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Editorial

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Investing in the health of women and girls has been shown to produce good returns not only for women and girls, but also for the society as a whole (1-9). It yields high returns on investment through improved productivity, reduced absenteeism, and reduced health care costs (10-13).

Over the past decades the terms women's health and reproductive health were used interchangeably to refer to conditions related to pre-conception, pregnancy, childbirth, and postnatal care only. However, with the improvement in life expectancy, reduction in maternal mortality ratios and the constant reduction in fertility rates, women now enjoy more years and are exposed to risk factors and diseases that are not always related to the reproductive function. Women in the post-menopausal period undergo physiological and psychological changes that may cause discomfort or change their response to several risk factors, and some diseases may present differently in women than in men. With this in mind, and in an attempt to better understand and respond to women's comprehensive health needs, the WHO Office for the Eastern Mediterranean Region (WHO/EMRO) launched a programme on women's health to generate and analyze evidence related to women's overall health beyond the reproductive component and propose relevant solutions. We need to act now to ensure that health services for women are available, acceptable, and accessible, to ensure that women's health needs are well-covered in the hope of achieving Universal Health Coverage by 2030.

A proposed definition of women's health therefore should include all health conditions that affect women, especially if they are among the leading causes of death and disability for women or if they affect women and men differently. Attending to and prioritizing women's health is a strategic contributor to a healthier society because healthier women are essential gatekeepers to healthier families and healthier communities and contribute to socioeconomic development (11).

The Eastern Mediterranean Region (EMR) is home to a mix of high-, middle- and low-income countries, with resident populations ranging from around 1 million to more than 200 million. Women in the EMR, including those in fragile and emergency contexts, are not a homogeneous group, therefore, their health needs and socioeconomic circumstances vary significantly (16). The average life expectancy for women in the EMR varies widely as well (from 55 to 83 years), as do maternal mortality ratios (from 3 to 829 per 100 000 live births). Anaemia among women of reproductive age presents another stark diversity in the region, ranging from 24% to around 70% (17).

The EMR is currently experiencing a situation known as the "demographic dividend". As the younger population cohort enters the workforce, they will age eventually and, therefore, require special attention to, and preventive investment in, their future health needs (18). Such ageing presents a phenomenal challenge for women because they comprise the greater proportion of the elderly population in the world (411 million compared to 336 million male population above 65 years of age in 2021) (19).

Women are major providers of health care; sufficiently skilled and empowered women are key to the success of the formal and informal healthcare delivery systems. The EMR is home to high-scale natural and human-made crises that jeopardize health care delivery. Adopting a women's health lens would help minimize missed opportunities where competent workforce may play a role in addressing non-reproductive health issues such as breast cancer, which is estimated to constitute 37% of all female cancers in the region. Just as adopting an integrated model of care has the potential to reduce missed opportunities especially in emergency and low-resource settings.

UNHCR estimates that there are 16 million people in need in the EMR, of which 72% are women and children (20). It is therefore important to strike a balance between women's health and an enabling environment, in terms of empowering laws, policies, and systems (21). Understanding and acknowledging the different roles that women play, as paid and/or unpaid caregivers, especially in emergency and fragile settings, is crucial to improving women's health in a comprehensive manner.

Women and health interact in multi-faceted pathways that contribute to healthier societies. For example, nurses and midwives in the EMR, who are mostly women, require dedicated attention by policy- and decision-makers. Investing in nursing and midwifery workforces, which constitute up to 60% of the health workforce in some parts of the region, is vital to women's health. They play the roles of service providers, patrons, and beneficiaries at the same time. Efficient and effective training, as well as efficient and effective recruitment and retention strategies are prerequisites to facilitating an enabling environment for healthier women and societies (Figure 1).

It is imperative for governments in the EMR to embrace a women-inclusive, whole-of-society and whole-of-government approach that involves, and builds on, the strengths of all relevant stakeholders. Investing in women's health is a highly profitable investment for the health, wealth (economy), and wellbeing of the whole society. It is time for the United Nations with its entities such as the WHO, UNFPA, UN Women, UNICEF, UNDP, and others to partner with Member States in comprehensively addressing women's health using the thrust created by the Sustainable Development Goals (SDGs). Healthier women contribute, not only to SDG 3 and SDG 5, but to most of the SDGs.

The momentum around the SDGs offers a unique opportunity that WHO/EMRO should capitalize on to develop an analytical framework for women's health that will inform the development of a regional roadmap for healthier women by 2030 (22).

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