**The health of women and girls determines the health and well-being of our modern world: a white paper from the International Council on Women's Health Issues**

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# The health of women and girls determines the health and well-being of our modern world: a white paper from the International Council on Women's Health Issues

## Abstract

The International Council on Women's Health Issues (ICOWHI) is an international non-profit association dedicated to the goal of promoting health, health care, and well-being of women and girls throughout the world through participation, empowerment, advocacy, education, and research. We are a multidisciplinary network of women's health providers, planners, and advocates from all over the globe. We constitute an international professional and lay network of those committed to improving women and girl's health and quality of life. This document provides a description of our organization mission, vision and commitment to improving the health and well-being of women and girls globally.

**Key words**: women's health, global health, maternal health, infectious diseases, chronic diseases

## Introduction

In 2011, women and girls remain victims of gender inequality (Read & Gorman, 2010). Despite progress in eliminating the social and health disparity between men and women during the last century, gender equality remains an elusive goal, particularly in the developing world. Although women work two-thirds of the world's working hours, they earn only ten percent of the world's income. This represents less than one percent of the world's property and illustrates the inequity experienced by women. In many countries, women and girls have less access to education, an important predictor of well-being (Bobbitt-Zeher, 2007). Impoverishment equates to not only hunger and sickness, but also disempowerment and marginalization. As a result many women and girls are subject to violence and other human rights abuses. When addressing women's lives it is crucial to examine the underlying social, cultural, environmental, epidemiological and economic determinants of health (Marmot, Friel, Bell, Houweling, & Taylor, 2008).

Women and girls have specific health needs and health systems around the world are failing them (World Health Organization, 2009). The World Health Organization (WHO) states that today women's health has become an urgent priority, yet the data surrounding this issue is limited and often unreliable (World Health Organization, 2009). It is ICOWHI's aim to improve the health, health care and wellbeing of women world- wide. The vision, mission and strategic goals of ICOWHI are aligned with the WHO's Millennium Development Goals (MDG) (see Table 1). We believe it is important that these goals are not dealt with independently; many of them are closely interrelated as development in one area will promote improvement in another. Depending on the global region and social, political and economic climate, a range of activities and strategies are required to achieve optimal health outcomes. In all instances strategic initiatives need to be undertaken within a framework of cultural competence and consideration of the health and well-being of women and girls across the life span.

We are excited to support the United Nation (UN)'s women's initiative launched on January 1, 2011. UN Women emerged from agreement by UN Member States, with strong

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support of women's organizations that more needs to be done so that women can claim equal rights and opportunities (United Nations Entity for Gender Equality and the Empowerment of Women., 2011).

## The Rights of Women and Girls as Human Rights

In most societies, women have lower social status than men, producing unequal power relations. For this reason, women and girls can be particularly vulnerable to human rights abuses and suffer poor health outcomes as a result. Arguably, women need special attention when framing an agenda for global health due to the fact that women are biologically different from men and therefore have different needs throughout their lifespan (Sankaran, 2010).

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) is the principal international human rights treaty addressing the rights of women. In 1997 the United Nations Economic and Social Council (ECOSOC) adopted a resolution calling on all specialised agencies of the UN to mainstream a gender perspective into all their policies and programmes. Numerous other conferences and declarations have resulted in the reaffirmation of women's rights and needs in the health sector (Sankaran, 2010).

A gender-based approach is established on the recognition of the differences between men and women. Policies that support women's empowerment serve to alleviate inequitable gender roles (Rosenfield, Min, & Bardfield, 2010). Despite much effort towards creating gender equality, women remain vulnerable with many women still not able to experience enjoyment of their fundamental human rights. Recognition of the importance of women's rights is central to any discussion of the MDGs, as innumerable studies have demonstrated that gender equality is a precondition for sustainable growth and poverty reduction.

## Millennium Development Goals

For the MDGs to effectively redress the inequalities experienced by women and ensure a healthier future, a gender based approach must be considered for each of these

goals. A gendered approach means not only examining biological differences but also the socially constructed expectations that differentiate the roles and attributes of men and women (Pinn, 2003; Correa-de-Araujo, 2006). Increasingly policy makers and non-government organizations have determined that the health and well-being of communities and societies is dependent on the welfare, education and empowerment of women.

| **Goal 1** | *Eradicate extreme poverty & hunger* |

In some regions, such as Asia and Oceania,  the percentage of impoverished people in the region has more than halved since 1990, surpassing the WHO target for 2015 (United Nations, 2006). Unfortunately, those who still live in disadvantaged areas are more likely to report fair or poor health as compared to those from more affluent areas (Patel & Burke, 2009).

Across all ages of women, the highest mortality and disability rates are found in Africa (World Health Organization, 2009). The improvement of women's health and wellbeing hinges on a detailed understanding of the social determinants of health and their interaction. While socio-economic status plays a large role in health and wellbeing, social networks and individual factors are also important.

It is ICOWHI's aim to lobby for funding to strategically address poverty and hunger through supporting sustainable and culturally appropriate strategies, and to reduce the disparities between developed and developing countries. Applying a structured framework to define, address and improve women's health outcomes ensures implemented strategies remain both effectual and sustainable. In addition, increasing the profile of women's health issues in public debate and discourse is critical to affect change and enable health policy that recognizes the discrete needs of women and children.

In order to address social determinants of health and achieve gender equality, the following factors need to be considered (Marmot, 2005).

- Preventing people from falling into long term disadvantage
- Addressing the social and psychological environmental affects of health
- Ensuring a good environment in early childhood

- Addressing the impact of paid and unpaid work on health and well-being
- Addressing the problems of unemployment and job insecurity
- Promoting friendship, social relations, strong supportive networks and social cohesion
- Addressing the dangers of social exclusion
- Addressing the effects of alcohol and other drugs
- Ensuring access to supplies of healthy food
- Ensuring access to healthier transport systems.

| **Goal 2** | *Achieve universal primary education* |
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Globally, despite a net increase in enrolments, a gender gap persists in education attainment. In many countries, educating girls is widely perceived as being of less value than educating boys (United Nations, 2010). It is estimated that one in every five primary school age girls are unenrolled, compared to one in every six boys (Lavin, 1992). Education directly benefits women and their children, and is strongly associated with good health and is an important predictor of well-being (Grown, Gupta, & Pande, 2005; Lavin, 1992). In all countries with reliable data, child mortality rates are highest in households where the education of the mother is lowest (World Health Organization, 2009). In addition, literacy plays a distinct role in determining a population's level of disease and mortality by affecting accessibility to health related literature and information (Qilaon, 1992). In 1996 there were approximately 597 million illiterate women in the world, as compared to 352 million men.

ICOWHI seeks to promote education initiatives because of the positive correlation between education and health outcomes. Education not only needs to be addressed at primary level, but at secondary and tertiary levels as well. Raising education rates at a primary and secondary level will have positive flow on effects for women in terms of employment, health, and minimizing social disadvantage. Secondary education is associated with a higher age of marriage, low fertility and mortality, enhanced maternal care, and reduced risk of contracting HIV/AIDS (Grown, et al., 2005). In addition, each additional year of secondary school education reduces the probability of public welfare dependency in adulthood by 35 percent (Lavin, 1992), exemplifying the correlation between education, social disadvantage and health outcomes. ICOWHI plans to support women in educational endeavours to promote empowerment and positively affect gender inequality in the educational sphere. We need to advocate for doctorally prepared graduates who can provide leadership and direction for research.

Strategies to ensure that these goals are met include; reducing the costs of education, providing scholarships, ensuring schools are girl friendly, educating men on the benefits of educated women and reducing the physical barriers in accessing education such as issues surrounding transportation (Grown, et al., 2005). Not only does accessibility need to be improved but content and structure also need to be addressed. This can occur via teacher training, curriculum reform and by addressing institutionalized gender bias that exist within schools (Grown, et al., 2005).

Through supporting higher degree education and research in developing countries, ICOWHI is well placed to support initiatives to promote women's health issues.

| **Goal 3** | *Promote gender equality and empower women* |

Gender inequality also pervades labor markets and the political landscape. It is deeply rooted in entrenched attitudes, societal institutions, market forces, political values and ideas (Kettel, 1996 ). Since 1990, there has been a steady global increase of women in non-agricultural wage employment. However, the WHO estimates that women remain at a disadvantage in securing paid jobs due to pervading socio-cultural attitudes, minimal options for balancing work and family responsibilities and challenges in birth control (United Nations, 2006).

In the health profession, women make up the majority of health workers in most settings but are often excluded from positions of responsibility and authority. The WHO describes the current situation as a paradox as women are the backbone of formal and informal healthcare, however are often excluded from these services or have limited access (World Health Organization, 2009). Similarly, these factors contribute to the underrepresentation of women in politics and business (Terjesen, Sealy, & Singh, 2009). While the percentage of parliamentary seats held by women has increased from 12 to 19 percent since 1990, progress is slow and there is still much progress to be made (United Nations, 2010). Some countries have implemented mandatory or voluntary measures to increase the number of women in politics, which may partially account for such increases.

It is ICOWHI's aim to support such legal, political and business changes, which positively assert gender equality and promote fair and equitable workplace policies. ICOWHI intends to facilitate

| **Goal 4** | *Reduce child mortality* |

Mortality rates for children under the age of five have decreased globally, with the rate dropping 28 percent (United Nations, 2010). Unfortunately, the number of children who die every year from preventable disease significantly exceeds the goal set for 2015 and remains at 87 deaths per 1000 live births. Pneumonia, diarrhoea, malaria and AIDS account for 43 percent of all deaths in children under five worldwide in 2008 (United Nations, 2010). The leading risk factors for child mortality include malnutrition (under nutrition), unsafe water, poor sanitation and hygiene, sub-optimal breastfeeding, and indoor smoke from solid fuels (World Health Organization, 2009). The under-five mortality rate is highest in developing areas with low household wealth and poor maternal education rates. Similarly, a link between maternal education level and child vaccination has been identified. This further exemplifies the critical link between poor levels of education, social disadvantage and adverse health outcomes.

Every year around nine million children under five years, including 4.3 million girls, die from conditions that are largely preventable and treatable (World Health Organization, 2009). It is therefore crucial to promote the provision of early childhood education to all mothers, including programs regarding breast feeding, nutrition and child vaccination and targeting women in low socio-economic and impoverished areas. As a result of the positive correlation between education and health outcomes, it is ICOWHI's goal to target women for education initiatives. Improved and wider access to education paired with the provision of basic health services and vaccination will likely have a cost-effective and dramatic effect in reducing child mortality.

Improving child mortality is closely linked to advancing maternal health as it will reduce those that die at birth and ensure health development in the early stages of the child's life (Shaw, 2006). It is therefore vital that these goals are addressed co-dependently, rather than separately.

| **Goal 5** | *Improve maternal health* |

When a mother dies, it impacts negatively on the health, education, nutrition and economic status of her orphaned children and the community, and also leads to a welfare loss which may take generations to overcome (Alban & Andersen, 2007). More than half a million women continue to die every year in pregnancy and childbirth due to entirely preventable reasons, 99 percent of whom live in the developing world (Grown, et al., 2005). In developed countries, there are on average, nine maternal deaths per 100, 000 live births, however for disadvantaged developing countries this figure is 1000 or more per 100, 000 live births (World Health Organization, 2009). Maternal mortality remains highest in sub-Saharan Africa and Southern Asia. Despite a global increase in the number of births attended by skilled health care personnel, ratios of maternal mortality in these areas have changed very little since 1990. Significantly, wealthy and urban mothers are three to six times more likely than rural and poor mothers to deliver with health personnel present. In sub-Saharan Africa, where approximately half of the world's maternal death occurs, only 46 percent of births occur with the assistance of a skilled health professional, an increase of merely four percent since 1990 (United Nations, 2006).

Regular use of antenatal services prior to delivery has also been shown to improve maternal and neonatal health outcomes. Lack of access to antenatal and postnatal care services is commonly associated with social isolation, a lack of recognition of the importance of gestational care or lack of resources such as transport (Womens Health Outcomes Framework, 2002). Given that the two main causes of maternal mortality in developing regions are hemorrhage and hypertension (United Nations, 2010), providing skilled health care prior to and at delivery is pivotal to minimizing maternal mortality. In some areas of Asia and Africa less than half the women giving birth are attended to by skilled health personnel (United Nations, 2010). ICOWHI seeks to support universal education and health strategies, which aim to increase the proportion of births attended by skilled health personnel, particularly for women in remote and rural areas. In addition to providing care at delivery it is important to make available adequate reproductive health services, postpartum care and family planning. While no single answer can address the multiple causes of maternal deaths, ICOWHI intends to lobby for increased funding for health care interventions that reduce maternal death rates. ICOWHI also intends to make these interventions more widely available, particularly in rural and impoverished areas.

| **Goal 6** | *Combat HIV/AIDS, malaria & other diseases* |

Women are exposed to diseases such as HIV/AIDS and malaria through a number of gender specific ways, particularly sexual intercourse, rape and working patterns (Jewkes, Dunkle, Nduna, & Shai, 2010). For this reason it is important to examine women's exposure and the prevalence of HIV/AIDS by looking at their occupational risks, socio-cultural behaviors and gender specific roles and practices. An example of women's specific vulnerability to HIV/AIDS is the increased exposure to domestic violence and employment in sex based work.

ICOWHI will support the development of education programs which promote and facilitate HIV prevention strategies, targeting women in high risk groups and areas. While HIV prevalence has levelled off in the developing world, deaths from AIDS continue to rise in sub-Saharan Africa and South-East and Central Asia. Further, in many areas more than half of those living with HIV are women. Young women currently make up over 60 percent of all 15- to 24-year-olds living with HIV/AIDS. Seventy seven percent of all HIV-positive women live in Sub-Saharan Africa. Specific to this region, young women living with HIV outnumber HIV-positive young men 3.6 to 1 (United Nations Population Fund, 2005). In other regions, epidemics are spreading from particular population groups—such as sex workers or injecting drug users—into the general population, with women and girls increasingly affected. As a result in many poor countries, the birth of a HIV infected child is not uncommon (Paintsil & Andiman, 2009). Although access to AIDS treatment has expanded, the need continues to grow. Prevention is the best solution to the rapid spread of AIDS, yet such measures are failing to keep pace with the spread of HIV. ICOWHI intends to support preventative strategies such as education, and to reduce the prevalence of mother to child transmissions.

ICOWHI will lobby for increased accessibility to antiretroviral therapy for women and children to ensure management and further preventions. ICOWHI's goal is to ensure that testing and counseling becomes more widely available, particularly in high risk areas and for high risk women. Furthermore, ICOWHI hopes to facilitate the development of a functioning healthcare infrastructure in those high risk areas. This includes ensuring that these areas have enough health workers to meet the demands of the community. Importantly ICOWHI will also work to remove the discrimination and stigma associated with those infected and will educate those that are infected to effectively manage the disease and remove possibilities of further transmission.

HIV is an immunosuppressive illness and the spread of HIV can significantly increase one's vulnerability to other infectious diseases, in particular malaria and tuberculosis. (Alban & Andersen, 2007; Chaisson & Martinson, 2008) Malaria-control efforts are paying off, however additional effort is needed as 150 to 300 children die each hour from malaria amounting to 1 to 2 million deaths yearly (Breman, 2009). In total, malaria kills up to three million people per year worldwide, and like many other diseases, most of the victims are from sub-Saharan Africa (Sachs, 2005). The prevalence and mortality rates surrounding malaria are astonishing considering that the disease is treatable and highly preventable. ICOWHI intends to advocate for the sustainability of malaria reduction programs and maximize capacity building by targeted investments, such as the distribution of insecticide treated bed nets and effective medicines to impoverished rural areas of Africa.

The incidence of tuberculosis is levelling off globally, but the number of new cases is still rising. Reaching global targets for tuberculosis control will require accelerated progress, especially in sub-Saharan Africa and the Commonwealth of Independent States. Whilst Africa is home to only 11 percent of the world's population, it carries 29 percent of the global burden of tuberculosis cases and 34 percent of tuberculosis related deaths (Chaisson & Martinson, 2008). The ability of African health care systems to respond and manage the incidence of tuberculosis is constrained by limitations of funding, facilities, personnel, drug supplies, and laboratory capacity (Chaisson & Martinson, 2008). It is ICOWHI's goal to reduce the prevalence of tuberculosis by pushing for improvements in domestic health facilities and laboratories, reduce the conditions that facilitate the transmission of infection and educate health workers to promote early detection.

Other strategies need to be implemented to ensure women are not falling victim to treatable and preventable diseases and viruses. The Human Papilloma Virus (HPV) is the primary cause of death from cancer in the developing world (Shaw, 2006) and globally almost all cases of cervical cancer are linked to genital infection with HPV (World Health Organization, 2009). Prevalence of HPV is the highest in Africa where one in five women are infected (World Health Organization, 2009). The highly effective HPV vaccine is neither accessible nor utilized in developing countries due to cost; however this vaccine is easily accessed within developed countries. Many preventative strategies are not implemented in developing countries; despite the fact that regular screening has positive links to reducing the prevalence of cervical cancer. ICOWHI will encourage the increased accessibility and availability of the HPV vaccine and will lobby for

domestic infrastructure to be implemented to ensure more women are being screened for potentially preventable diseases.

| **Goal 7** | *Encourage sustainable development* |
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Billions of people suffer ill health as a direct consequence of environmental factors. Environmental diseases such as diarrhea, dysentery, hepatitis and typhoid are major preventable causes of death in developing countries (Chenoweth, Estes, & Lee, 2009). Fifty percent of people lack basic sanitation and 20 percent live without clean drinking water. There has also been a global increase in slum populations as more than 50 percent of people now live in urban areas. In addition, overpopulation and inadequate infrastructure in both urban and slum areas create unsafe public spaces, high levels of pollution and increased crime. Also, deforestation rates remain high despite improvements in some regions (Laurance, 2010).

Women, more so than men, suffer from poor health, diminished productivity and missed opportunities for education due to poor urban environments (Kettel, 1996 ). In addition women commonly experience a higher burden of urban environmental difficulties as a result of their common gender-based roles as household providers and maintainers. This places them at increased risk of experiencing inadequate space and housing whilst caring for children and reduced public transport facilities. These environmental hazards severely impact women's quality of life.

Women's vulnerability and poor health is closely linked to availability of basic infrastructure such as transportation and sanitation services (Grown, et al., 2005). Access to such facilities will not only improve women's health and safety, but enhance economic independence and personal empowerment. However, the type of development must be closely considered. An example can be seen in the investment in major road projects in developing countries, where often this type of development will not meet the transport needs of many poor people, particularly women whose trips are primarily local and off road (Woodcock et al., 2007). Increasing transport access and use through sustainable development is encouraged and should be developed by improving walking and cycling infrastructures, increasing access to cycles, and investment in transport services for essential needs (Woodcock, et al., 2007).

In order to minimize environmental illness, ICOWHI wishes to support gender sensitive environmental health policy to protect and maintain healthy life-spaces for women. This must include increasing the worldwide provision of basic sanitation and clean drinking water by lobbying for increased funding to rural and remote areas. Participation of women in policy formation will ensure environmentally sustainable development that recognises the needs of women.

It is ICOWHI's goal to endorse the role of women as environmental and health policy makers at a government level to positively affect urban design and environmental health. Women need to be engaged at all levels of discussion from the local, domestic and international levels.

| **Goal 8** | *Develop a global partnership for development.* |
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The health of women and girls is a global issue and therefore global cooperation and collaboration needs to occur in policy, practice, education and research. In order for further improvement to take place, professional organizations need to be consulted and included in discussions surrounding women's health; this includes research collaborations and partnerships including public-private collaborations. Partnerships with parliamentarians, religious leaders, media, businesses, civil society groups, women's and youth groups, research institutions and non-governmental organizations must also be considered (Shaw, 2006). These collaborative partnerships will facilitate the education of local communities and healthcare workers.

Improving women's health globally is beneficial to men and women in both developed and developing countries. Men must work in effective partnerships to develop and support the improvement of women's health globally. While the focus of the White Paper and ICOWHI is women, men are an essential part of the solution. Since the majority of policy makers are men they must therefore be informed on women's health issues and the appropriate measures that need to be taken. Strengthening leadership capacity will prioritize women's health and hopefully result in a greater allocation of funds (ProCor, 2009; United Nations Population Fund, 2005).

The WHO notes there are many gaps in the data surrounding women's health and often the quality of the data is questionable (ProCor, 2009; World Health Organization, 2009). ICOWHI also intends to support organizations and systems that facilitate the production and collection of

reliable data surrounding women's health. High quality data needs to be available at the local, national and international level (ProCor, 2009). These data will enhance the knowledge surrounding women's health, will ensure that changes can be closely monitored and data can be correctly analysed in totality therefore influencing more appropriate policy decisions. Once obtained this data must be disseminated globally, not just amongst developed countries.

The role of health professionals is crucial in achieving these goals. ICOWHI therefore intends to help co-ordinate ethical frameworks of migration to ensure developing countries don't experience a brain drain to developed countries. Further it is important that health professional education models are dynamic and responsive to the needs of the contemporary health and social systems (Frenk et al., 2010). Women play a pivotal role in the provision of health care, formally as health professional and informally as family care givers and it can be estimated that women make up 50 percent of the formal workforce in many countries (World Health Organization, 2009). It is therefore important not only for the recipients of healthcare but the providers that ethical codes of conduct are developed, monitored and respected.

## *Reduce violence against women and girls globally and enhance the support available to the victims of violence*

Empowering women and girls against domestic and family violence is a priority for ICOWHI in promoting gender equality (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). Domestic violence includes physical, sexual and psychological assault, forced isolation, economic deprivation, harassment and any other action that causes a person to live in fear (Womens Health Outcomes Framework, 2002). Women and girls are more likely to be abused than men and boys, and are at high risk if they are under 24 years of age, experienced abuse as a child or if they live in remote or rural areas. At least one in three women will be the victim of abuse – physical, sexual or psychological – at some point in her life (Rosenfield, et al., 2010).

In addition most forms of violence are not unique one-off events but rather often occur continually over a number of years (Watts & Zimmerman, 2002). Violence against women and girls is particularly harmful in that the consequences go far beyond the initial act to include psychological damage, loss of personal freedom, and diminished capacity to participate in public

life (Rosenfield, et al., 2010). Violence against women is not only a symptom of gender inequality, but also serves to maintain this unequal balance of power (Watts & Zimmerman, 2002).

Unfortunately, only a minority of women who experience domestic violence go on to report the incident, meaning that violence against women remains a hidden problem with a number of associated human and healthcare costs (World Health Organization, 2009). Reducing domestic violence must include culturally sensitive strategies to educate and empower high-risk groups to speak out against offenders. Through such strategies ICOWHI hopes to contribute to significantly reducing violence and its impact on vulnerable women across their lifespan. In order to affect change globally, ICOWHI intends to develop worldwide coalitions and partnerships for the purpose of decreasing violence and improving women's health, by facilitating partnerships between congress conveners and ICOWHI members. In addition ICOWHI hopes to inform and educate health workers globally about the prevalence of gender based violence and provide them with the tools to manage such cases appropriately. Reducing violence against women will not only improve the life of the individual but will enhance the existence of the entire community.

## *Address the burden of chronic diseases and recognise the needs of women and girls across the life-span*

For a range of social, political and economic factors, predominately policy makers have focussed on issues impacting on women's reproductive health. Globally, the world is facing an epidemic of chronic disease (Beaglehole, Reddy, & Leeder, 2007). Chronic diseases such as cancer, cardiovascular disease and diabetes are the number one killer of women in the world and are responsible for huge individual and societal costs (Phillips & Currow, 2010; Reddy & Yusuf, 1998). Whilst often ignored by policy makers (Beaglehole & Yach, 2003) and not mentioned in the MDGs, ICOWHI recognises the substantial impact chronic diseases have on women's health, both in the developed and developing world and will lobby for an increased priority of such diseases in the post-2015 global health agenda (Asaria et al., 2010). Efforts must be made to increase the awareness of symptoms and risk factors for chronic diseases. A life course approach to health will reduce the risk of many chronic diseases. As the population ages, women are an increasing proportion of the population, yet their health care needs are poorly studied, recognized and resourced (Richmond, 2008). We also need to be mindful of the impact of urbanization and globalization on the health and well-being of women and girls. Tailoring and targeting of policy

and health care policy and interventions are required to meet the context of contemporary society.

## Conclusion

Women and girls have distinct needs, potential and face different obstacles. Women continue to experience inferior health outcomes across a number of conditions, despite human rights advances and improvements in certain areas of health and development. Improvements in women's health on a global level must be developed from basic principles of human rights and gender equality and equity (Mane, 2010). ICOWHI intends to act on the goals outlined above and implement practical and achievable strategies to ensure these goals are met. This must occur through enhanced collaboration with a range of partners and by empowering women and enhancing access to knowledge at local, regional, national and international levels. The time has now come to take action to ensure the health and well-being of women and girls globally.

*"The strategies are clear. A plan is in place. The needed resources are attainable.*

*The time to act is now"(United Nations Population Fund, 2005)*

# References

Alban, A., & Andersen, N. B. (2007). HIV/AIDS' spread and impact on other health-related millennium development goals--secondary publication. *Danish Medical Bulletin, 54*(2), 163-166.

Asaria, P., Beaglehole, R., Chisholm, D., Gaziano, T., Horton, R., Leeder, S., et al. (2010). Chronic disease prevention: the importance of calls to action. *International journal of epidemiology, 39*(1), 309.

Beaglehole, R., Reddy, S., & Leeder, S. R. (2007). Poverty and human development: the global implications of cardiovascular disease. *Circulation, 116*(17), 1871-1873.

Beaglehole, R., & Yach, D. (2003). Globalisation and the prevention and control of non-communicable disease: the neglected chronic diseases of adults. *The Lancet, 362*(9387), 903-908.

Bobbitt-Zeher, D. (2007). The gender income gap and the role of education. *Sociology of Education, 80*(1), 1.

Breman, J. G. (2009). Eradicating malaria. *Science Progress, 92*(Pt 1), 1-38.

Chaisson, R., & Martinson, N. (2008). Tuberculosis in Africa -- Combating an HIV-Driven Crisis. *The New England Journal of Medicine, 358*(11), 1089.

Chenoweth, D., Estes, C., & Lee, C. (2009). The Economic Cost of Environmental Factors Among North Carolina Children Living in Substandard Housing. *American Journal of Public Health, 99*(S3), S666.

Correa-de-Araujo, R. (2006). Serious Gaps: How the Lack of Sex/Gender-Based Research Impairs Health. *Journal of Women's Health, 15*(10), 1116-1122.

Ellsberg, M., Jansen, H., Heise, L., Watts, C., & Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *The Lancet, 371*(9619), 1165-1172.

Frenk, J., Chen, L., Bhutta, Z., Cohen, J., Crisp, N., Evans, T., et al. (2010). Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet, 376*, 1923-1958.

Grown, C., Gupta, G. R., & Pande, R. (2005). Taking action to improve women's health through gender equality and women's empowerment. *Lancet, 365*(9458), 541-543.

Jewkes, R., Dunkle, K., Nduna, M., & Shai, N. (2010). Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet*.

Kettel, B. (1996 ). Women health and the environment. *Social Science and Medicine, 42*(10), 1367-1379.

Laurance, W. (2010). Habitat destruction: death by a thousand cuts. *Conservation Biology for All, 1*(9), 73-88.

Lavin, A. T. (1992). Creating an Agenda for School-Based Health Promotion: A Review of 25 Selected Reports. *Journal of School Health, 62*(6), 212-228.

Mane, P. (2010). Conclusion: Promoting a Human Rights-Based Approach to Women's Health. In P. Murthy & C. L. Smith (Eds.), *Women's Global Health and Human Rights*. Massachusetts: Jones and Bartlett Publishers.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet, 365*(9464), 1099-1104.

Marmot, M., Friel, S., Bell, R., Houweling, T., & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet, 372*(9650), 1661-1669.

Paintsil, E., & Andiman, W. A. (2009). Update on successes and challenges regarding mother-to-child transmission of HIV. *Current Opinion in Pediatrics, 21*(1), 94-101.

Patel, R., & Burke, T. (2009). Urbanization -- An Emerging Humanitarian Disaster. *The New England Journal of Medicine, 361*(8), 741.

Phillips, J., & Currow, D. (2010). Cancer as a chronic disease. *Collegian: Journal of the Royal College of Nursing Australia, 17*(2), 47-50.

Pinn, V. (2003). Sex and gender factors in medical studies: implications for health and clinical practice. *Jama, 289*(4), 397.

ProCor. (2009). Women and Health: Today's Evidence, Tomorrow's Agenda  Retrieved 22 December, 2009, from http://www.procor.org/news/news_show.htm?doc_id=1105981

Qilaon, G. (1992). Diseases of poverty *Poverty and A Development in the 1990's*. Oxford: Oxford University Press.

Read, J., & Gorman, B. (2010). Gender and Health Inequality. *Annual Review of Sociology, 36*, 371-386.

Reddy, K. S., & Yusuf, S. (1998). Emerging epidemic of cardiovascular disease in developing countries. *Circulation, 97*(6), 596-601.

Richmond, R. (2008). The changing face of the Australian population: growth in centenarians. *Medical Journal of Australia, 188*(12), 720–723.

Rosenfield, A., Min, C., & Bardfield, J. (2010). Introduction. In P. Murthy & C. L. Smith (Eds.), *Women's Global Health and Human Rights*. Massachusetts: Jones and Bartlett Publishers.

Sachs, J. D. (2005). Achieving the Millennium Development Goals - The Case of Malaria. *The New England Journal of Medicine, 352*(2), 115.

Sankaran, G. (2010). From Alma-Ata to Millennium Development Goals: Status of Women's Health in the 21st Century. In P. Murthy & C. L. Smith (Eds.), *Women's Global Health and Human Rights*. Massachusetts: Jones and Bartlett Publishers.

Shaw, D. (2006). Women's right to health and the Millennium Development Goals: promoting partnerships to improve access. *International Journal of Gynaecology & Obstetrics, 94*(3), 207-215.

Terjesen, S., Sealy, R., & Singh, V. (2009). Women directors on corporate boards: A review and research agenda. *Corporate Governance: An International Review, 17*(3), 320-337.

United Nations. (2006). The Millennium Development Goals Report. New York: UN.

United Nations. (2010). The Millennium Development Goals Report. New York: UN.

United Nations Entity for Gender Equality and the Empowerment of Women. (2011). UN Women.

United Nations Population Fund. (2005). State of world population 2005. The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals. New York: UNPF.

Watts, C., & Zimmerman, C. (2002). Violence against women: global scope and magnitude. *Lancet, 359*(9313), 1232-1237.

Womens Health Outcomes Framework. (2002). Women and Violence. *Newsletter, 3*(January).

Woodcock, J., Banister, D., Edwards, P., Prentice, A. M., Roberts, I., Woodcock, J., et al. (2007). Energy and transport. *Lancet, 370*(9592), 1078-1088.

World Health Organization. (2009). Women and Health Report. Geneva: WHO.

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**Table 1 : Vision and Mission of the International Council on Women's Health Issues**

# Vision

Through its commitment to improving the health and well-being of women worldwide, ICOWHI is dedicated to:

- Exploring the biological, socio-economic, cultural, political, and spiritual factors affecting the health and development of women and girls.

- Promoting the education and empowerment of women and girls globally

- Examining the relationships between and among socio-cultural structures that influence the health and well-being of women and girls.

- Identifying areas of need and facilitating, implementing, and evaluating solutions to potential and actual health problems of women and girls of all ages.

- Encouraging a multi-disciplinary and multi-sector approach to promoting women and girl's health and well-being.

- Promoting and supporting women's health research.

- Influencing policy related to women and girls health worldwide.

# Mission

Improving the health, health care and well-being of women worldwide.