



The Future of Women's Health: Using Data and Research to Shape Policy

A roundtable discussion held on August 10, 2017 at ICMR, Delhi

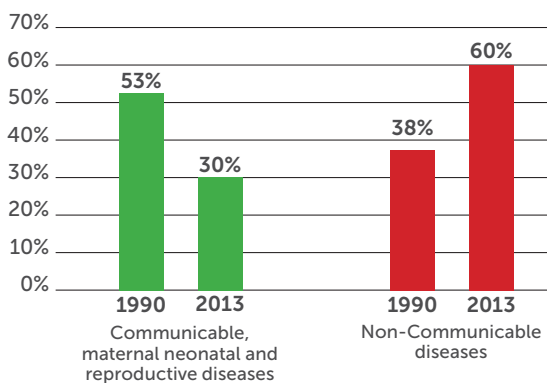


The George Institute
for Global Health India

Considerable progress made over the last quarter century in dealing with the reproductive health issues of women is a matter of celebration. However, women continue to be the "weaker" sex in terms of their status in the society, and access to healthcare beyond care during pregnancy, which limits even greater improvements in their health outcomes.

There are several health conditions specific to women, are more common or serious in women, have distinct causes or manifestation in women, have different treatment outcomes in women, or have high morbidity or mortality in women.

% Change (Contribution of Communicable and Non-Communicable Diseases as Causes of Death for Indian Women, from 1990 to 2013)



As per the Global Burden of Disease (GBD) Study 2016 Report, the contribution of communicable, maternal, neonatal and reproductive diseases, to deaths amongst Indian women declined from 53% of 1990 to less than 30% in 2016. On the other hand, chronic non-communicable diseases (NCD) have emerged as the largest killers of women in India, being responsible for >65% of all deaths amongst women in 2016, up from 38% in 1990. Seven of the top 10 causes of death are non-communicable.

The commonest causes of death in women - as in men - are now ischemic heart disease, stroke, chronic respiratory diseases, chronic kidney disease, and diabetes. Independently done studies in different parts of the country have corroborated the GBD findings.

Importantly, pregnancy related complications – like gestational hypertension and diabetes and kidney injury – increase the risk of developing NCDs in the affected women and their babies, which suggests the need to expand the focus, and develop a life course approach to dealing with women's health issues.

To initiate a dialogue on various aspects of women's health, the George Institute for Global Health in association with the Indian Council for Medical Research (ICMR) organized a roundtable on August 10, 2017 titled : "The Future of Women's Health: Using Data and Research to Shape Policy and Program".

The aim was to collect the views of various stakeholders, and use data-driven approach to document gender disparities in awareness, access and quality of care; find biological, social, cultural and health system related explanations for these disparities and develop approaches to overcome these.

The round table focused on three critical issues – how do we look at women's health in totality and not just focus on sexual and reproductive health; how do we understand and address the gender gap in access to care and treatment, and how do we use and generate data through research to facilitate a more nuanced understanding of gender-related health issues. In relation to creating more gender-nuanced studies and researches, the meeting discussed the need for affirmative action in the area of career, fellowships, and mentorships for women's health researchers.

Speakers felt that there is a growing appreciation of the difference in the manifestation of disease and response to treatment in the two sexes. Also, there are gender differences in society, economics and at the work place which determine the distinct health needs of women and their use of the health system.

Along with health care, there is an emerging consensus on the need to focus on research and ethics of women's health. Lack of sex disaggregated analysis of healthcare data that prevents full understanding of women's health conditions was pointed out. It was stressed that we need to understand differences in terms of access to treatment and care in the context of mortality and morbidity statistics for each State. Men and women die of different causes in different States and this needs to be taken into account when planning for women's health research and care delivery. Similarly, there is a need to use health management data available in the public domain to create the appropriate evidence-base for gender specific actions to improve women's health. An encouraging development is the requirement of reporting on sex and gender disaggregated data in several medical journals.

Intent to go beyond seeing women outside their marital roles brought about an open and transparent discussion that clearly set out the aspirations, and highlighted the need to ensure gender programming and allocation of human and financial resources

The need to refine the understanding of sex and gender, and the metrics for measuring progress in the area of gender equality and gender equity were discussed. The speakers felt that the gender construct needed to go beyond women's roles in relation to men, and that there was a need to unpack gender in research, which can happen only with mixed method research, qualitative research as well as the use of critical social sciences as a method of enquiry.

Discussions also centered on how we can enable women's health research. Some of the ideas that came out were measuring universities and research organizations on their gender score; having gender-friendly human resource policies that maintain the balance between recruitment and promotion of men and women scientists in senior leadership positions and on creating more parity in salary scales.

Key Recommendations

The following recommendations emerged from the meeting:

1. There is a need to unpack the construct of gender which goes beyond women's marital roles. We need to ask research questions that address the root cause of discrimination.

2. There is a need to appreciate the inter-sectionality between gender, race and poverty and shift the focus of our research questions so that it can align itself with this kind of nuanced enquiries.
3. Evaluation and measurement of gender equity are critical to progress in SDGs.
4. Data needs to throw light on the differences between men and women in terms of access to care, treatment, etc. and to that end, we need sharper research questions and more nuanced analyses.
5. Critical social science research and qualitative research need to be used as tools of enquiry to unpack gender constructs.
6. Measuring universities, research institutions on their commitment to gender score may be a good starting point.
7. Funding needs to be tied to the commitment to reduce gender inequality in health research

Way forward

It is proposed to create a working group of 6-8 people comprising researchers from the ICMR, George Institute and other participating organizations at the round table. The working group will strive to create a broad agenda for women's health research that integrates the various issues and concerns.

The composition of the working group and the details of how to take it forward will be discussed once the way forward is agreed upon. Terms of reference for the working group will be set out. ICMR will be the focal point for the group, and the George Institute will steer the process to develop a consensus building agenda and a plan of action.

The meeting was attended by more than 40 participants including from ICMR Hqrs, ICMR Institutes, The George Institute for Global Health, University of Oxford, Brookings Institute, PHFI, TISS, science reporters from NDTV, The Statesman, Footprint global, Jansatta, Dainik Bhaskar, One world South Asia

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