



## Women's Health through Life Course and Empowerment

A meeting report summarising the roundtable discussion  
held August 2017 at Park Plaza Beijing Science Park



The United Nations Population Fund

# Women's Health through Life Course and Empowerment

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## Abbreviations

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women	SRMH	Sexual, Reproductive and Maternal Health
CHE	Current Health Expenditure	STDs	Sexually Transmitted Diseases
CMCHA	China Maternal and Child Health Association	UN	United Nations
CSW	Commission on the Status of Women	UNFPA	United Nations Population Fund
CVD	Cardiovascular Disease	VAW	Violence Against Women
GBV	Gender-Based Violence		
GDM	Gestational Diabetes Mellitus		
GGI	The Global Gender Gap Index		
GPs	General Practitioners		
HIV	Human Immunodeficiency Virus		
ICPD	International Conference on Population and Development		
IDF	International Diabetes Federation		
MCH	Maternal and Child Health		
NCDs	Non-Communicable Diseases		
NCWCH	National Center for Women and Children Health		
NHFPC	National Health and Family Planning Commission		
OOP	Out-of-Pocket		
PFD	Pelvic Floor Dysfunction		
SDGs	Sustainable Development Goals		
SHA	System of Health Accounts		
SIGI	Social Institutions and Gender Index		
SRB	Sex Ratio at Birth		
SRH	Sexual and Reproductive Health		
SRHR	Sexual and Reproductive Health and Rights		

## Background

At a National Health Conference in 2016, President Xi Jinping stressed the need for future policies to promote a life-course perspective on health care as a means of improving the wellbeing of Chinese society. As emphasized in the Program of Action of the International Conference on Population and Development (ICPD PoA) and the Agenda 2030 for Sustainable Development, women's health including sexual and reproductive health throughout life course, is critical to achieving gender equality and empowerment for women and girls. Moreover, the 2017 High-Level Political Forum on Sustainable Development reiterated the importance of empowering women and girls to promote prosperity in society. In order to better align their work with this policy direction, institutions working on women's health in China, including maternal and child health care agencies seek to expand their services to cover a broader range of health issues for girls and women that extend beyond the maternal period.

A Roundtable meeting on Women's Health through Life Course and Empowerment was convened in Beijing on 4 August 2017. The meeting was co-organized by the National Health and Family Planning Commission (NHFP) and the China Office of the United Nations Population Fund (UNFPA) with support from the National Office for Maternal and Child Health Surveillance and The George Institute for Global Health. The meeting successfully gathered national policy makers and experts from health and development sectors, international development agencies, academia and NGOs to share national and international experiences on empowerment and women's health throughout life's course.

*The event had the following objectives:*

- to present international and national experience on improving women's health with respect to gender analysis, access, and investment in service delivery;
- to address specific concerns of adolescent girls' health, maternal health, and elderly women's health, and to link these to national efforts to advance Sustainable Development Goals (SDGs);
- to bring together decision-makers and experts from national health and non-health sectors with international and national scholars, to facilitate multi-sector collaboration and the promotion of health and wellbeing of women and girls.

In his opening remarks, Mr. Qin Geng, Director General of the Maternal and Child Health Department of NHFPC, emphasized the high priority and attention accorded by the Chinese Government to women's health, as reflected in the "Healthy China 2030" plan, the China Women's Development Programme (2011-2020), as well as in national laws, such as the Maternal and Child Health Law and Population and Family Planning Law. As a result of committed investment and prioritization of women's health by the Government, China has made remarkable progress in maternal and child health, for example in achieving a 99% rate of hospital delivery of newborn babies. Moreover, in 2012, China successfully eliminated maternal and neonatal tetanus, maternal mortality decreased from 88.8 per 100,000 live births in 1990 to 19.9 per 100,000 live births in 2016, and average life expectancy for women is currently, 79.4 years.



*Dr. Qin Geng, Director General of the Department of Maternal and Child Health of National Health and Family Planning Commission, delivering an opening remark at the Women's Health through Life Course and Empowerment meeting.*

The central and local governments at all levels have continued to increase financial investment for improving the Chinese health care system, and maternal and child health services. For example, basic women's health services, as free public goods, have contributed to the following:

- Provision of financial assistance for hospital delivery targeting rural pregnant women;
- Implementation of major national public health services for screening of breast cancer and cervical cancer among rural women, as well as the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B;
- Strengthening reproductive health services, including promoting informed choice of contraceptive methods, provision of free family planning services and campaigns on reproductive health services targeting youth and unmarried young people to prevent unintended pregnancies and abortion;
- Issuance of government opinions on strengthening the basic health care services to build a "one-stop" health service chain covering all pre-marital, pre-pregnancy, pregnancy, post-natal and childhood stages, and to promote an effective integration of services for maternal and child health care, and family planning and reproductive health;
- Helping women in rural and poor areas to avoid falling into poverty due to poor health and illness.

Despite these achievements, as the largest developing country in the world, China still faces challenges to fully achieve the 2030 SDGs, including unsatisfactory health status of women in remote and poor areas, a high number of abortions, and unmet needs for quality MCH services, partly due to increasing demand after the implementation of the 'two child policy'.

Dr Babatunde Ahonsi, UNFPA Representative to China, emphasized the timeliness and relevance of this dialogue. The recently concluded High Level Political Forum on Sustainable Development reiterated the importance of empowering women and girls for prosperous societies, through highlighting the interlinkages of the SDG goals on health and gender with global efforts to eradicate poverty in all dimensions. While great strides in health have been achieved globally, as witnessed by increased life expectancy and the decrease in maternal and health mortality rate, gaps remain in universal access to reproductive health, NCDs and mental ill-health, among others. Multi-sectoral response incorporating

gender equality and empowerment of women and girls will be required to address the challenges effectively and to ensure leaving no one behind, as aspired by the Agenda 2030 for Sustainable Development.

Dr Ahonsi underscored the remarkable progress that China has achieved in women's health through continuous investment in education, employment and promoting reproductive health and rights of men and women. He expressed UNFPA's commitment to facilitate exchange of these experiences, including through China's 'South-South and Triangular Cooperation' with other developing countries, particularly in the areas of population and development, reproductive health, empowerment of women and young people.

The meeting participants discussed emerging health issues and challenges faced by women at every stage of life, and focused on strategies addressing the gaps, including multi-sectoral collaboration, policy research and innovative approaches.

The meeting was opened with two keynote presentations providing a background overview of women's health and key determinants from domestic and international perspectives, highlighting various achievements and challenges encountered to date. Two panel sessions followed: one focused on the link between women's health and empowerment and the other on identifying priorities to address women's health issues from a life course perspective.



Dr. Zhu Jun delivers a keynote presentation.



Prof. Robyn Norton delivers a keynote presentation.

## Keynote presentations

### **Women's health and effects in China**

Dr Zhu Jun, Director of National Office for MCH Surveillance.

Dr Zhu provided a comprehensive overview of the progress on maternal and children's health that China has achieved over recent decades. Key highlights have included the substantial decline in maternal mortality and rates of birth defects and reduced disparities in access to maternal health services (for example, antenatal checks, hospital delivery, postpartum maternity visits, antiretroviral treatment in human immunodeficiency virus [HIV] positive pregnant women, newborn disease screening and contraception). Overall, there have been impressive improvements in outcomes for women and babies in both urban and rural populations and geographic regions.

Various methods can be used to promote a life course approach to women's health. These include legislation, system improvements in service quality and equity, establishing health information and surveillance systems, and the provision of free services (spanning neonatal, school age, adolescence to perinatal and postpartum periods for women). The government has given particular attention to, and invested in, major national projects to improve child nutrition and newborn disease screening in poorer areas. Such programs have included folic acid supplements for women of child-bearing age; prevention of mother-to-child transmission for HIV, syphilis and hepatitis B; subsidies for hospital delivery for rural pregnant women; free breast and cervical cancer screening for rural women; and free family planning services.

Dr Zhu emphasized that China is now facing critical challenges that include an increased number of high-risk pregnant women due to the increasing number of older women opting for a second child under the new 'two child' policy; increasing prevalence of infertility, poor access to treatment for migrant women, weak health systems in remote areas, and gaps in access to family planning services. Given these challenges, she recommends:

1. China acknowledges and prioritizes efforts to address these challenges;
2. Goals should be consistent with broader development strategies, such as the SDGs and the 'Healthy China 2030' Planning Outline;
3. Attention should be given to specific priority actions, as pregnancy can be a critical condition and the continuous provision of family planning and technical services are key to preventing life-threatening diseases that affect women's health.

### **Global status of women's health and empowerment**

Professor Robyn Norton, Principal Director, The George Institute for Global Health.

Professor Norton highlighted the link between women's health and the empowerment of women. Key data from the Global Burden of Disease Study show that there has been a 45% reduction in maternal mortality worldwide in recent decades but there has been a major increase in non-communicable diseases (NCDs). In particular, cardio vascular disease (CVD), Alzheimer's disease and diabetes mellitus are now the top ten leading causes of death for women.

Professor Norton proposed that health research requires a 'gendered approach', and researchers should also make every endeavor to increase the evidence from the global data on sex-specific health issues. The concept of women's health should be considered from both biological and social perspectives. She argued that the prevention and treatment of NCDs should be included in the global campaign for women's empowerment by using a gendered approach. For instance, the reasons for higher risk of strokes in elderly women reflect both social and biological reasons: women are less likely to receive pharmacological treatment or be referred for diagnostic and therapeutic procedures for risk factors like smoking. Moreover, women are at greater risk of the complications of diabetes in terms of their relative risk of heart disease and stroke. In summary:

1. there is a significant burden of NCDs for women globally;
2. addressing the burden of NCDs has great potential to increase women's empowerment;
3. a gendered approach to addressing NCDs is essential.



## Panel 1: Women's health and empowerment with a focus on women's health, gender analysis and economic empowerment.

### **Women's health in China from a life course approach perspective**

Dr Fang Jing, Director of the Institute for Health Sciences, Kunming Medical University

Dr Fang proposed that the health of women should not be limited to considering the health of mothers but rather the health of women as independent individuals. The definition of a life course approach to women's health refers to a state of complete physical, mental, and social wellbeing, as experienced by women through their whole life. This differs from the traditional scope of maternal health into discrete periods: prenatal, perinatal, postpartum, and menopause periods. Dr Fang highlighted several major achievements that have occurred in women's health services. These include the free pre-pregnancy examination and screening for breast and cervical cancers, and greater accessibility for women to maternal care services in rural regions. There are, however, considerable ongoing challenges: the provision of pre- and perinatal care in remote and ethnic minority areas; relative inadequate attention to women's health in non-pregnancy stages of life; and poor response to women's needs in mental health services and violence against women.

#### Key points:

- Women's health projects should respond to different needs of women of all ages in all geographical areas.
- Healthcare from a life course perspective should be strengthened.

### **China's economic development and women's health.**

Ms. Cai Yiping, Executive Committee Member of Development Alternatives with Women for a New Era (DAWN).

Ms. Cai introduced several widely used indicators to measure gender inequalities. The Social Institutions and Gender Index (SIGI), focuses on discrimination, and encompasses family code, civil liberties, resources, son bias, and physical integrity. Data from past reports using the SIGI has shown an unbalanced sex ratio at birth (SRB), with China ranked in the 'medium discrimination' category during 2008 to 2014. Ms. Cai highlighted the 'son bias' is not merely due to reproductive preference, but also represents a list of underlying institutional disparities such as land entitlement and education opportunity for rural women, and discrimination in the labor market. The Global Gender Gap Index (GGGI) by World Economic Forum reported that China overall ranked 84th worldwide in 2014, whereas the rank in the health category was 140th because of the low SRB.

#### Key points:

- Women's health indicators are critical measures of gender equality and women's development.
- Women's health is closely associated with economic development but not entirely determined by economic status.
- SRB and gender gaps in sexual and reproductive health (SRH) are priorities for improving women's health and development in China.

### **Gap analysis in investment and health financing mechanism for women's health in China**

Dr Zhai Tiemin, Associate Fellow, Division of National Health Accounts and Policy Studies, China National Health Development Research Center.

Dr Zhai outlined the design, major results, and implications of a study on Health Financing Mechanisms for Women's Health in Sichuan and Fujian, China. The study aimed to establish methodologies on sexual, reproductive and maternal health (SRMH) expenditure, and identified issues that could inform future SRMH financing policy. Under the framework of the System of Health Accounts (SHA) 2011, the researchers studied three arms of the financing mechanism - financing, provision and consumption - in three and five cities that were randomly selected in Fujian and Sichuan areas respectively. The study covered half of total number of general hospitals, and all the specialized medical care and public health service organizations. The study found the SRMH expenditure cost 15.8% and 12.9% of the current health expenditure (CHE) in Fujian and in Sichuan, respectively. Although SRMH health expenditure was mainly publicly funded, household out-of-pocket (OOP) expenditure remained a major financing source. Moreover, SRMH health expenditure occurs predominantly at hospitals and for health administration, and much less was allocated to preventive health service providers. That is, the majority of funding was allocated to curative, administration and health financing management, as compared to preventive health services. Also, more than 30% of expenditure was allocated to pregnancy-related areas and family planning services.

#### Key points:

- Households assume a high financial burden when seeking SRMH services. OOP shared 40% of SRMH expenditure, and social health insurance covered less than 25%, which means there are challenges in accessing care by the poor.
- SRMH expenditure is mainly concentrated on diseases

(Sexually Transmitted Diseases [STDs], hepatitis or inflammatory disorders of female pelvic organs). Efforts should be made to intensify health promotion and health education to avoid unnecessary expenses and increase medical coverage for these diseases.

- The estimated difference between Fujian and Sichuan reflected the inequity in maternal health among regions and population. Greater efforts should be focused on vulnerable populations, especially for western areas of the country, and for poorer populations and migrant women.
- More resources should be allocated to women's health with an emphasis on defining what is cost-effective, and this will require SRMH input.
- Comprehensive monitoring data on SRMH expenditure and financing is not readily available through current information systems. Investment in new data systems is required to better serve health policy makers.

#### **Partnership in promoting women's health under a development and empowerment framework**

Dr Zheng Zhenzhen, Research Fellow of the Institute of Population and Labor Economics, Chinese Academy of Social Sciences

Dr Zheng addressed the topic of the partnership in promoting women's health under a development and empowerment framework. From a developmental perspective, health is an important component of human capital. Health promotion, resources, individual recognition, autonomy in decision-making, and a focus on action and impact, are all key requirements for policies that promote empowerment.

Multi-sector partnerships involving government, civil society and private sector, play an important role in health promotion. From a life course view, women have distinct health issues across the different stages of life. For example, education about reproductive health for adolescent girls, and psychological health services for young and elderly women. A prolonged reproductive health education program for adolescents in Yuzhong District, Chongqing, provides a good example of multi-sector coordination and public participation, where resources were allocated towards health, education, industry and commerce, youth league, labor union and women's federations.

#### **Key points:**

- Women's health can be improved by adopting a framework that accounts for development and empowerment and involves mobilization across sectors.

- 'Invest in health' should be a policy priority in an "accelerated" aging society, and efforts need to be made to ensure women receive equal benefits to men.

#### **SRHR, gender equality & economic empowerment**

Ms Ingrid Fitzgerald, UNFPA Regional Adviser on Gender and Human Rights

Ms. Fitzgerald described key global commitments with respect to women's empowerment, health and wellbeing, and presented current evidence of the conditions of women's empowerment.

Agenda 2030 and the SDGs address the importance of women's economic empowerment, sexual and reproductive health rights (SRHR) and the elimination of violence against women (VAW). Under the normative framework, the convention on the elimination of all forms of discrimination against women (CEDAW) (Part III) enshrines women's social and economic rights with a particular focus on education, employment and health. The Committee on Economic, Social and Cultural Rights highlights the importance of SRHR. The Commission on the Status of Women (CSW) 61st Session in 2017 shed light on women's economic empowerment, with a particular focus on unpaid care work, all forms of violence and harassment, and women's access to sexual and reproductive health care services.

SRHR, gender-based violence (GBV), and economic empowerment are interlinked. Based on recent data, the proportion of women aged 15 to 49 years (married or in union) who make their own informed decisions regarding sexual relations, contraceptive use and health care is inadequate. Globally, women's labor force participation decreases by around 10-15% with each additional child for women aged between 25 and 39 years. Although the burden of unpaid care work falls on women all over the world, women's labor force participation has fallen in Asia. Ms. Fitzgerald emphasized that women's unpaid care work restricts their access to health, including SRH services. This exposes them to greater risk of unplanned and frequent pregnancies and unsafe abortions. Many women find it is easier to work in the informal sector because it is more flexible, but informal sector work is more insecure, precarious and unsafe. Unequal rights to property, land and other resources, coupled with women's unpaid care work, has kept women in informal, agricultural work, such that they are more vulnerable to poverty and ill-health. In addition, violence against women has a direct consequence on women's economic participation, leading to lost days at work, lost

income, and higher health costs. Sexual harassment acts as a barrier to economic participation.

At institutional level, discriminatory laws impede women's participation in economic activities, with 155 of 173 economies having at least one law impeding women's economic opportunities. A total of 943 legal gender differences are noted across 173 economies, with husbands being able to legally prevent their wives from working in 18 economies.

**Key points:**

- Ensure access to comprehensive, quality SRH services, including family planning.
- Information and education are required to support informed choices about women's reproductive and economic lives.
- Access to youth-friendly SRH services, and comprehensive sexuality education is needed to build a culture of choice and respectful relationships.
- Regulatory frameworks to support women's access to decent work must provide for SRHR (for example, family friendly policies, child care, and parental leave).
- Access to SRH services for women needs assurance in the informal economy.
- Regulation is required to protect women from sexual and gender based violence, including in the formal and informal economy, and in public spaces including transport.

**Summary of discussions**

One question that arose during discussion was in relation to the financing of health care: how are priorities for spending to be determined and how do we value women's health issues? The response was that decisions regarding priorities should be made through specific discussions between professionals in individual provinces, such as on prevention with centers for disease control. This will allow identification of the most urgent issues that reflect local perspectives.

Another point raised was the high levels of 'out of pocket' costs for health care. Such costs potentially impose major burdens on households which in turn force families to make decisions as to what healthcare they should purchase. This raises the potential for decision making to disadvantage women and girls in terms of their access to care. At present, little is known about the extent of these problems and thus more research is required on these issues, including research to understand intra-household decision-making on health care expenditure.

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