Women's health beyond reproduction: meeting the challenges

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Women's health and noncommunicable diseases are both generating increasing interest within the international community. Over the past two years major action platforms have been launched in these areas, including the United Nations' Global Strategy for Women's and Children's Health and the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. However, the intersection and relationships between the two areas have not been adequately explored and, as a result, the health needs of women beyond reproduction remain largely unaddressed.

Strong historical ties between the concept of women's health and that of reproductive health have led to a concentration of international attention and resources on maternal health and human immunodeficiency virus infection, especially in low- and middleincome countries. Fruitful results have been reaped, yet women's health is not limited to women's reproductive capacity; it extends throughout the life-cycle and encompasses emerging priorities in chronic and noncommunicable disease control. A view in which progress in maternal health is measured merely in terms of survival of childbirth is outmoded.

It is time for priorities in women's health are set in accordance with the unfolding demographic and epidemiologic transition and with breakthroughs in public health and medicine. Chronic and noncommunicable diseases exemplify the new and often ignored challenges that are emerging in women's health. Deaths from breast and cervical cancer have outstripped maternal deaths (273 500 in 2011), which have declined substantially over the past three decades.^{1,2} Over the same period, breast cancer incidence and mortality have

increased at annual rates of 3.1% and 1.8%, respectively.² Furthermore, trends in breast and cervical cancer illustrate the geographical polarization and protracted nature of the epidemiological transition and the overlapping and complex challenges facing health systems in the field of women's health.^{3,4} In 2010, breast cancer killed 269 000 women in low- and middle-income countries and cervical cancer killed 247 000.5 At the same time, cervical cancer incidence and mortality have become increasingly concentrated in low- and middle-income countries and hence in women who are poor.6 The same is true of diabetes, cardiovascular diseases, mental disorders and other health conditions.

Women's health in low- and middleincome countries is further complicated by the gender-specific nature of some demographic changes. Although women live longer than men, it is conventionally believed that they experience poorer health. Policies and programmes must therefore address women's health holistically and from a life-course perspective that focuses on providing women with a continuum of care. A growing evidence base, mainly from high-income countries, on the diseases and disabilities affecting women beyond reproduction supports this approach. Funding is needed to identify gaps in addressing women's health problems and to foster innovative ways of developing life course interventions.7

More broadly, health systems must target and meet disease-specific priorities and systemic challenges synergistically, as envisioned in a diagonal approach to health systems strengthening.8 Such an approach avoids the pitfall of classifying diseases into discrete categories and allows the development of common delivery platforms that consider shared risk factors across diseases to optimize available resources.

To move this agenda forward, more evidence from low- and middle-income countries is needed. This involves taking stock of existing research, conducting new research, capturing a range of experiences and initiating a broader, community-engaging dialogue on women's health with a focus on health systems and on chronic and non-communicable

Through a special theme issue on women's health beyond reproduction to be published in 2013, the Bulletin is inviting critical assessment of the global challenges involved in women's health beyond reproduction. We welcome papers that look at the health of women in low- and middle-income countries throughout the lifespan and from a perspective that embraces gender inequalities and social determinants. We wish to encourage the following types of papers in particular: critical appraisals of the opportunities for diagnosing and treating the full range of conditions affecting women (e.g. cancer, cardiovascular diseases, diabetes, infertility, incontinence, peri- and post-menopausal disorders, etc.); assessments of health system responses to noncommunicable diseases and chronic illnesses, including mental ailments and age-related disabilities; studies of multi-stakeholder approaches and cost-effective ways to address women's health needs beyond reproduction, as well as future trends and projections. The deadline for submissions is 1 December 2012. Manuscripts should respect the Bulletin's Guidelines for Contributors and mention this call for papers in a cover letter. All submissions will go through the Bulletin's peer review process. Please submit to: http:// submit.bwho.org

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