

Executive Summary

Overview

This report argues that women's health is the foundation for social and economic development in the African Region. Women's health is recognized as a human rights issue and should be promoted and defended as such. Women in Africa represent slightly over 50% of the continent's human resources and so women's health has huge implications for the Region's development. Focusing in particular on the unacceptably high level of maternal mortality in sub-Saharan Africa, the report calls for a fundamental rethinking of approaches to improving women's health informed by an understanding of the sociocultural determinants that are so important in shaping it.

A core contention of the report is that a range of adverse socioeconomic pressures including inadequate health care prevents African women from realizing their full potential. Interventions to improve women's health, focusing solely on "public health" issues miss the fundamental interconnectedness of health with other factors in society; recognizing this interconnectedness is the starting point for emphasizing the multisectoral approach required in the African Region.

To shed light on the often complex relationships between women's health and their socioeconomic status, the report takes a multidisciplinary approach to evidence gathering and analysis, and adopts a life course approach to women's health to reveal the specific challenges faced by African women at different stages of their lives. The approach shows how key interventions at early stages of women's lives can have a positive impact both on their health and, subsequently, on their socioeconomic status.

The report broadly surveys the main issues related to women's health without being exhaustive. Indeed, where there are gaps in the available data and research the report draws attention to them. Most importantly, the report sheds light on the interconnections between issues that have often been neglected when drawing up and implementing public health policies directed at improving women's health, while at the same time underlining the many development opportunities in Africa which, with appropriately targeted and sustained investment, can have a profound impact on women's health their well-being and their socioeconomic status.

Key findings of the report

A. African women bear an unacceptably huge burden of disease and death

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The state of maternal health in Africa is dismal, with the Region accounting for more than half of all maternal deaths worldwide, each year; and, sadly, the situation is not improving significantly. Although MDG 5 targets a 75% reduction of global maternal mortality between 1990 and 2015, requiring an average annual reduction of 5.5%, the actual annual average reduction in the African Region from

1990 to 2010 was 2.7%. More than half of maternal deaths occur within 24 to 48 hours after delivery due to complications ranging from postpartum haemorrhage to sepsis and hypertensive disorders. Some African mothers simply bleed to death after delivery because no skilled health care professional is present to help. It is estimated that about a quarter of maternal deaths could be prevented through emergency obstetric care. The situation is even more tragic considering that maternal mortality is largely preventable as evidenced by the global disparity in maternal health outcomes. Indeed, in Europe maternal mortality is a rare event, occurring in only 20 out of 100 000 live births, compared to 480 per 100 000 in the African Region, the highest ratio of all the regions in the world.

While HIV/AIDS and maternal mortality continue to predominate in the morbidity and mortality statistics of the Region, other problems loom. In their advanced ages, African women suffer increasingly from noncommunicable diseases (NCDs), notably cardiovascular diseases, cancers, diabetes and chronic respiratory diseases. The report notes that NCD prevalence rates are generally not recorded by the health services in Africa, but the few studies undertaken suggest that they are high and even increasing. According to WHO, if nothing is done to address the issue of NCDs, they will represent at least 50% of mortality in the African Region by 2020.

B. Underinvestment in women's health care is one of the many challenges to be overcome

The report shows that the failure of health systems in the majority of African countries to provide accessible care of adequate quality is one of the main drivers of the adverse trends in women's health indicators. This situation stems from underinvestment in women's health and also from other factors such as inadequate empowerment of women and poor health systems design. Since 2003, average health spending as a percentage of total spending by African countries has hovered around 10%, i.e., two thirds of the level to which African leaders committed themselves in Abuja in 2001. It is worth noting that over ten years after

Abuja only Botswana, Burkina Faso, Democratic Republic of Congo, Liberia, Rwanda, Tanzania and Zambia are delivering on their pledges, while 13 African countries actually allocate less of their total government budgets to health now than they did prior to 2001.

However, even with adequate funding, health systems in the Region will struggle to meet the needs of women unless fundamental changes are made in health systems design.

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It is therefore crucial that policy makers rethink health systems design, placing greater emphasis on



primary health care (PHC). The organization of maternal health care delivery in particular needs to be reconsidered and reorganized with a view to improving access to basic and comprehensive emergency obstetric care.

One of the biggest problems faced by the Region's health systems is insufficient numbers of qualified and motivated health workers. According to WHO data, 36 of the 57 countries worldwide facing a critical shortage of health workers are located in Africa. Poor working conditions and inadequate pay are two of the main reasons for this, but staff recruitment and retention are also compromised by political instability, ongoing financial crises and the HIV/AIDS epidemic.

A number of African countries are exploring a variety of options for maximizing the efficient use of available resources, including task-shifting to allow mid-level staff to perform essential procedures such as emergency obstetric care. However, more evidence is required to establish the value of these approaches. Women are the main providers of health care in the Region. They are the primary caregivers at home and in the formal health care system. However, they are rarely represented in executive or management level positions, and tend to carry out lower level tasks which, though essential, do not match their full managerial potential and other abilities. This situation needs to change, notably by ensuring that girls have the same educational opportunities as their male siblings in their youth, and are able to pursue their studies to specializations leading to senior positions within the health system and other areas.

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Out-of-pocket (OOP) payment for health care punishes the poor and penalizes women in particular. There is overwhelming evidence that OOP payment for health care, the most significant form of health system financing in the Region, has led to an overall decline in the utilization of health services. As the report shows, even when the fees charged are low, they discourage utilization. OOP payment presents a particular problem for women in Africa because the women are often dependent on men financially, and so their access to purchased health services depends on men's decisions. The report shows that where OOP payment is discontinued, utilization rates rise. However, OOP payment should not be discontinued without careful planning because the replacement of OOP payment with financing systems based on prepayment and pooling of resources presents considerable organizational and governance challenges.

C. A multisectoral approach is imperative to improve women's health

Ill health is both a symptom and a cause of women's disempowerment – one driver of the cycle of disempowerment of African women. Lack of information and economic poverty also play an important part, feeding into sickness just as they are fed by it. Crucially, therefore, policy makers should adopt multisectoral measures in dealing with women's health issues. For example, several of the major health issues affecting women in Africa are associated with poor living conditions, and addressing them requires their root causes to be addressed. As the main gatherers and sources of firewood and water, and the principal producers and processors of food in African households, women are exposed to particular health risks. There is ample evidence that improving infrastructure such as access to roads

and providing safe and accessible water sources can considerably improve women's health, and economic well-being. As the main participants in these activities, women themselves have an important part to play in developing policy and designing projects to improve the fuel and water situations in African homes and should, in general, be involved in development processes at all levels of society.

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The report shows that simple changes within the household can lead to dramatic improvement in women's lives. For example, procuring household appliances is a labour-saving investment that will enable girls to spend more time on their education, and women to focus on their children or work in more economically productive activities; improved wood- or charcoal-burning stoves already in use in some African countries reduce kitchen pollution by up to 50%, decreasing the exposure of girls and women to indoor pollution.

D. Women's socioeconomic empowerment is essential to achieve better health outcomes

One of the most important actions for positive change in the African Region is improving women's education. Policy makers need to commit more resources to improve girls' access to schools. They must challenge the social stereotyping that keeps girls at home. This is yet another issue requiring multisectoral consultation on the need for attitudinal change in households and communities. For example, boys and girls should be assigned the same share of household chores instead of leaving such tasks to girls alone.

Educating women promotes socioeconomic empowerment. However, the empowerment will be incomplete unless women are also facilitated to participate fully in the job market and can enjoy the fruits of their own labour.

Sub-Saharan Africa has the lowest percentage of female youth literacy, the lowest primary school enrolment ratio and the lowest primary school attendance ratio in the world, while the net secondary school attendance among girls in sub-Saharan Africa is 22%, compared with 52% in South Asia for example. Some African countries are already trying to address this issue, notably by waiving payment of school fees for girls and introducing free lunch programmes. These simple initiatives have led to significant increases in school attendance but much more can be done.

Educating women promotes socioeconomic empowerment. However, the empowerment will be incomplete unless women are also facilitated to participate fully in the job market and can enjoy the fruits of their own labour. Limited access to credit, land and agricultural extension services hampers women's contribution to the well-being of households in many settings. Women's associations in rural and urban areas have significantly contributed to the creation of social networks capable of mobilizing investment resources for women in rural localities; but much more can be done, and the same applies



to women's entrepreneurial activities. As the report shows, there are many striking examples of highly successful business women in Africa, yet the continent lags behind other developing regions in promoting women's entrepreneurship. In particular, African women face considerable challenges in accessing business credit and basic social services such as health care and education. Women's right to ownership of property also needs greater support, notably through legislative change and enforcement of existing laws.

The granting of property rights to women not only increases their socioeconomic standing but also enhances their participation in civic activities, an important aspect of women's empowerment. Although some countries have achieved representation of 50% or more, on the whole women are significantly under-represented in politics in Africa as most countries in the Region have fewer than 10% female members of parliament. This deficit begins at the grassroots level because gender discrimination, especially the absence of educational opportunities, gives women the impression that they have no voice. Fortunately this situation is changing for the better in some countries. The picture is also bleak with regard to women holding cabinet posts or senior appointments in the civil service. Women's participation in the highest political structures of government is clearly key to the mainstreaming of women's health issues and has already been important in supporting the enactment of laws against gender-based discrimination and harmful cultural practices such as female genital mutilation.

E. Violence against women is an unacceptable degradation of women's rights

At its worst gender discrimination takes the form of male-on-female violence. Sexual coercion and sexual violence are prevalent in many countries and tend to increase in crisis situations such as natural disasters and armed conflicts. Violence against women becomes particularly pernicious in certain harmful traditional practices such as female genital mutilation, estimated to be inflicted on more than two million girls between the ages of four and twelve, every year, while over 92 million girls and women above the age of 10 are thought to be living with the indignity and pain resulting from such abuse. Many countries of sub-Saharan Africa have passed laws penalizing the practice but legislation needs to be complemented by more broad-based efforts including public education programmes and the involvement of professional organizations and women's groups in anti-FGM campaigns, as well as interaction with communities in addressing the cultural reasons for perpetuation of this practice.

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F. There are immense socioeconomic benefits from improving women's health

As this report shows, a large socioeconomic benefit is derived from improving women's health. This benefit finds expression in greater productivity by a healthy workforce. Because women are the dominant source of farm labour in the Region, and the mainstay of Africa's economy as a whole, investing in their health would generate significant economic gains. Similarly, it is evident that improving maternal health has socioeconomic benefits. The health of mothers is vital to the health of their unborn children. Investing in maternal health is therefore an investment in the health of future generations.

Mothers in Africa not only nurture, feed, clean and clothe their children in non-market settings such as homes and farms; they also direct household resources to the care and upbringing of their children in

market settings, such as day care centres, schools and clinics. Where women earn incomes they are more likely, than men, to spend their earnings on goods and services that benefit the household and the children. Evidently any society that limits the role of women to childbearing and child rearing, constraining them only to the home environment, has a heavy price to pay in socioeconomic terms.

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Family planning has been shown to have direct socioeconomic benefits. World Health Organization estimates that in a number of low-income settings, including sub-Saharan Africa, investing one dollar in family planning can save four dollars that would otherwise have been spent on subsequently addressing the complications resulting from unplanned pregnancies. Other benefits are less easily quantified but no less important. For example, by reducing the number of unplanned births among adolescents, policy makers can expect more young women to stay in school, which in turn improves women's social status and economic output. Limiting conception can also benefit the home by giving the mother time to recuperate between pregnancies, and by allowing her to devote more time and resources to each of her children.

What happens at the household level is often reflected in the broader economy. For example, controlling fertility reduces the demand for resources needed for health care, education and social welfare systems, and eases pressure on natural resources such as arable land and water, and on demand for food that these resources produce. If population growth is unchecked, undue pressure is exerted on all available resources. Sub-Saharan Africa has the highest fertility rate in the world, estimated at 5.2 children. Reducing the fertility rate will, other things being equal, help improve women's health and regional development, and the key to achieving this is greater use of contraception. Unfortunately progress on this front on the continent has been relatively slow.

G. There is an urgent need for better data

Most importantly, data and research specific to women's health are lacking. Women's health needs change during the various stages of their lives. There is therefore a need for age and sex disaggregated data to monitor women's health status across age categories. Demographic and Health Surveys are useful sources of information on reproductive health indicators since they are disaggregated by age and sex, but do not contain enough information about cancers and other morbidities affecting elderly women. Because women bear a large burden of disease during the reproductive period, monitoring their health outcomes at this phase, and evaluating the quality of care provided to them is especially important. The report therefore strongly advises policy makers to improve information management systems for women's health by shifting from manual to electronic data collection and by conducting multipurpose national household surveys on a regular basis.

Conclusion

While the report calls for a profound rethinking of approaches to improving women's health in Africa, that rethinking will have to result in changes in the way things are done. For this to happen, governments have to be involved in women's health matters because only they can coordinate the various initiatives needed to bring about change on a large scale in this area. It is essential, therefore, to mobilize political will and political commitment at the highest level possible to support large scale investments in women's health. Political will is needed to initiate and coordinate the required investments and long term political commitment is required to sustain them.

Finally, policy makers seeking to improve the health and socioeconomic status of African women have no better ally than the African women themselves. Though African women are already making an enormous contribution to social and economic activities of the continent, the evidence presented in this report shows that they can achieve much more. However, they cannot do it alone. They need the support and commitment of policy makers to break the cycle of poverty, disease and disempowerment that prevents them from enjoying the health and socioeconomic status that is their birthright, and restricts the tapping of their immense physical and intellectual potential. Only when the importance of the role of African women in the Region's development is understood will the Region begin to realize its full potential in terms of political stability, economic prosperity and better health outcomes for all.

African women are already making an immense contribution to the social and economic activities of the continent, but the evidence presented in this report shows that they can achieve much more. However, they cannot do it alone.

See pages 80–85 for the Recommendations of the Commission, which focus on the following topics:

- 1. Good governance and leadership to improve, promote, support and invest in women's health**
- 2. Policy and legislative initiatives to translate good governance and leadership into concrete action**
- 3. Multisectoral interventions needed to improve women's health**
- 4. Empowering girls and women to be effective agents of their own interests**
- 5. Improving the responsiveness of health care systems to address the health needs of women**
- 6. Data collection for monitoring progress made towards achieving targets for girl's and women's health**





Taking a holistic, life-course approach to the analysis of women's health, the report addresses not just public health issues but also the sociocultural factors underlying the prevailing women's health status. It also identifies the interventions most likely to raise the social status of women, promote gender equity and enable women to contribute fully to social and economic development.