout their life-course. As women's health, both mental and physical, is a key step for achieving equality for women, this study is a critical step for policymakers to ignite change in national healthcare systems.

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**Dr. Naoko Yamamoto**, Assistant Director-General, Universal Health Coverage, World Health Organization

**Francesca Colombo**, Head, Health Division, Organisation for Economic Co-operation and Development

**Jess Phillips**, Member of the House of Commons, United Kingdom; Shadow Minister for Domestic Violence and Safeguarding

**Marian Knight**, Professor of Maternal and Child Population Health, University of Oxford

**Mariana de la Roche**, Managing Partner, Operations and Compliance, Menstrual Health Hub

**Peggy Maguire**, Director General, European Institute of Women's Health



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# Executive Summary

With the ever-growing awareness of the importance of prioritising women's unique distinct health needs across their life-course, wide-ranging policy actions at a number of levels that span different contexts and communities can - and are - advancing women's health.

From the expert interviews and research that shape this toolkit, it is crystal clear that the five areas for action that WPL has identified overlap and are mutually reinforcing. These policy areas will require advocacy and action from healthcare and industry leaders, political decision-makers and communities themselves to drive this.

Increased **Awareness** of the specific health needs and concerns of women throughout their life-course can help drive a more women-focused approach to the development and delivery of health services. Ensuring women have the right information, including relating to their reproductive health (contraception, family planning, impact of disease on pregnancy outcomes, impact of treatment on pregnancy outcomes and lactation), means they can make more informed choices.

Ensuring greater **Availability** of women-centred and gender-sensitive health education can help to eliminate gender biases in the provision for and treatment of women's specific health needs during their life-course. Whether in schools, the workplace, or healthcare settings, increasing the availability of information and sensitisation around women's health needs will help girls and women make healthy and more informed decisions.

Tackling the stigma and taboo that often surrounds a range of women's health conditions - from the menstrual cycle to miscarriage, abortion, menopause, sexual pleasure and fertility or infertility - can help to improve the **Acceptability** around women's health needs to avoid the shame and secrecy that women can often feel and that can impact their wellbeing.

Increasing **Access** to women-centric health support and solutions requires tackling social, economic and cultural barriers to women's access to health. Access, especially relating to sexual and reproductive health choices, also depends on autonomy. Too often women are not able to exercise their autonomy on these issues due to harmful, discriminatory social norms and practices and their lack of financial resources.

Women are also disproportionately impacted by the high cost of healthcare in many countries as they tend to have lower incomes than men, use more medical services and spend more annually on care. Therefore, tackling the challenges around **Affordability** is necessary if access to care is to be improved.

Given greater investment in women’s health could be among the “best buys” for broader economic development and societal wellbeing, there is a strong case to do this.

Investing in the health of women will not only improve their overall health-related quality of life, it will also have far-reaching ripple effects on societies worldwide. Which is why, given the growing evidence and experience in what works, greater investment in women’s health makes sense for countries’ broader economic development alongside the well-being of societies.



# Background on women's health throughout their life-course

As women continue to play an indispensable role in healthcare provision in ageing societies worldwide while also making up a larger proportion of global ageing societies, understanding and addressing women's health needs throughout their life-course can help create long-term healthcare models that meet these needs. Women have many unique health concerns and some health issues affect only girls and women, whilst others are more common in women than in men. Many diseases also affect women differently from men and can require distinct treatment.

Specific health conditions can relate to a woman's biology (such as breast, cervical and ovarian cancer, family planning, pregnancy, childbirth, irregular menstrual cycles and menopause) and some conditions, which whilst they also occur in men, have a significantly higher incidence and impact among women (such as osteoporosis).

Approaching women's health across the life-course requires understanding the changing health and care needs of women and girls throughout their lives and seizing opportunities around the various stages and settings to promote good health, prevent ill health or to restore health and wellbeing. This approach - already adopted by the World Health Organization (WHO) - has a number of benefits including that it allows earlier intervention in order to prevent negative outcomes and to improve intergenerational health outcomes, as well as to improve the overall quality of life. A life-course approach also enables action on the wider determinants of health such as social, economic and environmental factors.

The starting point for action is productive, cross-sector discussions and targeted policy actions that lead to countries and communities offering choices women want and access women need for their health and wellbeing.



## STATS BOX on Women's health

- More than 5 million women, children and adolescents die from preventable health conditions every year<sup>2</sup>
- 810 women die every day from preventable causes related to pregnancy and childbirth<sup>3</sup>
- 40% of pregnant women are anaemic<sup>4</sup>
- Around 45% of all abortions are unsafe, of which 97% take place in developing countries<sup>5</sup>
- Married women in 27 countries still require their husband's consent before they can access contraceptives<sup>6</sup>
- Depression is twice as common among women as men
- Noncommunicable diseases (NCDs) have been a leading cause of death among women for decades, responsible for three in every four deaths among women each year<sup>7</sup>
- Women aged over 70 are 20% - 30% more likely than men to die from Alzheimer's disease and other types of dementia and face a double burden as not only are they at higher risk of dementia, they are also likely to be the main caregivers<sup>8</sup>

2 Juan Pablo Uribe, "Gender equality in health – still a long way to go", World Bank Blogs.

3 "Women's Health", World Health Organization, <https://www.who.int/health-topics/women-s-health/>.

4 "Women's Health", World Health Organization, <https://www.who.int/health-topics/women-s-health/>.

5 "Abortion", World Health Organisation, <https://www.who.int/news-room/fact-sheets/detail/abortion>.

6 "Gender and Health Outcomes", The UCL Centre for Gender, Health and Social Justice, <http://www.ighgc.org/gender-and-health-outcomes>.

7 "6 Priorities for women and health", World Health Organization, 25 March 2021, <https://www.who.int/news-room/spotlight/6-priorities-for-women-and-health>.

8 "The World's Women reports", UN Statistics Division, <https://unstats.un.org/unsd/demographic-social/products/worldswomen/>.

# Introduction and development process

In order to better understand how to improve policies for women's health throughout their life-course, WPL's consultation process has identified five perspectives which can help inform these strategies. They are:



**Awareness** – of the specific health needs and concerns of women throughout their life-course.

**Availability** – of tailored and appropriate health services for women in all communities and settings.



**Acceptability** – including the need to tackle stigma and taboos around women's health.

**Accessibility** – identifying and tackling barriers to accessing women's health education, information and services.



**Affordability** – in terms of improving understanding that spending on women's healthcare is a societal, long-term investment and to ensure the most appropriate and adequate allocation of resources.

Using this framework, WPL sought the expertise of its international network on the different healthcare actions that policymakers could take focused on these five perspectives. The goal was to gather information on the challenges to women's health and wellbeing throughout their life, help understand the unmet needs across the life-course of women, identify suggested policy actions and to prompt conversations around advocacy needs that focus on women's health.

Nine experts from Spain, Germany, Japan, Colombia, the UK and Ireland representing organisations and institutions such as OECD, University of Oxford, the UK's House of Commons and a number of international NGOs were interviewed, providing the direction and content of this toolkit and the recommendations for action in it.

# Key understandings from the research and potential priorities in women's healthcare

A number of thematic areas arose from the research which offer direction in policy action and advocacy.

## A life-course approach to women's health

- Good health needs to be a target at each stage of a woman's life, with policies that support this – a “cradle to grave” approach.
- During every woman's life, there are many opportunities to prevent diseases and improve her physical and mental health. Adopting an integrated life-course approach offers the potential for early intervention to reduce the risk of certain diseases from developing and to manage their progression.
- Policy action that prioritises women's health and ensures healthcare systems have the capacity to equitably provide integrated health services to women throughout their life course can help to meet their health needs during specific milestones where unmet need is often high.

## Equality in healthcare

- Equality between men and women is a critical driver of better health and well-being for women and girls. In many societies girls and women are still subject to discrimination and inequality, often rooted in sociocultural factors. Discrimination and gender stereotypes are important underlying factors for whether healthcare is available and are influencing behaviour and practices that affect women's health across their life-course. In addition to this, data and medical research also too often leave women out.
- In many parts of the world women remain at the margins of society. Girls and women eat less, have poorer health outcomes, average school enrollment levels are significantly lower for girls; political participation rates of women are lower; the burden of co-pay is high and women have lower incomes putting them at greater risk of poverty than men. Inequality between men and women, therefore, translates into unequal access to healthcare and social services for many women – something that often becomes even more acute as women grow older.

## Inclusion

- Involving women and the communities in which they live and work in determining their health needs and the appropriate policies and interventions is a critical part of the approach that is “not for us, but with us.”
- Creating health services that are co-designed by women and fully targeted to their specific health needs and experiences supports the delivery of the right health services, for the right populations, at the right time. Good co-design needs to be collaborative, where no one group sets the agenda and direction of the process; an inclusive process of healthcare design ensures women with diverse experiences and perspectives contribute to the process and are heard and valued. Additionally, it is problem-led, looking at it from all angles and empowering by giving all participants a chance to voice and share their experiences.<sup>9</sup>
- Increased awareness around women’s health and targeted gender-sensitive health promotion campaigns that include women in their design and rollout will better reach girls and women with the information they need.

## Women-centred policies

- A political strategy that helps build women-responsive health systems will contribute to better health and health outcomes for women. It is imperative that women lead policy debates to address health needs throughout their life-course.
- Far greater investment, that is specific to women's health strategies, is required in order to create models that take into consideration women's health, rather than a “default setting” which is often that of a male. The creation of such women-responsive health policies and systems will significantly contribute to better health and health outcomes for women and girls.
- Policies and political strategies specifically around women’s health require robust and realistic resource planning and budgetary provision at the local, regional and national levels.

<sup>9</sup> Gayatri Koshy, “The importance of co-design in women’s health interventions”, Thrive, <https://www.thriveagency.uk/insights/the-importance-of-co-design-in-womens-health-interventions/>.

## Tackling stigma

- Certain aspects of women's health need to be destigmatised, from periods to pregnancy and menopause. Normalisation, role models and cultural shifts, including in the workplace and schools, all contribute to addressing the stigma that persists around much of women's health throughout their life-course.
- Open conversations and anti-stigmatisation campaigns that help women and men to be more comfortable with the uncomfortable can be effective, as menstrual health activism has shown in many countries.<sup>10</sup> There is an opportunity for policymakers to champion and be open to topics from body confidence to miscarriage, abortion and mental health, taking a "lead by example" approach.

## Gender-centric research

- Gender-centric research will help support evidence-driven policies, including segregated data gathering and the increased inclusion of women in clinical trials.
- Historically, women have been underrepresented in clinical trials for new medications, especially in the early stages of drug trials, which led to a shortage of data on how drugs and treatment specifically affect women. This was partly based on some perceived challenges around difficulties in studying women, including concerns surrounding women of childbearing age in clinical trials.
- Despite a recent increase in the inclusion of women in clinical research, they are still underrepresented in the early phases of clinical trials. To close the gender gap, a greater effort is needed to increase women's involvement in the early phases of clinical trials. Putting women's voices and priorities at the heart of research - identifying the need for women's participation in research, dissemination of research findings and implementation in practice - will help tackle these gaps in health research.
- There is also a disparity in terms of the level of investment in research focused specifically on women's health, for example on the menopause or women's mental health around dealing with trauma or incidences of abuse and violence.

<sup>10</sup> "Menstrual experiences, attitudes, practices", Madami, Menstrual Hub, <https://mhhub.org/knowledge-hive/research/Menstrual%20experiences,%20attitudes,%20practices>.

## Healthcare providers' role in women's health

- Healthcare workers can be essential in both policy-making and implementation with a critical role to play in delivering good health for women, including overturning health biases and defeating stereotypes.
- Specific mandatory modules around women's health and the effects on their life-course that are fully integrated into medical education and training curricula will help to increase awareness of, and provision for, better health outcomes. There is a need for healthcare professionals to receive better training on, for example, periods, menopause, infertility, miscarriage, trauma responses to abuse and sexual violence.

## A girl's positive health journey can begin at school

- Helping to empower women to live long and healthy lives needs to start with confidence at the beginning of their lives and the school setting is critical to help ensure girls are seen - and believe - they are as important as men. School is also the key setting for girls to be given equal consideration and support around their specific health needs from a young age.
- Making healthy relationships and gender-centric education part of the compulsory school curriculum is important. A good way to start talking about this in schools is to start with menstrual health and from there talk about women's health throughout the life-course. Specifically designed toolkits for teachers can help to ensure that, from an early age, girls are informed about how to keep healthy, as well as how to access the right healthcare services in the future.
- Involving boys in education around girls' specific health needs, especially around their sexual and reproductive rights, is important in encouraging empathy and respect towards girls. Lessons can be interactive, including role play, discussions and skits. Including boys is critical as their attitudes and behaviours as they grow into men are pivotal to women's future health choices and outcomes.
- Schools have the opportunity to educate and inform girls about their health and future health concerns, but this will only work if it is aligned and integrated with the healthcare system and government health policy to ensure it is ready to respond and provide support as and when girls come forward. An intersectional approach with ministries of health and ministries of education is required to embed girls' and women's health through the life-course in the education system and curriculum.

## Women's specific health challenges in the workplace

- Women's health and well-being in the workplace is intrinsically different to that of their male colleagues and it is key to deepening the understanding of and provision for women's health in the workplace. Companies and employers need to be encouraged to put in place a gender comprehensive approach to healthcare for their employees.
- There are barriers to women's health and wellbeing that employers and employees need to overcome, with strong end to end policies that address the specific health issues affecting women in their workplace, such as adequate maternity leave, domestic abuse policies, menopause positive policies and provision around women's mental health.
- Enhanced health support for women in the informal work sector – sometimes known as the “grey economy” – is required given women make up a disproportionate percentage of workers in this sector and to ensure that no one is left behind, not least because of their gender.

## Autonomy and informed decision-making

- There are key determinants of women's autonomy to make informed decisions, especially around their sexual and reproductive health. At the community level this includes gender norms, stigma and beliefs; the proximity, cost and quality of health services being provided; interpersonal relationships; and socio-economic status such as level of education, income and rural/urban settings.
- To increase women's autonomy relating to their sexual and reproductive health requires access - without discrimination - to affordable, quality contraception (including emergency contraception). Other efforts to increase women's autonomy need to take into account where a woman lives, her age, level of her and her partners' education, occupation and religion, all of which affect sexual intercourse, contraceptive use and reproductive health decision-making. Because the decision whether to continue a pregnancy or terminate it shapes a woman's future – and therefore has a crucial impact on women's enjoyment of other human rights - the decision fundamentally and primarily belongs to the woman.

# Actions to drive policy change and provision

Healthcare throughout a woman's life-course should be preventative, proactive, accessible and evidence-based. This toolkit focuses on five key thematic pillars and provides a number of suggested actions:

- Awareness
- Availability
- Acceptability
- Accessibility
- Affordability

## Awareness



Increased awareness of the specific health needs and concerns of women throughout their life-course can help drive a more women-focused approach to the development and delivery of health services. Ensuring women have appropriate information, including the information relating to their reproductive health (contraception, family planning, impact of disease on pregnancy outcomes, impact of treatment pregnancy outcomes and lactation), means they can make more informed choices.

When tackling women's healthcare and the imperative to increase awareness of the women's unique health needs during their life-course, women themselves and their communities need to be involved, rather than governments or authorities acting in a gatekeeper role.

Avoid a "one-size-fits-all" approach to women's healthcare and instead focus on an individualised approach which, with greater awareness of the issues of concern, will differ depending on the country, level of income, regions and different groups within the populations.



Many healthcare professionals have not been trained to deliver appropriate, adequate and consistent information to women, for example, regarding their reproductive health. There is a need for greater awareness of the training required and the involvement of women in the design of this training.

Schools are a critical environment and provide a key opportunity to raise awareness and influence the health path of girls. Within the educational setting, importance needs to be placed on making sure that the relationships, sex and health education curriculum is taught to both girls and boys so that boys are also educated and aware of girls' and women's health conditions and needs. This should be embedded in the curriculum and coordinated between health and education ministries.

As the number of women active in the workplace increases, raising awareness and understanding of women's health is essential. This includes normalising discussions surrounding perceived taboo issues, including periods and increased dialogue on the impact of menopause at work to ensure that women can remain productive and supported.

Within the workplace, a gender-responsive environment includes having hard conversations with leadership and a cultural shift in efforts to firstly understand what women's specific health issues are and the role of some of these in work performance.



## The return on providing health awareness to women in the workplace

Health awareness and education programmes have demonstrated how investing in women's health can enhance worker productivity, reduce absenteeism and lower turnover.<sup>11</sup> Women, especially in the developing world, can be reluctant and/or uncomfortable asking questions or seeking advice in work and public settings about reproductive health, contraceptives and family planning.

The 'HERproject' has focused on providing women's health education programmes in factories as women working in this industry represent a particularly vulnerable population. Many are young and undereducated migrants who relocate from rural areas to cities for jobs and income. On low wages, these women workers often suffer from anemia, poor hygiene, inadequate pre-and post-natal care, sexual violence and exposure to infections and illness. A lack of education and access to resources can contribute to unsafe sexual behaviours, unwanted pregnancies and/or sexually transmitted infections.

HERproject aims to increase women's knowledge of general and reproductive health through intensive training and peer-education programmes. Women are grateful for the information they have never before received and for the focus on their needs and those of their families.

One initiative focused on factories in Mexico, Pakistan and Vietnam has shown marked improvement in women workers' knowledge about hepatitis B symptoms and prevention. This adds to the growing evidence on the value of investing in women's health along supply chains worldwide.<sup>12</sup>

<sup>11</sup> "How Businesses Can Invest in Women and Realize Returns", Private Sector Action For Women's Health And Empowerment, BSR,

[https://www.bsr.org/reports/Private\\_Sector\\_Action\\_For\\_Womens\\_Health\\_Empowerment\\_Brief.pdf](https://www.bsr.org/reports/Private_Sector_Action_For_Womens_Health_Empowerment_Brief.pdf).

<sup>12</sup> "Investing in Women for a Better World", Her + project, 2020

[http://www.bsr.org/reports/BSR\\_HERproject\\_Investing\\_In\\_Women.pdf](http://www.bsr.org/reports/BSR_HERproject_Investing_In_Women.pdf).

## Availability



Increasing the availability of women-centred and gender-sensitive health education helps to eliminate gender biases in the provision for and treatment of women's specific health needs during their life-course.

Educational opportunities and exposure to the realities of the specific health needs girls face in adolescence - and as they develop into women - starts in schools. This is also an opportunity to support the development of expectations around what their specific health needs are and will be throughout their life-course and the availability of the healthcare they should expect.

### Schools and community providing sexual and reproductive health services in Sweden

In Sweden, all schools are required to organise student healthcare to cover medical, psychological and social well-being with the Swedish Public Health Agency supporting ongoing and inclusive sex and relationship education as the grounds for the promotion of sexual and reproductive health and rights.<sup>13</sup> Many youth clinics offer health promotion and prevention in collaboration with schools as research has shown that sex and relationship education, linked with sexual health services, can have an impact on young peoples' knowledge related to sex and sexuality, delay sexual activity and help reduce the rates of sexually transmitted infections (STIs) and pregnancies.<sup>14</sup>

<sup>13</sup> Brian Unis, Jan Nilsson & Kaisa Bjuresäter (2021), "Sexual Health Promotion among Swedish Adolescents – Professionals' Experiences", *International Journal of Sexual Health*, 33:3, 410-425, DOI: 10.1080/19317611.2021.1921893.  
<sup>14</sup> Eleanor Formby, Claire Wolstenholme, (2012) "If there's going to be a subject that you don't have to do ..." Findings from a mapping study of PSHE education in English secondary schools, *Pastoral Care in Education*, 30(1):5-18, DOI:10.1080/02643944.2011.651227.

School education requires the involvement of parents and their communities in terms of supporting the availability of provision of gender-sensitive information and education.

Employers have a responsibility to introduce and implement workplace policies that support women's unique health needs, such as menstrual and maternity leave, domestic abuse support, menopause positive policies and gender-centric mental health policies. These are best when they are based on a robust understanding that women's health and well-being in the workplace is different to that of their male colleagues and ensuring women will not suffer further disparities or inequalities often faced in the workplace.

The availability of women-centric healthcare and treatment requires medical education and teaching to integrate a gender lens at the very beginning of health professionals' training and careers. This includes having a sensibility on how to present solutions, lifestyle choices and treatment, in order to help women make healthy and informed decisions.

Healthcare professionals can play a role in helping to overturn health biases and tackling stereotypes, with an essential role in the implementation of women-centric health policies.

Embedding the routine collection of research participant demographic data, including sex and ethnicity, can help to ensure that research is representative of the society being served and specifically women's health needs.

Historically, most medical research was conducted on men and the findings from such studies were assumed to be equally applicable to women. Sex differences and gender disparities in health and disease have therefore long been unknown and/or ignored. Since the number of women in studies is increasing, evidence for clinically meaningful differences between men and women across all areas of health and disease has emerged. Systematic evaluation of such differences between men and women could improve the understanding of diseases, as well as inform health practitioners and policymakers in optimising preventive

strategies to reduce the global burden of disease more efficiently in women and men.

Scientific research that is specific to women and their health is required and increased investment is necessary given not only does it not receive the same level of investment as men's health, but we cannot know what is missing in terms of women's health if we are not even paying attention to it.

## Acceptability



A range of specific health conditions in a woman's life-course are often stigmatised or taboo - from menstrual cycle to miscarriage, abortion, menopause, sexual pleasure and fertility or infertility. The taboo and shame that women can often feel around their health are incredibly powerful and the unnecessary stigma and isolation women often experience can have a domino effect on their mental well-being and physical health.

Opening up and normalising conversations about topics such as periods, menopause, endometriosis, gynaecological cancers, fertility and miscarriage will likely take time but conversations that are geared towards cultural and policy-level changes in all sectors need to begin and be deepened to help tackle damaging taboos.

Confidence and a healthy relationship with one's own body supports greater acceptance – and ultimately demand and use - by women and helps to increase autonomy over their health. Girls will eventually be in a position to pass their knowledge and habits to their own children, creating an inter-generational cycle of greater acceptability.

Compulsory training at primary healthcare levels on women's health can help to create an empathetic, supportive and informed environment in which women feel comfortable coming forward to discuss issues and seek services or further support as necessary.

## Tackling menstruation stigma

In parts of the world, the stigma around menstruation can mean women and girls are hidden away or banned from their houses, while some struggle to afford sanitary products and have to make do with rags. A UN report released in 2019 said persistent harmful socio-cultural norms, stigma, misconceptions and taboos around menstruation continue to lead to exclusion and discrimination of women and girls.<sup>15</sup>

A range of interventions can help to tackle stigma and taboos. For example, UNICEF has supported programmes that taught more than 10,000 boys and girls in Bolivia about menstrual health; used community outlets and radio stations in Niger to discuss and debate menstrual health; distributed water, sanitation and hygiene kits in Nigeria, including reusable menstrual hygiene pads; partnered in Kenya with the Government, civil society and private sector to expand access to a wider range of absorbent materials and ensuring stronger product regulation for health and safety; worked with the Ministry of Education in Zambia to integrate water, sanitation and menstrual hygiene management into its strategic policies and plans, including girls' health at school; and worked with the Indonesian Council of Islamic Scholars in Indonesia, producing guidance on menstrual health and hygiene management based on religious teachings, including a comic book and video to share knowledge and discourage teasing of girls.<sup>16</sup>

The growth in “femtech” – wearable and connected technologies that can provide feedback around issues such as fertility, menstruation, breastfeeding, menopause, pelvic healthcare, chronic disease management, sexual wellness and education and urinary health – can help to break down taboos and tackle the “pain points” that women face across their entire life-course, not just during their reproductive years.

Gender-centric research that drives evidence to inform and shape healthcare for women needs to take into consideration biological factors, environmental factors, economic factors and cultural factors that can affect a woman's health. This helps to better determine what and how health services will be provided to women, rather than relying on information from heavily male-based research.

<sup>15</sup> “Break taboo around menstruation, act to end ‘disempowering’ discrimination, say UN experts”, United Nations News, 2019, <https://news.un.org/en/story/2019/03/1034131>.

<sup>16</sup> “Break taboo around menstruation, act to end ‘disempowering’”.

## Accessibility



To help increase access to women-centric health support and solutions there is no 'one-size-fits-all' approach. Rather, tackling social, economic and cultural barriers to women accessing healthcare and provision to help ensure women trust and feel comfortable in requesting and receiving medical information and support are critical.

Access, especially relating to sexual and reproductive health choices, depends on autonomy. Too often women are not able to exercise their autonomy on these issues due to harmful and discriminatory social norms and practices and their lack of financial resources.

Ensuring all doctors and medical practitioners have adequate knowledge and awareness of women's health needs and considerations, including the access to the right care and treatment throughout a woman's life cycle, requires inclusion in the graduate and post-graduate medical curriculum.

Autonomy in women's sexual and reproductive health decision-making – that includes being able to make decisions about their healthcare, choices around contraceptive use and sexual relations - highlights the need to tackle barriers at several levels. The individual, the interpersonal and the institutional.

### Improving women's autonomy

Engaging men in community mobilisation activities has been linked to better reproductive health outcomes, according to UNFPA, as have efforts to improve dialogue between couples and exploring mutually supportive gender roles. Improvements in women's decision-making on their health – which in turn impacts on their access - are often linked to the removal of financial barriers due to health insurance coverage, as has occurred in Ghana and Rwanda; the abolition of user fees in Uganda and the use of vouchers and/or conditional cash transfers. These, combined with improved levels of education, wealth, fewer people living in the household and media exposure all help to improve women's health autonomy.<sup>17</sup>

<sup>17</sup> "Women's Ability to Decide", Issue Brief on Indicator 5.6.1 of the Sustainable Development Goals, UNFPA, [https://www.unfpa.org/sites/default/files/resource-pdf/20-033\\_SDG561-IssueBrief-v4.1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/20-033_SDG561-IssueBrief-v4.1.pdf).

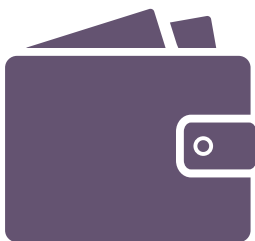
A lack of freely available childcare is a huge barrier for many women in accessing any service, healthcare or otherwise. When women need to access especially sensitive services, such as a rape crisis centre for support, a lack of childcare prevents them from doing so. Building in provision for childcare is necessary to increase access to the health support women need.

Having the choice to request a female healthcare professional improves accessibility and acceptability. However, this option is often not in place due to either lack of consideration in health service provision or cuts to health services themselves.

Every country has its own discriminatory barriers to access, including income, a woman's status in society or geographical location. All of these considerations need to be part of efforts to provide universal access to healthcare and reduce inequality, based on the local realities and contexts.

Access to improved, disaggregated and quality data that informs policies and strategies to enhance women's health will help to build a better understanding of gender differences and intersecting disadvantages in risk factors, treatment and outcomes. These can inform the design of effective, targeted and appropriate interventions and help measure progress in reaching women and making health services accessible to them.

## Affordability



Women are disproportionately impacted by the high cost of healthcare in many countries as they tend to have lower incomes than men, use more medical services, spend more annually on care and are more likely to face challenges affording and accessing care primarily due to their reproductive healthcare needs, longer life expectancies and increased risk for multiple chronic diseases. Yet greater investment in women's health could be among the “best buys” for broader economic development and societal wellbeing.<sup>18</sup>

<sup>18</sup> Remme M., Vassall A., Fernando G., Bloom D. E., “Investing in the health of girls and women: a best buy for sustainable development”, *BMJ* 2020; 369 :m1175 doi:10.1136/bmj.m1175.



Greater and improved understanding that spending on women's healthcare is a societal, long-term investment will help ensure the most appropriate allocation of resources for women's health throughout their life-course where spending 'now' can alleviate costly future issues for women, their families and communities, in terms of health and finances.

Measuring the impact of women-centred investments and financing helps to demonstrate the outcomes and the return on investment, which in turn can help to drive further investment in women's healthcare.

Women-centric health strategies need to be backed by a robust resource plan at every level – locally, nationally and regionally - with prioritisation of women's health in the reallocation of resources.

Private health insurers need to allow for the specific health concerns of women to be integrated into policies rather than added on as an extra, with regulators ensuring private insurance does not discriminate or have a gender bias. Including women's voices in the development and shaping of private health insurance policies will help to ensure this.



## Universal Health Coverage (UHC) working for women's health

The landmark UN High-Level Meeting on Universal Health Coverage (UHC) in 2019 saw Heads of State and Government make strong commitments to deliver UHC. UHC means that all people have access to the health services they need, when and where they need them, without financial hardship. Critically, a gender-transformative UHC agenda that brings quality, affordable and accessible health services for all has the potential to transform the lives and opportunities of the world's poorest women and girls.

UHC design and delivery should address the needs of girls and women throughout the life-course, including protecting their sexual and reproductive health and rights. Girls and women also need to be protected from financial risk and therefore be able to fully participate in financial health protection schemes with coverage that is adequate and covers their needs throughout their life-course.

Ultimately, UHC will be delivered by women who make up 70% of the global health workforce. However, they occupy only 25% of leadership positions and remain largely in lower status, low-paid roles. The UHC agenda calls for decent working conditions where women can focus on their work without fear of violence and harassment, receive equal pay and indeed, be paid for the work they do. As the Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, has stressed, recognising and paying women fairly for all the work they do in health and social care will result in stronger health systems for us all.<sup>19</sup>

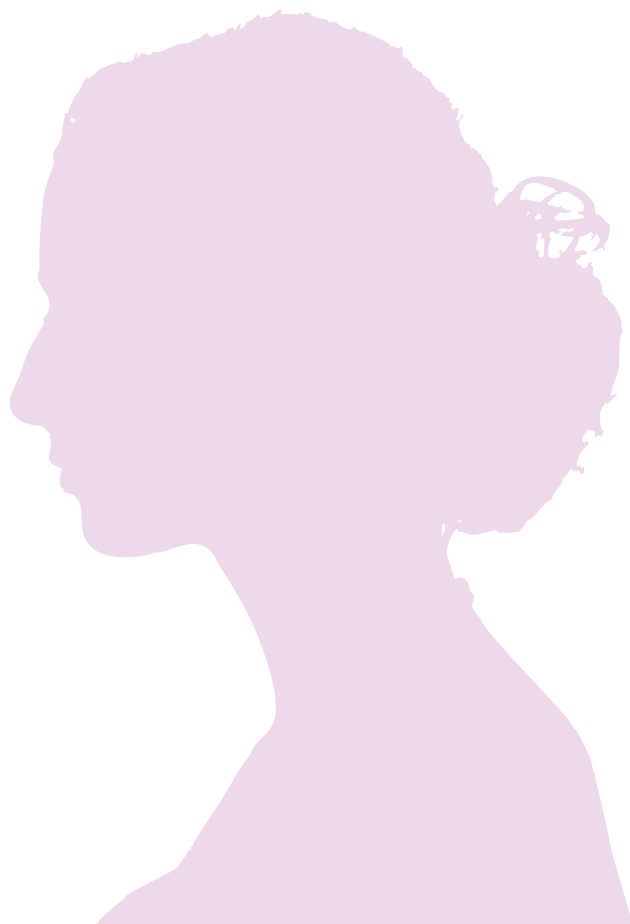
<sup>19</sup> Dr. Tedros Adhanom Ghebreyesus, "Keeping the promise to the women who will deliver universal health coverage", World Health Organisation, 2019, <https://www.who.int/news-room/commentaries/detail/uhc-day-2019-keeping-the-promise-to-the-women-who-will-deliver-uhc>.

## Conclusion

It is clear that by investing in women's health we can improve both health outcomes and greater equality between men and women. Investing in the health of women will not only improve their overall health-related quality of life but will also have far-reaching ripple effects for societies worldwide.

Discrimination and gender stereotypes continue to hamper and limit healthcare provision for women and are influencing behaviour and practices that affect women's health outcomes. For too long women have lived within health and care systems designed mostly for men, by men. An explicit focus on women's health needs throughout the life course is sorely needed and proactive policy actions as outlined in this toolkit are necessary now.

It is time for women's health to own a bigger portion of the discussion around health and equality. This will require a multisectoral effort to drive much-needed change for every woman, everywhere. Women are a crucial part of the global economy and innovations for women's health will therefore play a significant role in advancing sustainable development, leading to more inclusive economies and resilient societies.



## COVID-19 impact on women's health

COVID-19 has brought into sharp focus the disproportionate impact of pandemics and crises on women and their health. Women and girls have faced new and emerging health challenges as the pandemic has exacerbated existing inequalities and disrupted access to vital health and support services.

COVID-19 affects women and men in different ways. Although statistically less likely to die from COVID-19, women face specific health challenges as a result of the pandemic. Reduced access to sexual and reproductive health is estimated to have lowered the proportion of women of reproductive age to have their family planning needs met with modern contraceptive methods from 76.8% to 71% globally. Disruptions to prenatal care, delivery and post-natal services have seen the global maternal mortality ratio increase – in 2020 it rose to 152 deaths per 100,000 live births, up from 151 deaths per 100,000 live births in 2019.<sup>20</sup>

Women face higher infection risks than men in the workplace, most notably because they constitute over 70% of the workforce in the health sector so are more exposed to the virus. They also have taken on increased provision of care for children (including home-based education), care of the sick and interruptions to access to support programmes for women and girls have exacerbated mental health problems.<sup>21</sup> Pregnant women have been specifically excluded from many treatment and vaccine trials.

However, the pandemic provides an opportunity to rethink and reshape women's health to ensure women equally participate in and reap the benefits of global recovery efforts in a post-pandemic world. This includes ensuring essential health and support services for all women and girls and prioritising women's health needs in global research and trials.

There is also an opportunity to elevate the position of women in the health and care workforce as women have been at the forefront of the pandemic response. In many countries, women account for up to 7 out of every 10 health and care workers yet occupy only an estimated 25% of global health leadership roles and face high gender pay gaps. WHO's Gender Equal Health and Care Workforce Initiative aims to increase the participation of women health and care workers in leadership and decision-making roles. It supports equal pay and recognition of unpaid care and aims to protect those who protect us by providing safe and decent working conditions, including access to personal protective equipment (PPE), COVID-19 vaccines and protection against sexual harassment and violence at work.<sup>22</sup>

20 "The World's Women reports", UN Statistics Division, <https://unstats.un.org/unsd/demographic-social/products/worldswomen>.

21 "The World's Women reports", UN Statistics Division.

22 "Priorities for women and health", World Health Organization, 25 March 2021, <https://www.who.int/news-room/spotlight/6-priorities-for-women-and-health>.



A joint study by WPL and UCB

