



EUROPE

Vienna Statement on Investing in Women's Health in the Countries of Central and Eastern Europe, 1994

This statement reflects the consensus of the participants attending Women's Health Counts: Conference on the Health of Women in Central and Eastern Europe.

Introduction

"Women's health must be given the highest level of visibility and urgency," stated the 1992 World Health Assembly. This encouraged the World Health Organization (WHO) Regional Office for Europe to launch the Investing in Women's Health initiative. This initiative builds on a network first established in 1991 at a WHO workshop in Vienna for women from the countries of central and eastern Europe. In 1994, each Member State of the WHO European Region was requested to nominate a focal point for women and health. These counterparts will form the first European Women's Health Forum.

As a result of the widening health gap between the eastern and western halves of the Region and the WHO commitment to equity, the first phase of the initiative focused on 11 countries and one city in the WHO Healthy Cities project. The results of the first year of work on the initiative - a comparative analysis called "Highlights on Women's Health", as well as detailed country profiles - were presented at Women's Health Counts: Conference on the Health of Women in Central and Eastern Europe. The Conference was held in Vienna, Austria from 16 to 18 February 1994. Its 270 participants from 40 countries agreed on the following consensus statement.

The Statement sets out six principles to advance women's health throughout the WHO European Region. Secondly, the Statement establishes six priority areas for action which, although often generalizable throughout the WHO European Region, pay specific attention to women in the countries of central and eastern Europe and the newly independent states of the former USSR. Finally, it describes six policy mechanisms to strengthen the commitment to women's health in policy reform throughout the WHO European Region.

Principles

The Investing in Women's Health initiative is guided by six principles. These principles form the basis of an approach to women's health that builds on WHO's commitment to equity, human rights and primary health care. These six principles include:

- investment in health;
- human rights;
- life-span health;
- empowerment;
- woman-friendly and appropriate services; and
- gender relationships.

1. Investment in health

Women are a key resource to societies. As the human development index clearly shows, however, no country treats its women as well as its men, or according to women's contribution to the economy. A range of studies by the United Nations and the World Bank clearly show that investments in women yield high returns in the form of faster growth, higher efficiency, greater savings and reduced poverty. Through improvements in women's health, governments can make significant contributions to economic and social development. Investments in women's health are beneficial in their own right. They lead to healthier children, improved household and community welfare, lower health care costs, and greater productivity. The education of girls and women, child support, housing and primary health care for women, as well as their children, must become important priorities for policy-makers.

2. Human rights

The WHO Constitution defines health as "one of the fundamental human rights". This principle has not been sufficiently applied to women and their health needs.

Gender inequality is an epidemiological fact. Public health intervention must aim to redress this imbalance. A woman must have the right to sexual and reproductive choice. A woman's right to control her own sexuality and fertility must be recognized and accorded the status of a fundamental human right. Legislation on reproductive rights should be consistent with the United Nations Convention on the Elimination of All Forms of Discrimination Against Women and protect women's rights to sexual and reproductive choice.

3. Life-span health

Approaches to women's health must be based on the WHO definition of health, which encompasses physical, social and mental wellbeing. A health policy that is beneficial to women must consider the quality of their health throughout the entire life-span, and respond to the social, political and economic realities of women's lives.

4. Empowerment

The empowerment of women results from their ability to join together to promote change. Women need to be leaders in formulating health policy, making decisions, and carrying out programmes. This is a prerequisite for moving the women's health agenda forward.

5. Woman-friendly and appropriate services

Health strategies and services must respect and protect the dignity of women, while ensuring their right to privacy. No individual or group should suffer discrimination or stigmatization because of gender. Health services must be gender-sensitive and appropriate for the special needs of women.

6. Gender relationships

Significant change in women's health implies a shift in the relationship between men and women. Women and men need to share responsibility for family planning and child-rearing.

Priorities for action

Most societies in the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former USSR are facing a deterioration in the health of their populations. For example, the difference in life expectancy between women in eastern and western Europe is on average 5 to 10 years. The most sensitive indicator today is the maternal mortality rate. It is rising in many of the CCEE/NIS: the rates in some countries are up to 10 times higher than those in many western countries of the Region. Both an emergency response and a long-term investment strategy are needed to reverse these trends.

There is an enormous range of challenges for reforming the health systems in the CCEE/NIS. The Conference participants identified six priority areas in women's health. While these priority areas focus on the concerns raised by the participants from the CCEE/NIS, they are relevant to women throughout the WHO European Region. These priorities include:

- reduced maternal death and increased maternal safety;
- promotion of sexual and reproductive health;
- the introduction of woman-friendly reimbursement policies;
- promotion of programmes for healthy lifestyles;
- reducing violence against women; and
- improving the situation of women working in the health care system.

1. Reduced maternal death and increased maternal safety require:

- upgraded maternal and child health services;
- more cost-effective prenatal intervention;
- updated women-centred delivery practices;
- the promotion of breastfeeding;
- updated knowledge and skills of midwives;
- protection against inappropriate medical technology;
- reduced unsafe abortions; and
- high quality of care in abortions.

2. Promotion of sexual and reproductive health requires:

- more sex education for girls and boys;
- wider availability of contraceptives;
- a variety of contraceptives from which to choose;
- integrated family planning services in the community;
- confidential testing and counselling for sexually transmitted diseases;
- treatment for sexually transmitted diseases;
- provide confidential counselling for people with HIV and AIDS; and
- counselling for sex workers.

3. The introduction of woman-friendly reimbursement policies requires:

- supporting reimbursement of the cost for contraceptives;
- giving priority to comprehensive primary care services;
- giving priority to preventive services and health promotion programmes, particularly for heart disease and stroke; and
- providing screening for breast and cervical cancer.

4. Promotion of programmes promoting healthy lifestyles would:

- promote healthy nutrition;
- promote psychological and mental health;
- support tobacco-free lifestyles;
- provide treatment for substance abuse; and
- promote healthy aging.

5. Reducing violence against women requires:

- recognizing domestic violence and rape as public health issues;
- enacting and enforcing laws against battering and rape;
- acting against forced prostitution and traffic in women; and
- providing counselling and shelter to women in need.

6. Improving the situation of women working in the health care system requires:

- ensuring better pay, better working conditions, and higher status for women health workers;
- appointing more women to leadership positions; and
- providing high quality continuing education.

Political commitment to women's health policy

The Conference documented the wide range of policy initiatives already under way. But much remains to be done to strengthen the commitment to women's health in policy reform. This means appointing more women to leadership positions, and ensuring the full involvement of women's groups and nongovernmental organizations in an interactive policy process. Six policy mechanisms were recommended.

1. Countries should establish an office for women's health, charged with developing an intersectoral women's health policy and action plan.
2. National women's health forums should be created in each country.
3. Countries should develop a reliable information base for an intersectoral women's health policy, including sectors such as education, labour, welfare and housing. This requires reporting and monitoring systems that use gender-specific, disaggregated data on women's socioeconomic and health conditions.
4. Countries should publish comprehensive reports on women's health at regular intervals, and present them to parliaments, the media and the general public.
5. Countries should develop research strategies for women's health that specify priority areas for investigation and outline subsequent action. Research should be multidisciplinary and support the development of a new social epidemiology of women's health.
All countries should increase their research efforts in women's health.
6. All Member States of the European Region should produce women's health reports in the context of the Regional Office's women's health initiative. This material will be part of the materials presented at the United Nations 4th World Conference on Women, to be held in Beijing in September 1995. This material will also be presented at the forthcoming Economic Commission for Europe Regional Preparatory Meeting, to be held in Vienna in October 1994, as well as the preceding forum for nongovernmental organizations.

Coordination of effort

Initiatives in women's health throughout the Region should be well coordinated. Investors and donors - multilateral and bilateral - should review their priorities and pay greater attention to the health of women. They should ensure that women experts are actively included as part of the consultant teams working with the CCEE/NIS.

WHO should explore the feasibility of establishing a network of centres for women's health to support research and training in women's health for the European Region, and continue to monitor women's health through regular comparative highlights and country profiles.

Community involvement and women's empowerment

Mechanisms must be established for listening to women's views on their own needs and the issues they confront. Social and cultural differences must be recognized and respected. People need to be informed about research findings that relate to women's health in ways that are both understandable and relevant. Most important, these mechanisms must empower women to care for their own health.

Meeting the challenge together

Women's health is an issue that crosses borders, political systems and cultural differences. International cooperation is essential. WHO should seek alliances with other organizations to support the Investing in Women's Health initiative.

(See also the book **Investing in women's health: central and eastern Europe** in the WHO/Europe Publications Catalogue