# A quantitative methodological approach to assess progress and challenges in women's health and wellbeing in Exemplar countries



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Low data availability and poor quality data on Women's Health and Wellbeing indicators pose a significant challenge towards the 2030 Sustainable Development Goals, especially `gender-based violence and harmful practices', `safety and security', and `work' indicators.

#### **BACKGROUND**

Women's health and wellbeing (WHW) form a multi-dimensional continuum across the life course, with intersecting power dynamics including socioeconomic and ethnic positioning. Unlike previous efforts that focused on one or a few age groups, the WHW Exemplars project uses robust quantitative approaches to identify success stories among low- and middle-income countries (LMICs) in improving WHW across the entire life course.

### **METHODS**

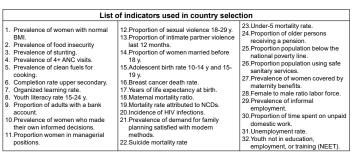
Using the life course approach, we created a list of 32 indicators with available trend data belonging to nine dimensions based on a conceptual framework that leverages the Capabilities Approach to assess progress in WHW. The indicators were selected from a literature review of published peer-reviewed papers and the Sustainable Development Goals database. We calculated the average annual rates of change (AARC; 2000-2019) for each indicator which were then standardized around the regional mean in sub-Saharan Africa and South Asia and East Asia & Pacific for comparability. The standardized values were aggregated into a final score for each country. We assessed the performance of countries from a regression of the aggregated scores and the AARC of Gross Domestic Product (GDP). We evaluated the performance of each country relative to regional peers across life course stages and dimensions based on data availability and improved performance.

## **RESULTS**

The final standardized score ranged from -11.0 in Costa Rica to 14.8 in Cambodia (mean: 1.0±5.9). Cambodia, Ethiopia, Peru, and Türkye ranked highest in the life course and dimension assessment in their regions. After triangulation of results, the best-performing countries in WHW were Bangladesh, Cambodia, and India in South Asia and East Asia & Pacific; Congo Brazzaville, Ethiopia, Rwanda, and Sierra Leone in sub-Saharan Africa; Peru, Bolivia, and Colombia in Latin America and the Caribbean; and Morocco, Türkiye, Kazakhstan, and Azerbaijan in Europe and Central Asia & Middle East and North Africa. The short-listed countries excelled over their regional peers in terms of data availability, with more than 84% of the indicators available for analysis, of which more than 80% improved over time.

### **RESULTS CONTINUED**

<u>Table 1.</u> Indicators used in the country selection process of the Women's Health and Wellbeing project.



<u>Figure 1.</u> World map showing the countries selected as potential exemplars in Women's Health and Wellbeing.



## **CONCLUSIONS**

This study quantified the performance of WHW across the life course among LMICs over the past two decades across different dimensions and life course stages and identified good performers that may be selected as Exemplars. The study also highlights low data availability and quality relating to this topic.

## ADDITIONAL KEY INFORMATION

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