



PROMOTING LIFELONG HEALTH AMONG WOMEN AND GIRLS

The Global Women's Health Program at
The George Institute for Global Health



The George Institute
for Global Health

A NEW GLOBAL AGENDA

Over the past few decades, global efforts to improve the health of women and girls have largely focused on reducing unacceptably high levels of maternal mortality and morbidity. These efforts, along with broader socioeconomic and cultural trends, have led to a shift in the global burden of disease for women. In almost every country, non-communicable diseases and injuries (NCDs) are now the leading causes of death and disability for women.

The overarching principle of our Global Women's Health Program (GWHP) is to promote a life-course approach to addressing this burden of NCDs, as well as focussing on other important, women-specific health issues. The GWHP has a bold vision, consistent with the UN Sustainable Development Goals: namely, to improve the health of women worldwide, as well as achieve gender equality and empower all women, by 2030.

Specifically, we want to:

- *Facilitate significant reductions in the burden of NCDs in women;*
- *Transform the provision of primary care to facilitate early detection and management of common, women-specific conditions and cancers, especially for women in low- and middle-income countries.*

The GWHP was established in 2018, with support from staff in The George Institute offices worldwide, including in Australia, China, India and the UK. It builds on the global expertise of The George Institute staff in undertaking large-scale clinical, epidemiological and health systems research, focused in large part on addressing the global burden of NCDs.

The program also draws on the expertise of our academic partners in our other offices. These include the Department of Women's and Children's Health at the University of New South Wales, Sydney, and the Nuffield Department of Women's and Reproductive Health at the University of Oxford, whose focus includes improving the management of high-risk pregnancies and addressing the burden of important women-specific conditions, including gynaecological cancers.

Our current and emerging areas of research and advocacy include:

Addressing the burden of NCDs

- *Sex-disaggregated analysis and intersectional, gender-sensitive research;*
- *Integrating the management of pregnancy and the prevention of NCDs.*

Addressing important women-specific health issues

- *Gynaecological cancers and morbidity;*
- *Women as healthcare workers and carers;*
- *Menstrual hygiene and the environment;*
- *Gender-based violence.*



TAKING A GENDERED APPROACH

For many years, it was widely assumed that the occurrence and outcomes of disease were the same for men and women, and that our understanding of disease processes based on studies involving only men would be equally relevant for women. An increasing body of evidence suggests that this is not the case, and that we can improve our knowledge about disease occurrence and disease outcomes – for both men and women – by undertaking analyses of health data disaggregated by sex and informed by a gender perspective, as well as by including sufficient numbers of women in scientific studies.

A global agenda for women's health must, therefore, prioritise a gendered approach to the collection and utilisation of health data, whether in routinely-collected health statistics or in the creation of new scientific knowledge.

Our researchers conduct sex-disaggregated analyses of datasets in order to increase our understanding of:

- *The interaction of biological, sociocultural and economic factors in determining risk and outcomes for NCDs;*
- *Variations in access to care for women and men for the prevention and treatment of NCDs; the barriers to women seeking early care; and strategies to improve timely access to care;*
- *The pathways and quality of care for women for the prevention and treatment of NCDs within the healthcare system; whether these pathways differ for women and men; and the strategies that might require implementation to ensure that women receive the best available care.*



Smoking, diabetes and high blood pressure increase women's risk of a heart attack more than men's

A study of 472,000 participants aged 40-69, led by The George Institute at the University of Oxford in the UK, found that smoking, high blood pressure and having a BMI ≥ 25 puts both men and women at increased risk of having a heart attack. However, while male current smokers have over twice the risk than men who have never smoked, female smokers were found to have over three times the risk of women who have never smoked, giving them a so-called 'excess risk'. Diabetes and high blood pressure were also associated with higher relative risks of heart attack in women than in men, for reasons not yet understood.

The findings highlight the importance of raising awareness around the risk of heart attack women face, and ensuring that women, as well as men, have access to guideline-based treatments for diabetes and high blood pressure, and to resources to help them stop smoking.

MANAGING PREGNANCY, PREVENTING NCDs

Women with high blood pressure in pregnancy are up to four times more likely to develop long-term high blood pressure. Women who have diabetes in pregnancy are seven times more likely to develop type 2 diabetes. Antenatal care presents an opportunity to engage with women who might otherwise fall through the gaps; check whether they have conditions such as diabetes and high blood pressure, which may put them at increased risk of developing heart disease, stroke and diabetes in future; and put in place measures that can help prevent this.

Traditionally, postnatal care has focused on reproductive health and care of the baby. A new, life-course approach to women's health, which integrates the prevention of NCDs with existing maternal and primary healthcare, may reduce the transmission of disease risk from one generation to the next; lead to earlier and improved uptake of preventive treatment; and promote life-long health in women.



Digital approaches to managing NCDs during pregnancy and beyond

The George Institute's *SMART*health Pregnancy technology is being trialled in India to help community health workers identify and manage women at high risk of heart disease, stroke and diabetes, both during and after pregnancy. A low-cost, smartphone-based system will be used that supports clinical decision making and improves the screening, detection and management of chronic diseases, with the aim of reducing the complications associated with high blood pressure and diabetes during pregnancy, for both mothers and their babies. It could also reduce the number of women in rural India who go on to develop heart disease, stroke and diabetes after giving birth.

'1,000 Days', another digital health project in Hebei, China, aims to support women and their children in the crucial first 1,000 days from conception, as well as medical staff. Through the use of a mobile application, health workers are able to improve pregnant women's access to health services, and provide individualised health education information and tools that can support pregnant women to better manage complications such as gestational diabetes.

WOMEN-SPECIFIC HEALTH ISSUES

In addition to our established programs of sex-disaggregated analysis and intersectional, gender-sensitive research, and on integrating the management of pregnancy and the prevention of NCDs, The George Institute's Global Women's Health Program has a number of new and emerging areas of research focused on other, women-specific health issues. These include:

Gynaecological cancers and morbidity

While significant gains have been made in recent years in high-income countries in reducing the burden of disease associated with both breast cancer and cervical cancer, in low- and middle-income countries, the burden is still unacceptably high. The George Institute is currently developing partnerships aimed at facilitating earlier diagnosis and treatment of these conditions.

Women as healthcare workers and carers

The George Institute has several projects focused on frontline health workers, who are the backbone of primary health care service delivery in countries such as India. Our research seeks to understand health worker performance and inequalities in health care coverage on the one hand, and the career aspirations, time use and challenges faced by the workers on the other.

Menstrual hygiene and the environment

The George Institute in India is conducting a pilot study into menstrual hygiene management among girls and women. Through focus group discussions, key informant and in-depth interviews and the use of tools such as Photovoice, the project aims to understand barriers and enablers related to menstrual hygiene management; perspectives on personal and environmental health; and the environmental footprint of menstrual absorbents.

Gender-based violence

The First Response project looks at the role the primary health care sector can play in responding to Aboriginal and Torres Strait Islander women who experience violence in New South Wales, through ensuring access to competent practitioners and supportive services, as well as enabling policy frameworks. This collaborative project includes Aboriginal and Torres Strait Islander researchers and Aboriginal Community-Controlled Health Organisations.

Addressing stigma and social exclusion caused by burns disfigurement

Globally, burns are a leading cause of disability, with over 11 million years of life lost each year. India has one of the largest burdens of burns, with an estimated seven million burn injuries per year, and disfigurement and permanent disability in 250,000 people annually. Burn deaths among women in India are reported to be higher than maternal deaths.

Our researchers have found that the biggest challenge for recovery is the stigma and social exclusion associated with burns disfigurement, the risk of which is increased by a lack of access to appropriate first aid, immediate acute care, and rehabilitation. The George Institute's researchers are investigating methods to better prevent and treat burns in India.

ENGAGING AND INFLUENCING FOR CHANGE

The George Institute is pushing for greater equity in women's health, from access, to treatments, to outcomes. We are building the evidence base through high-quality research, and influencing policy through driving discussion and debate, and collaborating with leading institutions globally.

The Global Women's Health Program was inaugurated with the publication of 'Women's Health: A New Global Agenda' in 2016. The paper calls for global and national women's health strategies to focus on NCDs, and was launched at a meeting of the All Party Parliamentary Group on Global Health at the Houses of Parliament in London in the UK.

The George Institute regularly holds roundtables, symposia and stakeholder events in India, China, Australia and the UK, which have produced policy papers including 'Framing Women's Health Issues in 21st Century India' and 'Women's Health through Life Course and Empowerment in China'. These papers are submitted to government and other decision makers with the aim of influencing policy, recommendations and guidelines.

In India, The George Institute contributed to the development of the India Strategy on Women's, Adolescents' and Children's Health (I-WACH), which was launched at the Partners Forum of the World Health Organisation's Partnership for Maternal, Newborn and Child Health.

The institute is also an active member of the Taskforce on Women and NCDs, a group of leading global health organizations from the women's health and NCD communities, including Jhpiego, Population Council, Partners in Health, the World Heart Federation and Women Deliver.

The Taskforce responds to the unique and growing burden of NCDs on women in low- and middle-income countries by mobilizing leadership, expanding technical expertise and disseminating evidence to inform policymaking, planning and services. Activities include co-hosting events at the UN Commission on the Status of Women, making submissions to consultations, producing advocacy tools and policy papers, and holding sessions focused on women and NCDs at conferences such as the Global Symposium on Health Systems Research.

Building a global community to promote a life-course approach

The George Institute is facilitating a virtual Community on Women and NCDs, which is hosted on the Knowledge Action Platform, a flagship online platform launched by the WHO Global Coordination Mechanism on the Prevention and Control of NCDs (WHO GCM/NCD).

The Community on Women and NCDs brings together diverse global experts from the fields of women's health, sex/gender differences in health, NCDs and beyond to support progress towards targets set out in the Sustainable Development Goals and other initiatives. It will promote gender equity, and create a network of people working to promote evidence-based, scalable best practices in implementing a life-course approach to women's health and NCDs.

The Community was launched with a webinar on 5 March 2019, at which a panel of eight experts from around the world discussed the role played by sex and gender in the determinants and impacts of NCDs, from biology to policy, covering links with sexual, reproductive and maternal health, social and economic determinants, injuries and access to health care.

OUR GLOBAL WOMEN'S HEALTH PROGRAM



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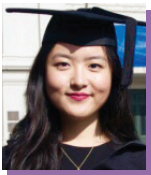
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