

Uniting for Health Innovation formerly PAHO Foundation *Shifting the Paradigm: Women's Health Is Public Health*

Introduction

Globally, women continue to be marginalized and constrained from actively participating in their local economies due to a myriad of factors. Women and girls are often denied access to education; face persistent health risks, which is further complicated by a lack of access to healthcare; are disempowered to contribute in decisions and actions that allow for financial and health security, as well as being subjected to other gender-based biases. In Latin America and the Caribbean (LAC) where traditional gender roles appear entrenched, health risks and threats often fall on women and girls to provide care and other responsive solutions, yet without access to information and pathways to alternate options, this burden undermines their ability to progress and prosper. The impacts of these realities are increasingly evident as rates of obesity, hypertension, and other non-communicable (NCD)-related challenges are on the rise throughout the LAC region. These and other health risks are particularly prevalent among women and children.¹ Responsively, undertaking a global assessment of the social, familial, and economic impact of these issues, the United Nations Initiative on Women's Health that launched in 2011 declares the need for more urgent and substantive actions in support of women's health.

Evidenced-based findings demonstrate that improving the status of women is key in maintaining healthy families and that healthy families are a strong barometer for the economic strength of communities, ultimately influencing the vitality of a country's economic capabilities. Across her lifespan, a woman's health status is significant to the various roles she will undertake, personally, to her family, to the workplace, and to her community. Data shows that informed women make better health decisions, have healthier households, and in turn yield the longer-term benefits of producing healthy future human capital and creating a foundation for the economic wellbeing of future generations.² In addition, when women are connected to the health care system, their families are also more likely to be connected to information and services provided from these systems.³ Ultimately, Uniting for Health Innovation, formerly PAHO Foundation (UfHI) posits that women and societies are likely to realize co-benefits in the interdependent systems of family, work, and policy by addressing women's health.

¹ <http://www.fao.org/americas/noticias/ver/en/c/463394/>

² Onarheim KH, Iversen JH, Bloom DE (2016) Economic Benefits of Investing in Women's Health: A Systematic Review. PLoS ONE 11(3): e0150120. doi:10.1371/journal.pone.0150120

³ <http://www.ncmedicaljournal.com/content/77/6/385.full>

Therefore, of great concern is that while life expectancy is higher for women than men in most countries, many health and social factors combine to create a lower quality of life for women. More women than men make up the portion of the population that is poor, and their access to health services is more limited.⁴ Teen pregnancy is strongly associated with “increased health risk of birth-related death and complications,” as well as “harsh social sanctions and difficult choices that have life-long consequences,” which include “being shamed and stigmatized by family members, the community, and peers and increased vulnerability to violence and abuse or greater poverty and economic hardship.”⁵ Unequal access to information, care, and basic health practices increases the health risks for women over a lifetime. Likewise, chronic health problems not treated, higher rates of disability, and lower incomes than men on average contribute to increased health risks for women across their entire lifespan. In addition to increased health risks associated with inequity of access and treatment for women, there has been an increasing trend of a double burden for rising NCDs; such as diabetes, cancers, and cardiovascular diseases; and communicable diseases that include vector-borne and water-borne diseases, among both women and men in many developing countries whose health systems lack the capacity to respond.⁶ The World Health Organization (WHO) suggests women fare worse in epidemics, natural disasters, and times of crisis.⁷

When considering cost-benefit return on investments (ROI), data shows that there is a 900 percent ROI made to women’s health when productivity and other factors are measured. For example, when developing countries invest as little as \$5 per person per year in women’s health, it has been shown to have the capacity to generate as much as nine times the value of the investment in social and economic benefits, measured through increased productivity and decreased maternal and child mortality rates.⁸ A recent meta-analysis of health programs that focused on women and girls indicated that “societies that prioritize women’s health will likely have better population health overall and will remain more productive for generations to come.”¹

Therefore, given the relationship between women’s health and the broader impacts on economies, families, communities, nations, and future generations, primary attention is called for to address the challenges impacting women’s health and wellness. In this process, UfHI can begin to identify opportunities for early and targeted interventions that can create

⁴ <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/Tinker-ImprovingWomens-whole.pdf>. P6.

⁵ UNESCO. Developing an Education Sector Response to Early and Unintended Pregnancy. November 2014. P8. <http://unesdoc.unesco.org/images/0023/002305/230510E.pdf>

⁶ <https://academic.oup.com/trstmh/article-abstract/100/3/191/1880267/The-double-burden-of-communicable-and-non>

⁷ <http://www.who.int/csr/resources/publications/SexGenderInfectDis.pdf>

⁸ Stenberg, Karin, et al. Advancing social and economic development by investing in women’s and children’s health: a new Global Investment Framework. 2014. The Lancet. Vol 383, No. 9925, p1333-1345. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)62231-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)62231-X/abstract)

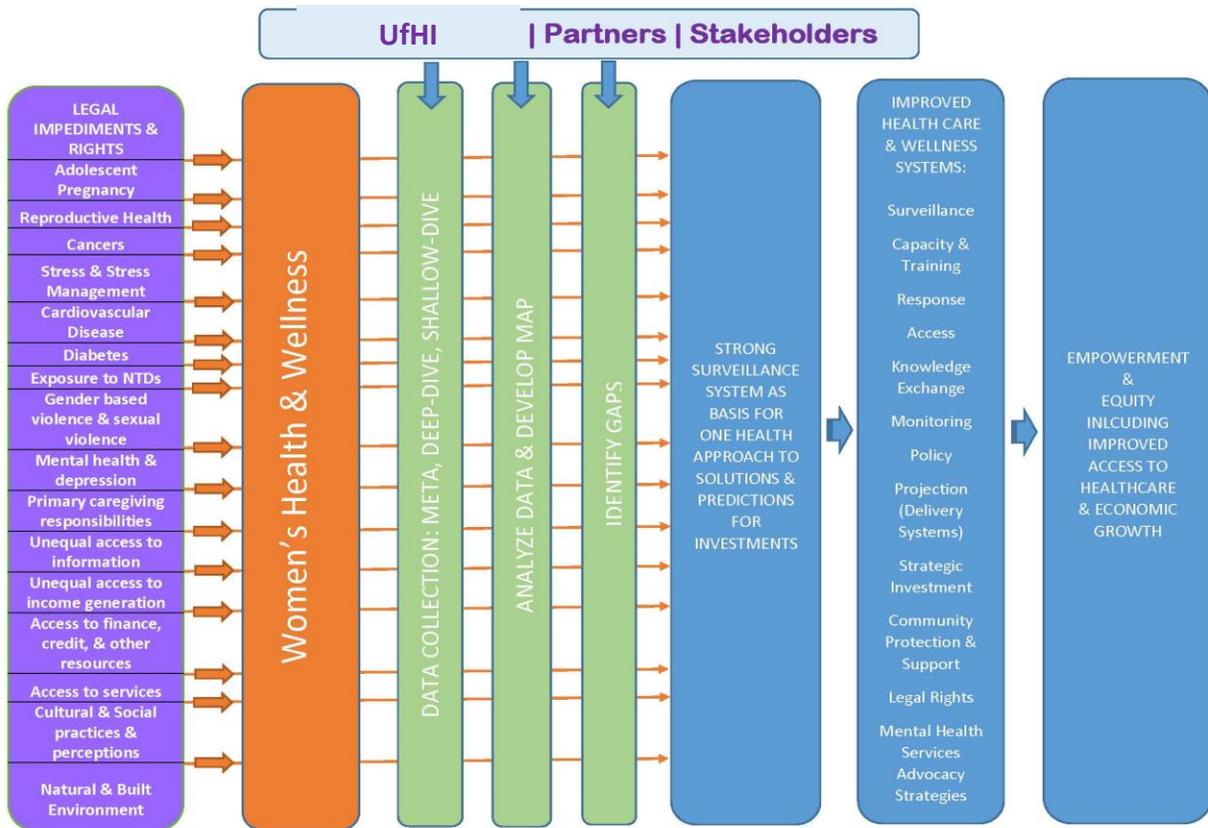
solutions integrated across multiple sectors in the present as well as into the future. At the same time, this will create health care system improvements that will benefit all. For example, a Guttmacher Institute/UN Population Fund report notes that, “Health system improvements that increase the capacity of facilities to respond to obstetric emergencies... can help improve responses to other health emergencies. More generally, these improvements will contribute to strengthening the overall provision of health care, thereby achieving wider health gains.”⁹ Today, the multi-stakeholder discussions on gender and health seek to identify and reduce these inequities, underscore related determinants, and highlight avenues needed for the improvement of health care and resource acquisition for women.

In addition, this kind of cross-sectoral impact can be instrumental in producing progress towards achieving the highly integrative Sustainable Development Goals (SDGs) with emphasis on SDG 2 (end hunger, achieve food security, improve nutrition, and promote sustainable agriculture); SDG 3 (ensure healthy lives and promote wellbeing for all at all ages); SDG 4 (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all); SDG 5 (achieve gender equality and empower all women and girls), and SDG 6 (ensure available and sustainable management of water and sanitation for all).

UfHI’s Response

To this end, UfHI recognizes that to address women’s health is to address public health and thereby strengthen families, communities, and countries. Advancing this multi-pronged paradigm to public health via women’s health is a platform that engenders multi-stakeholder participation, allows for innovative and novel approaches, and yields outcomes that will demonstrate impact and provide for sustainable changes. This priority calls into clear focus our commitment to identify effective and integrated solutions responsive to the needs of all women in LAC. Guided by the UfHI’s integrated framework of systems and stakeholder influence, we will leverage our distinctive ability to convene stakeholders and to mobilize and leverage technical, human, and capital assets as depicted in the following graphic.

⁹ Singh S et al., Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health, New York: Guttmacher Institute and United Nations Population Fund, 2009. P30.



Our Framework embodies a science-based, systems-oriented, and action-focused approach to addressing complex public health challenges with the intention of creating useful outputs and positive impacts. It extends traditional paradigms of public health models by advancing a multi-sectoral, multi-level, and One Health approach that calls for the consideration of addressing women’s health as a gateway to improving and sustaining public health at large.¹⁰ Moreover, this model asserts that when this interdependency is considered, new information and innovative solutions will emerge.

The approach calls for participative and cross-cutting engagement by many levels of stakeholders from community to policy. This unique framework enables us to identify and consider risk factors related to origins, surveillance, diagnosis, transmission, treatment, prevention, protection, information, and others, and to engage stakeholders from all levels and across sectors to help identify gaps and novel interventions that can be tested, measured, and reported on.

Building on earlier efforts, UfHI proposes to use the approach depicted in this framework to address women’s health challenges in LAC through a targeted program that will feature efforts targeted at NCDs, cervical cancer, teen pregnancy, empowerment and access, and health care. Beginning with a pilot, UfHI will leverage partners already engaged in similar

¹⁰ Ibid.

efforts to ensure evidenced-based scalability. Extending outcomes from recent high-level discussions with health leadership in the Caribbean region, UfHI will launch the program in selected countries based on the prominence of diabetes and where other factors of interest exist or are most prevalent.

Building on earlier efforts, UfHI proposes to use the approach depicted in this framework, and extending outcomes from recent discussions with health leadership in the Caribbean region, to launch a program targeted at NCDs, cervical cancer, teen pregnancy, empowerment and access, and health care. This targeted program will be launched in select countries where these and other factors of interest exist or are most prevalent.

The program will:

- Map work currently underway to address the key issues, identify gaps in focus and impact, and identify ways to build on successes of these;
- Build knowledge of the challenge and educate key stakeholders, including policy makers; and
- Propose strategic interventions that can lead to measurable positive outcomes and impacts.

Beginning with a landscape assessment that will comprise desk research, in-person and online interviews, and survey-based data collection, UfHI will use a qualitative methodology to compile and analyze responses while elucidating potential complex conditions and risks that constrain health outcomes for women. UfHI will review the new information acquired through the landscape assessment process, identify gaps that emerge, and through re-engagement with key stakeholders, prioritize these gaps and identify opportunities for strategic interventions to address them.

Interventions may include the development of recommendations or may take the form of a pilot project of 1-3 years to test and refine an innovative action or process. Key stakeholders will contribute to the design of each intervention and incorporate metrics to support rigorous monitoring, evaluation, and modification to improve outcomes. In addition, all interventions will generate a process, strategy, curriculum, best practice, tool kit, or other output that can be replicated, scaled, or shared to expand positive impacts.

Next Steps

UfHI stands ready to engage with key stakeholders in an initial meeting. The purpose of the meeting will be to catalyze the creation of a platform for open dialogue in LAC on key issues and challenges affecting women's health. Furthermore, the meeting will outline priority concerns and challenges, including those around diabetes and other NCDs. Outcomes of this initial meeting would include the agreement on a preliminary agenda for the development of a possible "Integrated Women's Health Program for the Caribbean Region" and an accord on

opportunities and mechanisms for collaboration with UfHI and others to address priority challenges and opportunities.