

## At the crossroads: transforming health systems to address women's health across the life course

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In 2010, the World Health Organization (WHO) published a report titled *Women and health: today's evidence, tomorrow's agenda*. The report summarized the evidence surrounding the health-related issues affecting girls and women throughout their life course<sup>1</sup> and signalled the need for innovative strategies and new health service delivery models. Since then, other global initiatives, including the Women Deliver 2013 conference, the United Nations Commission on Information and Accountability for Women's and Children's Health, Family Planning 2020 and the call of the Global Fund to Fight AIDS, Tuberculosis and Malaria in support of child and maternal health, have kept the world focused on women's health issues, particularly maternal mortality and universal access to reproductive health. Yet these initiatives do not address all the health problems that women are facing in the 21st century as a result of the epidemiological and demographic transitions. According to the Global Burden of Disease Study 2010, the years of life lost (YLLs) on account of conditions addressed under the Millennium Development Goals (MDGs) declined by 2.0% per year between 1990 and 2010, but those attributable to conditions not targeted under the MDGs increased by 0.8% per year. If these trends continue, by 2015 more than two thirds of all YLLs will be caused by conditions not included in the MDG framework.<sup>2</sup> Noncommunicable diseases (NCDs) already represent 54% of the world's burden of disability-adjusted life years; injuries represent an additional 11%.<sup>3</sup> This is one reason that WHO, together with key global partners, conceived this theme issue on women's health beyond reproduction. Our intention is to underscore the changing nature of the health problems confronting women and to highlight policies and strategies that low- and middle-income countries can implement.<sup>4</sup>

A life course approach to women's health makes sense because many of the health problems faced by adult women have their roots in early life. Interventions that promote good nutrition during pregnancy, optimize early child development and facilitate access to health information, especially during adolescence, can lay the foundations for a healthy life in later years. Changing exposures across the life course, particularly in terms of harmful tobacco and alcohol use, unhealthy dietary habits and poor physical activity, pay important health dividends in the long term.

This continuum can best be promoted by building on existing reproductive and maternal health services "diagonally" – i.e. by expanding the role of health workers, strengthening their skills and reorienting services towards the prevention and early detection and management of NCDs and their risk factors.<sup>5</sup> For example, women with gestational diabetes have a significantly elevated risk of developing type 2 diabetes in later life, and antenatal care provides an opportunity to intervene early to try to prevent the subsequent onset of diabetes in this group.

The life-course approach to women's health involves several health system challenges. We need to better understand the epidemiological characteristics of diseases affecting adult women and the overlapping effects of gender inequalities and advancing age on women's health. Data are still not regularly disaggregated by sex when collected or reported and age disaggregation is seldom done beyond 50 years of age. Particular attention should be paid to the consequences of harmful gender norms and roles and to the effects of stigma and social isolation among older people on patterns of disease, illness and mortality.

The development of an evidence-based policy framework on the health

of women across the life course is a formidable task for which WHO and its partners are seeking to bring together policy-makers and public health experts from around the world. The life-course approach to women's health has three innovative aspects. First, it marks the convergence of three complementary domains: maternal and reproductive health, ageing and noncommunicable diseases. Second, it involves the development, piloting and testing of new health-care delivery systems featuring diagonal approaches and private-public partnerships. Third, it is driven by policy-makers engaged in applying knowledge translation methods that encourage the use of research and evidence in policy development and planning. This theme issue of the *Bulletin* and other initiatives, such as the Lancet Commission on Women's Health, are intended to stimulate interest in women's health beyond reproduction and to encourage joint, decisive action on the part of multiple stakeholders in promoting a life-course approach to women's health. ■

### References

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