

Paulo A Neves¹, Ira Martopullo^{2,3}, Sarah Baird⁴, Mengjia Liang⁵, Emily C Keats¹, Alina Cherkas⁵, Aditi Iyer⁶, Shreelata R Seshadri⁶, Emily Woolway², Cesar Victora⁷, Gita Sen⁶, Jennifer K Drake², Zulfiqar A Bhutta^{1,8}

¹Centre for Global Child Health, The Hospital for Sick Children, Toronto, Canada; ²Gates Ventures, Kirkland, WA, USA; ³Department of Health Metrics Sciences, University of Washington, Seattle, WA, USA; ⁴Department of Global Health, Milken Institute School of Public Health, George Washington University, Washington, DC, USA; ⁵United Nations Population Fund, New York, NY, USA; ⁶Ramalingaswami Centre on Equity and Social Determinants of Health, Public Health Foundation of India, Bangalore, India; ⁷International Center for Equity in Health, Universidade Federal de Pelotas, Pelotas, Brazil; ⁸Centre of Excellence in Women and Child Health, Aga Khan University, Karachi, Pakistan

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 Türkiye 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

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

List of indicators used in country selection		
1. Prevalence of women with normal BMI.	12. Proportion of sexual violence 18-29 y.	23. Under-5 mortality rate.
2. Prevalence of food insecurity	13. Proportion of intimate partner violence last 12 months.	24. Proportion of older persons receiving a pension.
3. Prevalence of stunting.	14. Proportion of women married before 18 y.	25. Proportion population below the national poverty line.
4. Prevalence of 4+ ANC visits.	15. Adolescent birth rate 10-14 y and 15-19 y.	26. Proportion population using safe sanitary services.
5. Prevalence of clean fuels for cooking.	16. Breast cancer death rate.	27. Prevalence of women covered by maternity benefits.
6. Completion rate upper secondary.	17. Years of life expectancy at birth.	28. Female to male ratio labor force.
7. Organized learning rate.	18. Maternal mortality ratio.	29. Prevalence of informal employment.
8. Youth literacy rate 15-24 y.	19. Mortality rate attributed to NCDs.	30. Proportion of time spent on unpaid domestic work.
9. Proportion of adults with a bank account.	20. Incidence of HIV infections.	31. Unemployment rate.
10. Prevalence of women who made their own informed decisions.	21. Prevalence of demand for family planning satisfied with modern methods.	32. Youth not in education, employment, or training (NEET).
11. Proportion women in managerial positions.	22. Suicide mortality rate	

Figure 1. 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

Author Contact Information:

Paulo A Neves, PhD

Centre for Global Child Health, The Hospital for Sick Children, Toronto, Canada

paugustorn@gmail.com; paulo.neves@sickkids.ca

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