

Appendix:

The methodology used to prepare this report

Summary

The methodology used to prepare this report is interdisciplinary, bringing together researchers from the social sciences, economics, and public health as well as from clinical and biomedical research, plus experts with specific experience in intervention design and evaluation, human rights and women's rights, parliamentarians and representatives from the African Union. The process was greatly enhanced by the coordination activities performed by the Secretariat of the African Region of WHO and by feedback from internal and external reviewers. Details of the methodology are set out below, but in summary consisted of the following activities:

- Working group and subgroup sessions to achieve a consensus on objectives, methods of data collection, analysis and findings validation;
- Review of articles published in peer-reviewed publications and scientific journals relevant to clinical and biomedical research, public health, social sciences and economics;
- Use of information gathered from WHO and UN agencies, in the form of both printed documents and website data;
- Extensive use of internet searches and relevant website-based information (Google Search, Medline, Cochrane Library, ScienceDirect, PubMed, POPLINE, Social Science Citation Index, etc.);
- Secondary analysis of data gathered from the WHO database on the Global Burden of Disease (GBD);
- Collection and analysis of qualitative data;
- Review of evidence and preliminary findings provided by peers and the African Region of WHO internal and external reviewers.

Methodology

A commission of 16 members, comprising political and civic leaders, parliamentarians, representatives of the African Union and a multidisciplinary group of experts drawn from the fields of epidemiology, biomedical sciences, sociology and economics, met seven times. The first meeting, held in Pretoria, defined the terms of reference of the Commission and assigned specific responsibilities to the experts of the Commission. The second meeting, in Kigali, discussed the preliminary findings of the experts and agreed on the general process and methodology. The work in the third meeting, held in Monrovia, consisted of small group activities and plenary sessions to discuss the first draft, and to evaluate, cross-examine and validate the initial findings. At this meeting the experts were joined by the other commissioners and internal and external reviewers. The official launch of the activities of the Commission by its Honorary President, H.E. Mrs. Ellen Johnson Sirleaf, the President of the Republic of Liberia, also took place during this meeting. The last four meetings of the Commission, which took place at the African Region of WHO headquarters in Brazzaville, consisted of intensive interdisciplinary discussions on the sources, relevance and weight of the findings as well as the consolidation of the drafts of the chapter reports. Internal and external reviewers participated in this meeting and their comments and input were integrated into the draft report.

The literature reviews drew on published and unpublished manuscripts, contained in electronic and printed media. High priority was given to articles published in peer-reviewed journals, mainly in the fields of anthropology, epidemiology, sociology, economics, demography and public health. Besides peer-reviewed publications, databases maintained on websites of international and multilateral organizations, such as the World Health Organization, African Development Bank, United Nation's Economic Commission for Africa, United Nation's Children Fund and the World Bank were used to obtain the required information. Internet searches were conducted using lists of terms relevant to each chapter or section of the report. Reviews were usually limited to the most recent papers (published within the past 10 years). However, in some cases, where recent publications were hard to find, earlier works (more than 10 years old) were included among the research materials reviewed. The 10 year time frame was not strictly applied in searches involving anthropological studies, because older records can yield useful information on cultural concepts transmitted to current populations from distant pasts, and which continue to have a significant effect on women's health.

For each of the major research domains considered for this study (the conceptual framework, situation analysis, determinants of women's health, socioeconomic benefits of investing in women's health, interventions to improve women's health) lists of key words were generated and constantly updated to guide identification of sources and collection of relevant data. Inventories of the contents of the evidences and of the designs and methods associated with them were made.

Electronic search of the literature on the socioeconomic benefit of investing in women's health revolved mainly around the words "Benefit of investing in women's health". This theme led to the search for other related phrases such as "effect of investing in women's health", "health status/conditions of African women", "African child/adolescents' health", "economic benefits/advantages of good health of African women" and the like. Literature searches for individual sections and subsections were guided by shorter phrases and themes. For example, the search for the sections and subsections related to benefits of investing in women's health such as benefits for the women themselves and/or other family members included concepts/terms such as "maternal health", "maternal mortality", "maternal morbidity", "gender inequality", "health equity", "millennium development goals effect on women" and related terms. To capture fully the relationships between economic opportunities and African women's health, further search terms were added such as "education", "job opportunity", "income", "savings", "well-being", "assets", "economic opportunity", "occupation" and "microcredit". In relation to the sociocultural benefits of investing in women's health searches comprised key terms which reflected sociological/anthropological discourses such as "African family", "differential social roles", "gender (in)equality", "equity to health", "decision-making in the households", etc. In relation to the link between women's health and development outcomes, terms such as "disability-adjusted life years (DALYs)", "burden of disease", "productivity", "economic growth", "household finances", "family" and "individual effects" were searched.

Additional analysis of the burden of disease was performed using databases from the Global Burden of Disease (GBD). These datasets contain causes of death and DALYs as a result of premature death and morbidity. Data on women were selected and health status comparisons made between the WHO African Region and other WHO Regions (the Region of Americas, Eastern Mediterranean Region, European Region, South East Asia Region and Western Pacific Region). This analysis demonstrated the low health status of African women relative to the health status of women in other WHO Regions. The evidence generated on international health inequality here should spur cross-regional exchange of experiences on health-improving interventions that can be used to enhance women's health in Africa.

In addition to the literature review and to the secondary analysis of health data, the study used findings from qualitative research. The aim of the qualitative research was to echo the opinion and voices of African women on their own life experiences in dealing with health problems in relation to social,

economic, cultural and political issues. As with any qualitative research, the issue was not to measure phenomena from representative samples, but to collect concepts, elements of discourses and cultural referents that would help to understand insiders' perspectives.

For this qualitative component, 32 key informants (from Cote d'Ivoire, Burkina Faso, Ghana, Guinea Bissau, Democratic Republic of Congo, Kenya, Rwanda, Senegal and South Africa) were interviewed on local perceptions regarding pregnancy, childbirth, maternal mortality, family planning, gender based violence and women's experiences regarding access to care and in using health facilities. Questions were asked through face to face interviews, telephone interviews and questionnaires sent by e-mail. Key informants were recruited through two African networks of social science researchers: the Council for the Development of Social Science Research in Africa (CODESRIA) and the Social Aspect of HIV-AIDS Research Alliance (SAHARA). Basic ethnographic summary and thematic analysis were performed on the qualitative database.

Some of the qualitative findings presented in this report were derived from databases of unpublished studies on female sexuality, pregnancy, delivery, stigma related to diseases affecting mostly women and health seeking behaviours of women. Analysis of these databases was conducted to explore, detail and aggregate cultural health issues documented in chapters on the situation of women in Africa and the factors affecting their health. The databases were collected from individual interviews and focus group discussions and from life stories of women in Senegal, Guinea, Burkina Faso and Rwanda. The data were coded and processed using *Ethnograph* and *Anthropack* software. The main concept underlying the qualitative analysis was to obtain insights into cultural factors affecting women's health, their gender roles and socioeconomic responsibilities.

Finally, individual additional methods were also used, it was possible for researchers to conduct analyses and present the findings to peer review and to WHO internal and external reviewers. This reviewers' evaluation also served as an engine for cross-fertilization of findings emerging from different disciplines (clinical research, public health, gender analysis, sociology, anthropology, economy and operational research).

The methodology used for the Recommendations followed different steps:

- At the end of each chapter, authors inserted a box consisting of the "Key considerations and points for action";
- At the end of the validation process for the findings and preliminary results, authors met and developed a matrix and tables for the main identified problems and for the concepts of recommendations and suggestions of actions to be carried out by various target audiences;
- The concepts of recommendations were then developed into the text of the Report and collectively analysed by the contributors, WHO secretariat and reviewers.