The women's health gap: A $1 trillion opportunity – Final speech Rt. Hon Helen Clark

Date and Time: Wednesday, January 17, 2023, 12:00 p.m. - 1:30 p.m.
Venue: AMERON Davos Swiss Mountain Resort, Scalettastrasse 22, 7270 Davos

Thank you for inviting me to join the launch today.

When we reflect on the findings of the report, we understand how crucial women's, children's and adolescents' health (WCAH) is to developing human capital and sustaining economic and social progress.

Yet the gap between men's health and women's health remains wide, whether it's in research, data, care or investment.

I am advised that science is largely conducted on male subjects, leaving gaps in our understanding of how sex and gender impact on health conditions or the effectiveness of health treatments and innovations.

While women generally live longer than men, women – especially working-aged women – spend 25% more of their life in poor health. (World Economic Forum, 2024)

Women are more likely to be misdiagnosed or mistreated by their doctors, and are less likely to receive effective and timely health care.

For example, women are seven times more likely than men to have a heart condition misdiagnosed. (Harvard, 2017)

Women's health is often simplified to include only sexual and reproductive health (SRH) – vital as that is, that under-represents the overall women's health burden. Research shows that SRH and maternal, newborn and child health (MNCH) account only for approximately five per cent of the women's health burden. An additional estimated 56 per cent of the burden is due to health conditions which are more prevalent and/or manifest differently in women.

Nearly half of the health burden affects women in their working years, which has an impact on their ability to earn money and support themselves and their families. Improving women's health is beneficial to all of us because of the ripple effects on communities and economies throughout the life course and across generations.

Yet – still -

In 2020 around 287,000 women died during or following pregnancy and childbirth. Almost 95 per cent of those deaths occurred in low and lower middle-income countries (LMICs), and most were preventable. Source

Globally, the maternal mortality rate fell by a third between 2000 and 2015 during the era of the Millennium Development Goals, but progress stagnated in the first five years (2015-2020) of the SDGs.

Globally, the disadvantages experienced by adolescent girls are many, ranging from discrimination to violent injury and premature mortality. Source

For example - More than 200 million women and girls have undergone female genital mutilation (FGM), which in turn costs health systems US$1.4 billion per year to treat the complications from FGM. Source

Twelve million girls are married each year before the age of 18. Source

129 million girls are out of school, including 32 million of primary school age, and 97 million of secondary school age. Source

Pandemics, such as COVID-19, war, and climate change have distinctly gendered dimensions, and contribute significantly to the feminisation of poverty as women, girls and marginalized gender groups bear a disproportionate burden. These crises exacerbate existing inequalities by placing women at the forefront of economic, social, and environmental vulnerabilities.

The compounding impacts underscore the urgent need for gender-sensitive policies and inclusive strategies to be mainstreamed, including in pandemic preparedness and response, and through the ongoing negotiations around the Pandemic Treaty, and in the climate change response including in countries' Nationally Determined Contributions and Adaptation Plans.

By improving women's health, we will not only reap education and intergenerational benefits, but will also enable women to participate in the workforce more actively, potentially boosting the economy. Globally, every $1 invested in women's health is estimated to unlock $3 in economic growth.

The Partnership for Maternal Newborn & Child Health, the world's largest alliance for women's, children's and adolescents' health and well-being, which I chair, has recently commissioned an extensive review of economic evaluations for Women, Children and Adolescent Health (WCAH) interventions, highlighting the high returns on investment and the immediate and intergenerational benefits for families and communities.

For 74 high-burden countries, every $1 spent now on key interventions for reproductive and maternal, newborn and child health is estimated to return $9 –$20 in economic and social benefits by 2035, including education, environment, gender and human rights. Source

We must support national governments in shaping packages of interventions for WCA which address country needs and gaps and facilitate access to quality health care.

To do so we must use women-centric approaches including:

- **in research -- collecting and analysing sex-, ethnicity- and gender-specific data;**
- **Enhancing access to gender-sensitive care;**

- **Creating incentives for new financing models which are based on sex-disaggregated data, gender equality in R&D, and funding schemes which address the underlying political and social determinants that undermine access to services for vulnerable and marginalised groups; and**
- **establish policies which support women's health and strengthen women's representation in decision-making.**

Achieving health equity is possible with intentional, coordinated efforts.

It takes all partners -- governments, the private sector, non-governmental organizations, healthcare institutions -- to work together to address the interconnected factors impacting adversely on women's health, including the deficit in women-specific knowledge in science, the glaring data gaps, the disparities in healthcare delivery and the insufficient investment in women's health.