

## Redressing the balance: A Women's Health Agenda



A Public Policy Projects *State of the Globe* Report

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The Lilly logo, featuring the word 'Lilly' in a red, cursive script font.

The implementation of gender mainstreaming across all sectors and departments through Sustainable Development Goal (SDG) number five has resulted in gender becoming ‘everyone’s problem but no one’s responsibility.’<sup>1</sup> Gender mainstreaming, defined as the integration of gender considerations in policies and programmes, lacks conceptual clarity and has become a ‘box ticking exercise’.

United Nations (UN) research argues that the multidimensional relationship between gender and health has received scant attention.<sup>2</sup> Current monitoring practices adopt a financial focus, whereby success is indicated by the expenditure on programmes which pay attention to gender mainstreaming.<sup>3</sup> International benchmarks such as the SDG’s and their industry health matrix lack specificity, timeliness and measurability. The effective monitoring of gender equity within healthcare demands attention towards monitoring and actioning data-driven, health-based outcome indicators.

Gender biases permeate every aspect of society, yet the stakes are much higher in healthcare. Globally, women are diagnosed later than men in more than 700 diseases,<sup>4</sup> around 50,000 women die each year due to unsafe abortions and/or lack of access to abortion services and six women per hour are killed every hour by men around the world.<sup>5</sup> Cultural expectations, roles of socialisation and a system largely designed by and for men has led to the attribution that women have a superior capacity to cope with pain due to their reproductive role.<sup>6</sup> This gender bias impacts the quality and nature of treatment that women receive. Pain is not an accepted facet of being a woman, but a medical issue problem to be clinically dealt with.

Neglecting considerations on how socially determined gender factors impact health outcomes represents a missed opportunity within healthcare systems and research. The current physical and mental health of women is compromised by a system that discriminates them twice over. A life course approach towards gender sensitive medicine is required to ensure women’s overall health and well-being extend beyond the reproductive realm.

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/31155276/>

<sup>2</sup> <https://www.who.int/docstore/gender-and-health/pages/WHO%20-%20Gender%20and%20Health%20Technical%20Paper.htm>

<sup>3</sup> [http://web.undp.org/evaluation/documents/eo\\_gendermainstreaming.pdf](http://web.undp.org/evaluation/documents/eo_gendermainstreaming.pdf)

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7510055/>

<sup>5</sup> <https://www.weforum.org/agenda/2020/11/violence-against-women-femicide-census/>

<sup>6</sup> <https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-9566.ep10490526>

Women are not in control of their own reproductive health. That is the problem this project identifies as the central issue facing women globally in 2021. The fact that women face stigmatisation in accessing medication that is not readily available and not readily given is an issue that requires urgent attention if we ultimately take seriously the vision of a gender-equal world.

We have identified two specific areas as needing international priority: reproductive health and women's cancer, both of which are interlinked. It is not appropriate to collectively address women as a single identity when addressing the problems within these two areas. It is not appropriate to collectively address women as a single identity when addressing the problems within these two areas. The reproductive challenges faced by a white woman in the UK are vastly different to her Pubjabi counterpart in Pakistan. Equally, the challenge of cervical cancer for women in China is different to the one faced by women in Germany. However, the need to ensure contextualised and appropriate healthcare is provided is applicable to women everywhere.

As such, this project will focus on answering central questions relating to the accessibility of reproductive health and preventability of female cancers using international voices and expertise representative of both the developed and developing world.

In order to ensure this report produces recommendations that are focused and specific, it will consistently evaluate the central areas within reproductive health and women's cancers through the lens of **data**, **research** and **policy**. This three-pronged approach has been identified as essential to ensuring the health issues covered are meticulously understood through a gendered lens.

### **Health Research – Taking a gendered approach to the creation of knowledge in science, research and innovation.**

- Understanding the biological and socio-cultural factors in determining treatment risks, access and outcomes.
- Addressing gender bias in medical research – understanding the biological and sociological differences in the presentation of symptoms and highlighting the role of journal editors and editorial policy as gatekeepers of gender equitable research.
- Routine integration of gender-specific analyses of research data in design and reporting.

### **Health Data – Investing more in gendered analyses of sex-disaggregated data.**

- What gets monitored and managed – the need to operationalise gendered data collection for more sex and gender disaggregated statistics.
- AI integrated healthcare – using technology to improve the collection of data.

- Workforce data collection to increase the gender equity within decision-making roles.
- CRVS systems to be strengthened at a national and international level, recording complete data for gender related targets.

### **Health Policy – Monitoring, reviewing and actioning a gender-sensitive strategy.**

- An outcome-oriented approach with interlinked actions: undertaking context-specific diagnostics, using the findings to inform health policies or programmes, and adopting monitoring and evaluation methods to track progress.
- Focusing on health outcomes and engaging actors across sectors to achieve them.
- Developing standardised indicators and audits with commissioners for a structural embedding of gender in clinical practice. Successful implementation is not enough, monitoring is essential.
- Implementing guidelines for researchers, writers, editors and referees to consider sex and gender and disaggregate data accordingly.

This project consists of two central areas: reproductive health and women's cancers. Each phase will comprise of working groups or roundtables with an appointed chair. Each working group will be made up of international experts and thought leaders with expertise on the focus areas identified below.

With a central focus on putting women at the centre of their own health, this Public Policy Projects' *State of the Globe* report will harness strategic thought leadership, compile case studies of best practice and identify key recommendations for both UK and international application. Launching at the Commission on the Status of Women in March 2022 to a global audience in New York, this project is confident of its ability to begin redressing the balance with a women's health agenda.

*Reproductive Health* focuses on three central areas within reproductive health where availability and access are an urgent priority.

*Women's Cancers* will focus specifically on the two cancers which impact women. Breast cancer and cervical cancer, both of which are largely preventable. Developing countries that face the double burden of these cancers and implementing combined cost-effective and affordable interventions to tackle these highly preventable diseases is necessary.

*A Gendered Lens to Data, Health and Research* will take a step back from the individual subject areas, analysing what needs to be done to ensure that the systems and structures within data, research and policy that disadvantage female patients are challenged.

30 June 2021 (15-16.30)

### **Contraception**

Focus Chair: Dame Lesley Regan and Dr Victoria

The contraceptive pill is one of the safest and most transportable medications in the world. It could be made available over the counter in the UK later this year. **How can we implement standardised indicators to ensure this progress is seen elsewhere?**

28 July 2021 (15-16.30)

### **Breast Cancer**

Focus Chair:

Breast cancer is the most common cancer for women across the world and rates of breast cancer in the developing world are rapidly increasing. While the UK offers solid infrastructure in terms of dealing with breast cancer, this roundtable offers an opportunity to assess how far this work has come and what needs to be done. There is evidence to suggest that mammography screening is not only expensive, but not effective in screening for breast cancer. Low-cost screening approaches can only be developed when necessary evidence becomes available. **How can we ensure data and research is focused on alternative ways to screen for breast cancer to improve early detection, which remains the cornerstone of breast cancer control?** Beyond the stage of prevention, women face cultural, religious and socioeconomic barriers when facing treatment options such as mastectomies. **How can we work to remove the cultural and financial barriers when accessing treatment?**

25 August 2021 (15-16.30)

## Abortion

Focus Chair: Dr Victoria Tzortziou Brown OBE, The Royal College of Obstetricians and Gynaecologists (RCOG)

The WHO estimates that 25 million unsafe abortions take place every year – 45 percent of all abortions.<sup>7</sup> The primary methods for preventing unsafe abortion relate to less restrictive abortion laws and greater contraceptive use, yet these methods face huge social and political obstacles, especially in developing nations. **How can we ensure both women and healthcare providers are educated about the options and availability of abortion, as well ensuring access is cheap, safe and legal?**

*29 September 2021 (15-16.30)*

### Cervical Cancer Prevention

Focus Chair: tbc

Cervical cancer is largely a sexually transmitted disease and as such any policies aimed at improving their fertility must include a means of reducing the incidence of this disease. The onus for controlling HPV has been placed on women, despite men being equally likely to spread the strain. Cervical cancer prevention therefore consists of two stages: vaccination against HPV and cervical screening. Cervical screening is invasive, painful and culturally prohibitive for many women within the UK and in the developing world, screening is virtually non-existent. Cervical screening methods are fundamentally outdated and require additional healthcare infrastructure. **How can urine screening tests become the standard screening method for women accessible across the world?** 80 percent of cervical cancers are in the developing world and are the fourth leading cause of death globally. Women with HIV are six times more likely to get cervical cancer. Beyond the stage of prevention, cervical cancer patients suffer discrimination because data and research is lacking due to this being a female-only cancer. **How can we increase the diversity of data and research within cervical cancer research to ensure treatment is as effective and accessible as possible?**

*27 October 2021 (15-16.30)*

### Assisted Conception

Focus Chair: tbc

In the UK IVF is only expensive because it is rationed.<sup>8</sup> There are ethical, legal and social issues central to modern assisted reproductive technology. In both the developed and developing world, rarely is assisted contraception publicly funded. Infertility often translates into intolerable social stigma. **How can we address both cost and access to IVF to address**

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<sup>7</sup> <https://www.who.int/news/item/28-09-2017-worldwide-an-estimated-25-million-unsafe-abortions-occur-each-year>

<sup>8</sup> <https://www.rcog.org.uk/en/news/rcog-statement-in-response-to-ivf-rationing-in-england/>

stigma and make assisted fertility an option for women around the world?

24 November 2021 (15-16.30)

**The Inevitability of Womanhood: menstruation and menopause**

Focus Chair: tbc

Across the world women and girls suffer from the shame and stigma of menstruation, often without adequate access to sanitary products. In the UK alone, 49 percent of girls miss a day of school because of period poverty. Like menstruation, menopause will affect every woman at a point in her life. Menopause is an often forgotten period in a woman’s reproductive life that requires further awareness. This roundtable will consider these issues holistically, using a lifecycle approach.

26 January 2022 (09-10.30)

**A Gendered Lens: Data, Research & Policy**

Focus Chair: Professor Robyn Norton, The George Institute, Australia

This final roundtable will explore in further depth issues surrounding medical data, research and policy and how they contain implicit biases that alter healthcare outcomes for women. While throughout the programme each subject area will have focus on through these lenses, this final session will focus exclusively on issues and solutions to ensuring data, research and policy is inclusive as possible. **How can we ensure diversity within the dataset when engaging patients for clinical trials? How do we change the systems and structures within data, research and policy that disadvantage female patients before they have even received treatment?**

		Reproductive Health in the 21 <sup>st</sup> Century				Prevent and Cure: Women’s Cancers		
		Contraception	Abortion	Assisted Conception	The Inevitability of Womanhood	Prevention & Treatment Breast Cancer	Prevention & Treatment Cervical Cancer	A Gendered Lens: Data Research & Policy
Gendered Lens	Health Research							
	Health Data							
	Health Policy							