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Editorial

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Citation: Balkhy H. Investing in a healthier future for women in the Eastern Mediterranean Region. East Mediterr Health J. 2024;30(3):171–172. https://doi.org/10.26719/2024.30.3.171.

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The theme of the 2024 International Women's Day is "Invest in Women: Accelerate Progress". Women play a central and critical role in healthcare delivery at multiple levels. At home they are the first line caregivers, in the community they are health advocates and healthcare providers. Yet, due to several factors, women's health needs do not receive adequate attention to ensure the highest attainable standards of health. The culture, social norms, economic disadvantage, and particularly in the Eastern Mediterranean Region (EMR) the humanitarian and political crisis, hinder access to quality health care services (1,2).

Life expectancy among women in the EMR ranges from 52 to 83 years, indicating more than 30 years difference across the region (3). In low income EMR countries women still die from preventable pregnancy- and childbirth-related causes (4). As of 15 March 2024, country-reported maternal mortality ratios were as high as 692, 638 and 140 per 100 000

livebirths, in Somalia, Afghanistan and Pakistan, respectively (5,6).

Access to women's health services vary widely across and within the EMR countries. Recent studies indicate inequities in the coverage of, for example, reproductive and maternal health services in the region; women in low-income EMR countries are less likely to receive services than their counterparts in the high-income EMR countries (2,7).

Adolescent marriage is still acceptable in some EMR countries, particularly among rural and poor families. This impacts the ability of adolescent girls to attain higher levels of education and their capacity to seek health care including access to contraceptive services or adequate pregnancy care, thus increasing maternal deaths and complications among women in the EMR (8). Adolescent pregnancy rates are high in many EMR countries, reaching up to 118 per 1000 girls in Somalia (3).

The past decade has been particularly challenging for women who live in crisis affected EMR countries. The frequent attacks on health facilities during conflicts have deprived women and girls of life-saving services (9) and the multiple humanitarian crises in the region are associated with increased violence against women and girls (10). Violence is a risk factor for poor health among women, and the EMR has the third highest prevalence of violence against women worldwide; 31% of ever-partnered women in the region have experienced physical and/or sexual intimate partner violence (11).

Programmes to address women's health often focus largely on sexual and reproductive health. However, the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) adopts a broader and inclusive approach that comprehensively addresses women's health priorities all through the whole life spectrum. The regional office has been supporting accelerated efforts by Member States to address such issues as women's cancers, anaemia, mental disorder, and other health conditions that are either more common among women or affect women differently.

Climate change and environmental hazards add to the burden on women and adolescent girls, particularly in poor settings. It affects their access to social services, including health, or to income-generating informal activities or healthy lifestyles. Efforts are being made to increase resilience among women to climate-related factors that limit their access to services and put them at increased risk of disease, disability and death.

While promoting the principles of inclusivity, WHO continues to support countries to invest more in reducing the health challenges and preventable deaths among women. Policies, plans and programmes to address women's health should be given priority, especially by countries experiencing conflicts and crises. Countries need to invest in resilient health systems that can provide immediate and adequate psychosocial support and treatment for women victims of violence and rape (12,13). Our healthcare systems should, by default, increase women's access to medicines and quality care and increase their participation in discussions on issues affecting their health (8).

No meaningful investment in women's health can be made without research evidence. Although WHO has been strengthening health research and data capacity at country level (7), there is a need to invest more in women-focused research and evidence generation to provide relevant, accurate and current data for policies and actions. This is the only way we can enhance the capacity and resilience of our health systems to adequately cater to the needs of women (7). With continued advocacy we hope to convince our stakeholders at country level on the need to disaggregate health data regularly and consistently to better inform policy and programme design. Gender-specific disaggregated data will provide accurate representation of the women's health burden and enhance women-responsive planning and interventions.

In collaboration with Member States, WHO/EMRO and partners have succeeded in increasing access to antenatal, postnatal and emergency obstetric care as well as services for noncommunicable disease, breast cancer, cervical cancer, and other women-focused health conditions in some EMR countries (7). The success stories we have recorded in those countries is a proof that with political commitment, adequate investment and the right partnerships it is possible to minimize morbidities and mortalities and their associated risk factors among women.

Investment in interventions to address the challenges facing women will impact development beyond the reduction in deaths or disabilities. Healthier women mean healthier families and communities, and a healthier and resilient society capable of sustaining the gains of development. This requires the whole society working together to address the sociocultural and traditional norms that negatively affect health-seeking behaviour among women and girls. Strong multisectoral partnerships, collaborations, commitments, and actions, alongside new financing models, are needed to address early marriage, malnutrition, poor water and sanitation services, poor education, poverty, and other issues that impact the health of women in the EMR.

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