



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**REGIONAL COMMITTEE FOR EUROPE  
64TH SESSION**

**Copenhagen, Denmark, 15–18 September 2014**



# **Women's health Technical briefing**

**Thursday, 18 September 2014, 13:00**



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EUR/RC64/TD/5

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3 September 2014  
ORIGINAL: ENGLISH

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## **Women's health**

September 2015 will mark the 20-year anniversary of the Fourth World Conference on Women (Beijing, China) and the *Beijing Declaration and Platform for Action*, which was endorsed by the United Nations General Assembly at its 50th session (resolution A/RES/50/203). The *Beijing Declaration and Platform for Action* is the most comprehensive global policy framework to achieve the goals of gender equality, development and peace. Since 1995 many international development strategies, including the Millennium Development Goals, have played an important role in focusing efforts and highlighting resources needed for gender equality and women's health and rights. Despite great improvements for women in accessing health care, education and training, work and employment inequalities remain in Europe. Women earn less than men, form the majority of the unemployed, have lower pensions, do more part-time work and hold fewer of the more senior roles in business and the public sector. These factors directly impact on health.

Women in the European Region generally live longer than men, but the quality of life and well-being they experience is often not satisfactory. There are considerable women's health inequalities across Member States and within countries and high rates of loss of healthy life years.

The prevalence of some diseases is higher in women than in men and clearly indicates the need to take into account the health of women across their lifespan, but this technical briefing session will focus mostly on:

- improving sexual and reproductive health; and
- preventing violence against women and girls.

Maternal health has improved in the European Region resulting in a threefold decrease of maternal mortality compared with 1990. However, inequalities persist and there is more than a 40-fold difference between countries. Further improvement of maternal health and women's well-being is not possible without comprehensive approaches that involve sectors in addition to the Ministry of Health, such as education (health promotion and sexuality education), social, legal, employment, finance, environment and other sectors.

There are also inequalities within countries. Recently, a multicentre study of people living with HIV (PLHIV) carried out in 13 European Union countries indicated that the proportion of women with an unmet need for family planning was much higher in PLHIV than in the general population (28% and 10%, respectively).

There are a number of countries in the European Region where education related to sexual and reproductive health is not available in schools. Further, there are countries in the Region where the prevalence of modern methods of contraception is below the average of the least developed countries in the world.<sup>1</sup>

Not all aspects of sexual and reproductive health are measurable using mortality or prevalence indicators. This has resulted in decreased recognition of the role of sexual health in human fulfilment and well-being. At the centre of a definition of sexual health lies the notion of human sexuality underpinned by concepts of autonomy, well-being and the fulfilment, promotion, and protection of human rights.

The notion of sexuality is what is often missing from much of the discourse and from sexual and reproductive health policies and programmes. Inclusion of a broad conceptualization of sexual health will not only promote, protect and fulfil rights, but also might improve health outcomes.

A quarter of all women (25.4%) in the WHO European Region have experienced physical and/or sexual violence by an intimate partner. The prevalence of such violence is higher in low- and middle-income countries (25%) than in high-income countries (19%). These figures suggest that about 49 million women of reproductive age in the Region have experienced such violence. This issue has received renewed policy attention through the adoption of resolution WHA67.15 on *Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children* by Member States at the Sixty-Seventh World Health Assembly in May 2014.

Governments play an essential role in providing leadership, bringing parties together, setting the policy agenda and identifying resources to improve women's health. Using Health 2020, the European health policy framework, the European Region integrates an equity element into its work, reinforcing the principles of non-discrimination, equality and participation, to ensure that every woman and child has the opportunity to fulfil their ambitions and is not held back by their gender.

### Questions for discussion

- Why do sexual and reproductive ill-health and violence against women remain challenges for women's health in Europe?
- How do gender norms, roles and responses from the different sectors have a disproportionate negative impact on these challenges?
- What processes are on-going within WHO that address these challenges and what actions have been taken by Member States?
- As part of Health 2020 implementation, what future strategic directions could be envisaged for improving women's health in the WHO European Region?

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<sup>1</sup> The state of world population 2012. By choice, not by chance: family planning, human rights and development. New York: United Nations Population Fund; 2012.