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VISIONS OF A BETTER WORLD

Report of the Global Commission on Women's Health to the Fiftieth World Health Assembly, covering the period 1993-1997

A world where all women enjoy their rights and health security is one where

girls are no longer sold into the slavery of prostitution;

differential feeding practices, food taboos and differential care of girls and women are no longer acceptable or tolerable;

girls and women have access to the education, knowledge and information which will allow them to live healthy lives and make informed choices for themselves and their families;

motherhood is no longer a threat to women's lives;

every woman's reproductive years are marked only by the joy of maternity and good reproductive health;

girls and women can walk the streets of their towns and villages in freedom, peace and tranquillity knowing that they will not be abused or oppressed because of their sex, and where women feel safe and free from violence in their own homes and communities;

women have access to the health care they need and are treated with dignity;

women are assured a healthy old age unmarred by unnecessary disease, disability and loneliness.

**This is the vision of the Global Commission on Women's Health
for the health of all women in the 21st century**

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1. RESPONDING TO A NEED

The Global Commission on Women's Health was established as a high-level advocacy body in response to resolution WHA45.25 on "Women, health and development" emanating from the Technical Discussions at the Forty-fifth World Health Assembly in 1992. The objective of the Commission is to accelerate action at the national and international level to improve women's health as their fundamental human right in keeping with the Constitution of the World Health Organization.

In carrying out its objective, the Global Commission on Women's Health had a fourfold mission:

- producing an agenda for action on women's health focusing on a few select areas capable of yielding the most significant progress;
- raising awareness of women's health concerns among policy makers through the use of sex-disaggregated data on women's health and their socioeconomic situation;
- advocating the inclusion of women's health issues as a priority within development plans and ensuring that these issues are articulated at all major national, regional and international fora on women and development;
- providing a forum for consultation and dialogue with women's health advocacy groups and others who mobilize women from the grassroots to the highest political levels.

2. MAKING A DIFFERENCE

The Global Commission on Women's Health has made a difference by:

- missing no opportunity to advocate for and defend the cause of women's health
- pushing women's health to the top of the agenda of every major international conference
- ensuring that advocacy and action have been based on the most up-to-date scientific information on women and their health

The Global Commission on Women's Health is different and even unique in its composition, in its setting and in its approach. Composed of world-renowned figures active in the area of women, health and development from all regions, and working closely with the technical expertise of WHO at headquarters, regional and country levels, the Global Commission on Women's Health has been in a unique position to advocate for women's health and to ensure progress armed with the most up-to-date information and experience.

The Global Commission has approached its mission by carrying out a detailed situational analysis of the major factors which have a critical influence on women's health and using this to design feasible steps to improve women's health by all actors concerned which emphasize commitment, action and accountability.

3. ANALYSIS

The Global Commission on Women's Health considered the political, economic, social and technological changes taking place in the world today and examined the impact of these changes on the health of women throughout their lifespan.

In this analysis the following four concepts were deemed to be crucial to effecting change in women's health:

1. the concept of health security encompassing enjoyment of all human rights essential for women's health;
2. the need to take a holistic approach to women's health from in utero through to old age;
3. the necessity of applying a gender approach to the health of both women and men throughout their lifespan;
4. the value of women's health in a market-oriented world.

3.1 Women's rights and health security

Neither women nor men can enjoy their right to health if they are denied the enjoyment of other rights

The Constitution of the World Health Organization is now seen as farsighted in its reference to human rights as far back as 1946 where it was stated that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition".

1993 will be remembered as the year in which concern for human rights predominated on the international stage at the World Conference on Human Rights (June 1993). It was at this Conference that the Global Commission stood with WHO to underline the importance of the right to health, and particularly women's right to health. When the Global Commission first met as a whole in 1994, one of the most important concerns in the human rights area was to ensure that, when the human rights framework is applied to health, it is used as a value system to reduce inequities at all levels, and not only from the traditional legal perspective.

States are obliged to protect the rights of women and children through, for example, the introduction of laws preventing discrimination, and protecting a healthy living and working environment. The steps which states might take to ensure progressive improvement in health include identification of the obstacles to women's full enjoyment of health, and the introduction of measures to address gender inequity in law and practice. Under the Convention on the Elimination of All Forms of Discrimination against Women, states are obliged, when necessary, "to modify the social and cultural patterns of conduct of men and women with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of inferiority or superiority of either of the sexes or on stereotyped roles for men and women."

There has been considerable concern about the discrimination experienced by women and girls in the context of health services. But women's right to health is also adversely affected by denial of other fundamental rights, such as the rights to education, work and property. Across the board, the disadvantaged economic, social and legal status of women makes them particularly vulnerable to the risk of ill-health and injury.

The Global Commission examined what is actually meant by the right to the highest attainable standard of health as stated in the Constitution of the World Health Organization and given legal force in the International Covenant on Economic, Social and Cultural Rights. They found that it was necessary to go

beyond interpretations to date which had fallen into the realm of subjectivity, or which had focused on the obligation of providing universal and comprehensive health services. The Global Commission deemed that the right to health is about giving everyone the opportunity to develop their state of health to its fullest potential. As such, the Global Commission examined how the issue could be addressed in a positive, measurable and universally acceptable way. They turned to health determinants as a way of defining the dividing line between positive experiences of good health which result when people enjoy the right to the highest attainable standard of health, and negative experiences of unnecessary or avoidable ill-health, disease and infirmity when people are denied, or cannot enjoy the right to health.

Health determinants were deemed useful in interpreting the right to health since they embrace the extent to which people enjoy adequate food of good quality, shelter, clean water, clothing, income, information, basic services, etc.

It is within this context that the Global Commission conceived the concept of **health security**.

Health security:

- is based on health determinants;
- traces the entire lifespan of girls and women;
- encompasses the principle of universality in health care but goes beyond the mechanisms and schemes which guarantee access to health care, so that human beings may live with the "security" of knowing that they have access to health care which is affordable, relevant and of quality;
- encompasses all aspects of the right of every girl and woman to the highest attainable standard of physical and mental health, in addition to enjoyment of other rights necessary for the attainment of health, such as the right to food in sufficient quantity and of good quality, the right to decent housing and to live and work in environments where known health risks are controlled, and the right to have access to education and information on health;
- is applicable to all since it is based on health determinants and equity.

Health security is the best expression of women's right to health.

What is the added value of using the concept of health security?

- It builds upon and embraces existing and more tangible rights such as the right to food, to housing, to water, to education and information, to social and economic support, many of which are enshrined in international treaties. This makes health security concrete, tangible and workable.
- It builds on what we know. Food, water, housing, employment, education, health and other services are well-known entities. These are also the underlying determinants of health. When we intervene in any of these areas we are increasing people's enjoyment of the right to health and are promoting health security.

The Global Commission on Women's Health adopted women's right to the highest attainable standard of health and the enjoyment by women of health security throughout their lifespan as the platform for its advocacy efforts and actions.

3.2 The setting for women's health

The health of women must be examined within the social, economic and political context of their lives

The last decade of the twentieth century is witnessing economic, political, social and technological changes on a scale rarely seen in the history of human beings. These changes have many dimensions which will shape the future of the global human community. Human health is being, and will be, profoundly affected during the continual process of change. In a world where technology has brought people closer to one another, the effects of change will affect both men and women, wherever they live in the world. As these changes unfold they bring with them both threats to, and opportunities for, human health.

While the health status and quality of life of both men and women will be affected, women will experience the health consequences of the change process in specific ways due to their biological, social, physical and gender differences from men.

The health of women must be viewed in a holistic way as a cumulative process which begins in utero and runs through the whole lifespan of girls and women

In looking for solutions, lessons must be drawn from the wealth of experience already gained, both positive and negative, in order to build on what has been achieved, guard against repeating past mistakes, and prevent wasting precious resources. Among the most significant lessons is the realization that health must be considered in a holistic way. This applies to the health of all human beings - men and women of all ages. As far as women's health is concerned, there has been a tendency to deal with health care needs through separate programmes related to particular health issues. This approach, aside from absorbing a great deal of resources, has inconvenienced women with unwarranted demands on their time and energy. In adopting a more human approach, the international and national community must have the wisdom to move from this stance and provide integrated services to women in a holistic fashion. Closely related to this has been the overemphasis in the past on the reproductive aspects of women's health, often with subsequent neglect of other areas.

In looking at health issues affecting women the Global Commission deemed it essential to take a lifespan perspective, since health conditions in one phase of a woman's life not only affect subsequent phases of her own life, but also have an impact on future generations. This intergenerational link is a characteristic unique to women. It is also important to examine common threads or themes, as this provides a useful framework from which a feasible agenda for action can be elaborated.

3.3 A gender approach to health

It is essential to take a gender approach when analysing the determinants and risk factors that have an impact on the health of both men and women

More is known about women's health than ever before. Women are biologically and physiologically different from men. In addition, both men and women are subject to gender differences which have consequences on their health status.

Certain health problems:

- are more prevalent in women;
- others are unique to women;
- still others affect women in a different way than they do men.

A human rights approach to women's health compels us to look at the dialectic as it applies to men and women, between "identity", "otherness", and "sameness". Men and women are the same, yet they are different. They are similar as human beings, yet different as a result of their biological and physiological makeup. Such differences should be treated with respect. Yet history and society emphasize these differences and separate men and women on all sorts of grounds - political, economic, social and cultural. When differences become synonymous with inequalities and discrimination, they can only be perceived as unjust.

Since the declaration of the United Nations Decade for Women in 1975, there is no doubt that major achievements have been made in all realms of women's lives: social, political and economic. Change has come relatively quickly in some areas, while progress in others has been slow and sometimes painful.

The progress that has been achieved in improving women's socioeconomic and political status has contributed to improving the quality of life and health status of women, in general. However, women have not benefitted equally from such progress. As is the case for men, some women, with access to resources, have enjoyed the fruits of development, and have been able to attain better health than those without equal access to resources. What is disturbing is the fact that the absolute differences in health status between women have become wider, and the qualitative differences have become more pronounced.

It is important to be aware of these achievements and to note the progress made. It is equally, if not more important to be aware of the differences between men and women and avoid generalizing when talking about women's health.

3.4 The "non-economics" of women's health

Health is not a commodity which can be bought and sold in the marketplace. Health has a value in and for itself. It is necessary to recognize health, and especially the health of women, as a social good and as a societal responsibility, and not merely as a means towards economic development

The worldwide trend towards an open market economy has led to the emergence of a global model for organizing production and the distribution of services. The driving forces of the world in which we now live sees governments under pressure to liberalize trade and adopt free market mechanisms. Greater economic efficiency is sought through modernization, often bringing with it greater inequity and inequality of opportunity, particularly for women and other disadvantaged or marginalized groups.

The increasing materialism of our age and the focus on economic growth have resulted in the assumption that the only "goods" of a society are material goods. This has led to a devaluation of other essential requirements of human development. It is necessary to move away from this limited view and recognize health as a social good, and not merely as a means to economic development.

A human rights approach resists the tendency to defend health on a cost-effective basis. Rather, it takes as the starting point the premise that, cost-effective or not, every human being has the right to the highest attainable standard of physical and mental health.

Human rights are not available for profit. Health care cannot be freely commercialized and sold to the highest bidder or dispensed according to the ability to pay. The experience of health care vividly demonstrates that what is profitable is not always what is good, and that those who need health care most are often those who cannot pay for it.

Human health is indivisible and is not subject to economic rationale. The criterion upon which to base health decisions is the extent to which the action reduces pain and suffering and preventable morbidity and mortality, and promotes health and well-being.

When health is recognized and treated as having a value in and for itself, then the approach to women's health takes on a radically different dimension. An intrinsic value for health guides investment, from research and development to practical application, in such a way that the extent to which such investments respond to needs and reduce health status gaps becomes the primary concern, rather than an economic cost-benefit analysis. For women, this would mean involvement in research on and design of technologies, of drugs, inclusion in clinical trials, and a stake in the ownership and management of technologies, drugs and services which affect their daily lives and their health at all phases of their lives.

4. FROM ANALYSIS TO AREAS OF ACTION

The Global Commission chose to concentrate initially on the six issue areas: nutrition, reproductive health, health consequences of violence, ageing, lifestyle-related health conditions and the work environment

The Global Commission cautioned that it was neither necessary nor desirable to address all issues in women's health. What is important is to concentrate on a few issue areas that can be seen as selective indicators and reveal a multitude of other issues facing women and having important consequences for their health and well-being.

It was felt that these six areas were particularly revealing in that they:

- illustrate the predominant risk factors leading to morbidity and mortality in women of all ages;
- reflect the type of health problems women face at different periods in their lives;
- transcend national boundaries;
- are amenable to solutions using feasible, low-cost interventions.

Throughout its mandate, the Global Commission underlined the relevance of awareness-building on certain key issues such as cervical cancer, iron deficiency anaemia, health in schools, and the health consequences of violence and took strong stands on these vital issue areas to advocate for change in improving women's health worldwide.

4.1 Iron anaemia

Iron deficiency anaemia is a completely preventable health condition, which often starts in childhood or adolescence and endangers the health and life of women during pregnancy and childbirth.

WHO is intensifying its activities in countries to reduce iron deficiency anaemia, with the target of reducing the prevalence of this condition through simple, cost-effective programmes to provide iron supplementation.

Iron anaemia in women aged 15-49 years should be reduced by 33% by the year 2015

4.2 Maternal morbidity and mortality

With less than three years from the beginning of a new century, the Global Commission recalls that it is unacceptable in moral and ethical terms for women to die in the process of giving life. Although the knowledge and technology exist to allow women to move through pregnancy and childbirth safely, many women continue to suffer and die. The Global Commission has strongly reaffirmed that pregnancy and childbirth are not diseases, and that the most common causes of maternal death, i.e. haemorrhage, sepsis, eclampsia, obstructed labour and abortion complications, can be largely eliminated.

The untimely and tragic deaths in childbirth are one of the most powerful indicators of inequities in access to quality care. Death and disability in childbirth are a reflection of the status of women, and of the importance accorded by society to providing appropriate, good quality health care which meets the specific needs of women. They are also the greatest indicator of discrepancy between developed and developing countries.

No woman should die as a result of her ability to become pregnant

4.3 Violence against women

Violence against women is a major human rights concern and a serious public health issue with physical and mental health consequences throughout the lifespan and even intergenerationally.

The Global Commission stressed that the culture of violence against women must be and can be broken by , among other things, making schools violence-free and raising the self-esteem of girls and women through life-skills and self-esteem programmes in schools, workplaces, etc. A proactive strategy should be developed in each country with the health sector playing a major role in uncovering violence in society and in particular violence directed against women and children, and in working with sectors and partners to establish specific ways and means to break the chain of violence.

The culture of violence against women should be eradicated worldwide

4.4 Ageing women

Life expectancy for women is rapidly expanding in all regions of the world. Demographic changes are set against the backdrop of the spread of a market economy system and the weakening of family and other caring relationships, which in the past have acted as a safeguard for women's physical and mental health. Many women will have experienced poor nutrition, reproductive ill-health, dangerous working conditions, violence and life-style related diseases, all of which exacerbate the post-menopausal phenomena of increased breast and cervical cancers and osteoporosis. Poverty, loneliness and alienation are common among ageing women. The Global Commission stressed the need to enable older women to have greater health security by ensuring that an improved quality of life accompanying a lengthened lifespan is a primary priority of the health care field.

Women should be enabled to live both longer and better

4.5 Health-promoting schools

To improve health, we must examine where health is created and which investments create the largest health gains, and see whether these investments help reduce health gaps and ensure human rights. Evidence accrued from around the world clearly shows that good health supports successful learning and, in turn, successful learning supports health. We should therefore make schools a place for learning about health and hygiene, and the value of good health, as well as a place where children, especially girls, acquire the critical life skills which will allow them to make informed, healthy choices throughout their lives. We should also make schools the model for a healthy environment which is free from the cancer of violence, and where the importance of hygiene and a healthy environment is taught and practised on a day-to-day basis. The Global Commission stresses that healthy schools must go together with healthy villages, and healthy environments with healthy water and sanitation.

All girls and women should have access to basic education which incorporates health as a core curricular subject

4.6 Cervical cancer

Cervical cancer is a preventable and curable condition which endangers the life of many women around the world. Known risk factors such as infection by the human papilloma virus, tobacco smoking, age at first intercourse, multiple sexual partners, etc., make cervical cancer an eminently preventable and curable condition using simple detection techniques where sophisticated technology is not available or accessible.

Preventive detection techniques and curative treatments for cervical cancer should be made accessible and available to all women

5. FROM VISION TO REALITY: HEALTH SECURITY FOR ALL WOMEN

Health is a societal issue as the conditions which promote health or cause ill-health are produced by society and the economy as a whole. When health is seen as a societal issue, accountability takes on a new dimension. When individuals have access to adequate information on the promotion and protection of health, an environment is created for health accountability at the household level. Ensuring health security for all people, and particularly for girls and women, therefore needs to be seen as a societal challenge. As such it is incumbent upon all to work individually and collectively to secure the different aspects that make up health security, both for themselves, and for others.

Women's health should be valued in and for itself

Women's health has a value in and for itself. Health is unique for men and women, and is both the condition for a state of well-being and a prerequisite for the satisfaction of other needs.

The commitment to this right depends on the value assigned by individuals, states and the international community. The Global Commission stressed that it should also be a determining factor in the way states allocate resources to women's health and development priorities.

Women's health must be used as an indicator for measuring how other rights are being safeguarded in society

In societies plagued by lack of personal security, of access to education, of access to food of sufficient quality and quantity, it is often health that suffers first and suffers most. Health, therefore, becomes a critical factor in measuring compliance with other rights. At the same time, unless health rights are realized, other rights that societies can deliver, such as the right to education or employment, become illusory. The spirit and elements of health security can therefore be used to design concrete indicators which will be used to determine the extent to which the right to health security itself, and many of the other fundamental rights which comprise it, are being effectively implemented. A culture for women's health must be created by taking the following essential steps.

- **Building upon what is positive for health in different cultures.** Many cultures and religions have precepts that address health, hygiene and lifestyle, concordant with scientific knowledge, which should be adhered to by the community. Many of these life and health principles promote and protect health. There is a need to examine these within the cultural context to see which are positive and why, and to have the imagination and competence to manage the diversity in creative and health-enhancing ways.
- **Inculcate a culture of health from a very early age.** Just as the basis for culture is created through early initiation into literacy and numeracy, and awareness of identity, so too the basis for good health can be created if health is taught as a core subject starting from the earliest school years. In culturally-sensitive storybooks both boys and girls gain a fundamental understanding of the biology and functioning of their bodies which helps demystify health; they learn the origins of disease, how to promote good health throughout their lives, how to protect themselves and others against ill-health and disease, and how to approach and treat health conditions.
- **Create healthy schools which nurture health in a healthy, safe and risk-free environment.** Such healthy environments are the key to fostering the development of each child's potential.
- **Recreate the positive symbiosis between health and culture.** Health personnel must be trained in such a way that they become the guardians of a culture for women's health, understand both the similarities and differences between men and women and among women themselves, and are sensitive to the needs and requirements of women when they seek health services.

5.1 Measuring progress

The Global Commission on Women's Health recalled resolution WHA39.22 which invited the World Health Organization and its Member States to use health status, and in particular its change over time among vulnerable groups, as an indicator for assessing the quality of development and its impact on the environment. The assumption here is that if the most disadvantaged segments of the population in any society are enjoying the fruits of development, as seen from improvements in their health status, then society as a whole is also better off in terms of its health.

Members agreed on concrete and measurable goals and targets to attain a better and healthier world for all. These formed the basis of a "Declaration on Women and Health Security" which was the basis for advocacy for women's health at the Fourth World Conference on Women (Beijing, September 1995).

As a result many of these goals and targets appear in the documents emanating from the Beijing Conference and which are being implemented at international, regional and national levels.

- GOAL 1** Health security for all women covering their entire lifespan, and encompassing *inter alia* freedom of choice, personal security and reproductive and sexual health; the right to food in sufficient quantity and of good quality; the right to live and work in peaceful environments where known health risks are controlled; access to health services throughout their life cycle; and access to appropriate technology to assist them in carrying out their multiple roles.
- Target** Disability-free life expectancy at birth for women will increase by 15% in all populations
- Target** Reporting mechanisms will be established to document the prevalence of occupational health hazards and risks facing women in their work contexts, and efforts made to alleviate these health hazards and risks through existing and enhanced health and other services
- Target** Prevalence of all forms of violence against women will be systematically monitored over time through the collection of data from all possible sources; a baseline will be set against which to measure changes in prevalence, with results widely disseminated to increase awareness of the extent of this public health problem and to contribute to its eventual eradication
- Target** Mortality and morbidity from harmful practices and unsafe and violent situations will be substantially reduced
- GOAL 2** Basic education for all children and adults which incorporates health as a core curricular subject and which includes family life education.
- Target** All women will have access to education and information to promote health-enhancing lifestyles, decrease health-damaging behaviours and enable them to protect themselves, their partners and their children from ill-health and disease conditions, including HIV/AIDS
- GOAL 3** Universal access to essential health care and services of good quality that meet the specific needs of women, and comprise at least the eight basic elements of primary health care.¹
- Target** At least 85% of the world's women will have access to treatment of common diseases as well as to essential drugs, vaccines, contraceptives, biologicals and blood products which are safe, effective and of good quality
- Target** All individuals and couples will have access to reproductive health information and services enabling them to decide freely the number, spacing and timing of their children and to prevent pregnancies that are unwanted
- Target** All pregnant women will have access to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and management of all complications
- Target** At least 85% of the population will have safe drinking-water in the home or within reasonable proximity
- Target** At least 75% of the population will have access to sanitary excreta disposal facilities or services

¹ The eight elements are: education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care including family planning; immunization against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries and mental health care; and provision of essential drugs.

6. THE GLOBAL COMMISSION ON WOMEN'S HEALTH AND WHO

Armed with the scientific evidence of women's health status from around the world, the Global Commission has been able to buttress WHO considerably in its unique role as the leader in international health. The Global Commission has worked in symbiosis and partnership with WHO, fulfilling an essential advocacy role in defence of women's health.

The Global Commission on Women's Health has relied on WHO to provide them with the most up-to-date scientific evidence on women's health status for the advocacy and action of the Global Commission.

In support of WHO, the Global Commission has spared no efforts in advancing the cause of women's health by:

- speaking on behalf of women around the world who are denied health security;
- calling attention to unacceptable situations, emerging problems, future trends and scenarios in and for women's health;
- contributing to the identification of gaps in information and data on women's health which need to be filled;
- bringing the essential work of WHO in the area of women's health to the attention of a wide public;
- using its unique position to solidify essential partnerships with agencies, organizations and NGOs working in the area of women's health and development.

These past years, Member States have formulated many global health policies and passed a multitude of resolutions concerning women's health and development. However, these States have rarely implemented these same policies in their own countries, and the concrete aspects of international policies which would enable real change in women's status have not been put into practice at the national level.

WHO has made, and continues to make, considerable efforts to ensure that attention is paid continually to women's health throughout their lifespan, that proactive strategies are adopted, and that the scientific facts and evidence are made available to advance women's health. In this light, the Global Commission on Women's Health has served as a vital link in ensuring that issues on women's health get translated into concrete measures in countries. The field of issues that can be addressed is very broad, and therefore the Global Commission has chosen some well-defined areas for concentration and adopted a concrete agenda where the greatest impact can be achieved, to continually persuade regions and countries to implement actions in favour of women's health improvement. This has been, and will continue to be, a much-needed role that the Global Commission is in a unique and powerful position to carry out.

Another critical role the Global Commission has played, and should continue to play, is to keep attention focused on women's health at international, regional and country levels. The Global Commission on Women's Health has filled this gap in a unique manner, as no other body to date has been able to do. This Commission transcends all boundaries by representing all regions of the world, and personifies the partnership between governments, NGOs, international organizations and the scientific community. Its members include eminent people from a cross-section of disciplines and experiences, who are highly regarded in their respective fields, and who are able to advocate for innovative changes and move the cause of women's health forward.

This body is therefore unique in acting like a global "women's health watch", working with all interested parties to ensure that women's health concerns are high on national and international agendas, and in the media, and that critical issues in women's health, old, new or emerging, are addressed in a timely manner.