



Women's Health through Life Course and Empowerment

December 2017

A meeting report summarising the roundtable discussion
held August 2017 at Park Plaza Beijing Science Park



The United Nations Population Fund

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Abbreviations

CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women	SRMH	Sexual, Reproductive and Maternal Health
CHE	Current Health Expenditure	STDs	Sexually Transmitted Diseases
CMCHA	China Maternal and Child Health Association	UN	United Nations
CSW	Commission on the Status of Women	UNFPA	United Nations Population Fund
CVD	Cardiovascular Disease	VAW	Violence Against Women
GBV	Gender-Based Violence		
GDM	Gestational Diabetes Mellitus		
GGGI	The Global Gender Gap Index		
GPs	General Practitioners		
HIV	Human Immunodeficiency Virus		
ICPD	International Conference on Population and Development		
IDF	International Diabetes Federation		
MCH	Maternal and Child Health		
NCDs	Non-Communicable Diseases		
NCWCH	National Center for Women of Child Health		
NHFPC	National Health and Family Commission		
OOP	Out-of-Pocket		
PFD	Pelvic Floor Dysfunctional		
SDGs	Sustainable Development Goals		
SHA	System of Health Accounts		
SIGI	Social Institutions and Gender Index		
SRB	Sex Ratio at Birth		
SRH	Sexual and Reproductive Health		
SRHR	Sexual and Reproductive Health and Rights		

Background

At a National Health Conference in 2016, President Xi Jinping stressed the need for future policies to promote a life-course perspective on health care as a means of improving the wellbeing of Chinese society. As emphasized in the Program of Action of the International Conference on Population and Development (ICPD PoA) and the Agenda 2030 for Sustainable Development, women's health including sexual and reproductive health throughout life course, is critical to achieving gender equality and empowerment for women and girls. Moreover, the 2017 High-Level Political Forum on Sustainable Development reiterated the importance of empowering women and girls to promote prosperity in society. In order to better align their work with this policy direction, institutions working on women's health in China, including maternal and child health care agencies seek to expand their services to cover a broader range of health issues for girls and women that extend beyond the maternal period.

A Roundtable meeting on Women's Health through Life Course and Empowerment was convened in Beijing on 4 August 2017. The meeting was co-organized by the National Health and Family Planning Commission (NHFP) and the China Office of the United Nations Population Fund (UNFPA) with support from the National Office for Maternal and Child Health Surveillance and The George Institute for Global Health. The meeting successfully gathered national policy makers and experts from health and development sectors, international development agencies, academia and NGOs to share national and international experiences on empowerment and women's health throughout life's course.

The event had the following objectives:

- to present international and national experience on improving women's health with respect to gender analysis, access, and investment in service delivery;
- to address specific concerns of adolescent girls' health, maternal health, and elderly women's health, and to link these to national efforts to advance Sustainable Development Goals (SDGs);
- to bring together decision-makers and experts from national health and non-health sectors with international and national scholars, to facilitate multi-sector collaboration and the promotion of health and wellbeing of women and girls.

In his opening remarks, Mr. Qin Geng, Director General of the Maternal and Child Health Department of NHFPC, emphasized the high priority and attention accorded by the Chinese Government to women's health, as reflected in the "Healthy China 2030" plan, the China Women's Development Programme (2011-2020), as well as in national laws, such as the Maternal and Child Health Law and Population and Family Planning Law. As a result of committed investment and prioritization of women's health by the Government, China has made remarkable progress in maternal and child health, for example in achieving a 99% rate of hospital delivery of newborn babies. Moreover, in 2012, China successfully eliminated maternal and neonatal tetanus, maternal mortality decreased from 88.8 per 100,000 live births in 1990 to 19.9 per 100,000 live births in 2016, and average life expectancy for women is currently, 79.4 years.



Dr. Qin Geng, Director General of the Department of Maternal and Child Health of National Health and Family Planning Commission, delivering an opening remark at the Women's Health through Life Course and Empowerment.

The central and local governments at all levels have continued to increase financial investment for improving the Chinese health care system, and maternal and child health services. For example, basic women's health services, as free public goods, have contributed to the following:

- Provision of financial assistance for hospital delivery targeting rural pregnant women;
- Implementation of major national public health services for screening of breast cancer and cervical cancer among rural women, as well as the prevention of mother-to-child transmission of HIV, syphilis and hepatitis B;
- Strengthening reproductive health services, including promoting informed choice of contraceptive methods, provision of free family planning services and campaigns on reproductive health services targeting youth and unmarried young people to prevent unintended pregnancies and abortion;
- Issuance of government opinions on strengthening the basic health care services to build a "one-stop" health service chain covering all pre-marital, pre-pregnancy, pregnancy, post-natal and childhood stages, and to promote an effective integration of services for maternal and child health care, and family planning and reproductive health;
- Helping women in rural and poor areas to avoid falling into poverty due to poor health and illness.

Despite these achievements, as the largest developing country in the world, China still faces challenges to fully achieve the 2030 SDGs, including unsatisfactory health status of women in remote and poor areas, a high number of abortions, and unmet needs for quality MCH services, partly due to increasing demand after the implementation of the 'two child policy'.

Dr Babatunde Ahonsi, UNFPA Representative to China, emphasized the timeliness and relevance of this dialogue. The recently concluded High Level Political Forum on Sustainable Development reiterated the importance of empowering women and girls for prosperous societies, through highlighting the interlinkages of the SDG goals on health and gender with global efforts to eradicate poverty in all dimensions. While great strides in health have been achieved globally, as witnessed by increased life expectancy and the decrease in maternal and health mortality rate, gaps remain in universal access to reproductive health, NCDs and mental ill-health, among others. Multi-sectoral response incorporating

gender equality and empowerment of women and girls will be required to address the challenges effectively and to ensure leaving no one behind, as aspired by the Agenda 2030 for Sustainable Development.

Dr Ahonsi underscored the remarkable progress that China has achieved in women's health through continuous investment in education, employment and promoting reproductive health and rights of men and women. He expressed UNFPA's commitment to facilitate exchange of these experiences, including through China's 'South-South and Triangular Cooperation' with other developing countries, particularly in the areas of population and development, reproductive health, empowerment of women and young people.

The meeting participants discussed emerging health issues and challenges faced by women at every stage of life, and focused on strategies addressing the gaps, including multi-sectoral collaboration, policy research and innovative approaches.

The meeting was opened with two keynote presentations providing a background overview of women's health and key determinants from domestic and international perspectives, highlighting various achievements and challenges encountered to date. Two panel sessions followed: one focused on the link between women's health and empowerment and the other on identifying priorities to address women's health issues from a life course perspective.



Keynote presentations

Women's health and effects in China

Dr Zhu Jun, Director of National Office for MCH Surveillance.

Dr Zhu provided a comprehensive overview of the progress on maternal and children's health that China has achieved over recent decades. Key highlights have included the substantial decline in maternal mortality and rates of birth defects and reduced disparities in access to maternal health services (for example, antenatal checks, hospital delivery, postpartum maternity visits, antiretroviral treatment in human immunodeficiency virus [HIV] positive pregnant women, newborn disease screening and contraception). Overall, there have been impressive improvements in outcomes for women and babies in both urban and rural populations and geographic regions.

Various methods can be used to promote a life course approach to women's health. These include legislation, system improvements in service quality and equity, establishing health information and surveillance systems, and the provision of free services (spanning neonatal, school age, adolescence to perinatal and postpartum periods for women). The government has given particular attention to, and invested in, major national projects to improve child nutrition and newborn disease screening in poorer areas. Such programs have included folic acid supplements for women of child-bearing age; prevention of mother-to-child transmission for HIV, syphilis and hepatitis B; subsidies for hospital delivery for rural pregnant women; free breast and cervical cancer screening for rural women; and free family planning services.

Dr Zhu emphasized that China is now facing critical challenges that include an increased number of high-risk pregnant women due to the increasing number of older women opting for a second child under the new 'two child' policy; increasing prevalence of infertility, poor access to treatment for migrant women, weak health systems in remote areas, and gaps in access to family planning services. Given these challenges, she recommends:

1. China acknowledges and prioritizes efforts to address these challenges;
2. Goals should be consistent with broader development strategies, such as the SDGs and the 'Healthy China 2030' Planning Outline;
3. Attention should be given to specific priority actions, as pregnancy can be a critical condition and the continuous provision of family planning and technical services are key to preventing life-threatening diseases that affect women's health.

Global status of women's health and empowerment

Professor Robyn Norton, Principal Director, The George Institute for Global Health.

Professor Norton highlighted the link between women's health and the empowerment of women. Key data from the Global Burden of Disease Study show that there has been a 45% reduction in maternal mortality worldwide in recent decades but there has been a major increase in non-communicable diseases (NCDs). In particular, cardio vascular disease (CVD), Alzheimer's disease and diabetes mellitus are now the top ten leading causes of death for women.

Professor Norton proposed that health research requires a 'gendered approach', and researchers should also make every endeavor to increase the evidence from the global data on sex-specific health issues. The concept of women's health should be considered from both biological and social perspectives. She argued that the prevention and treatment of NCDs should be included in the global campaign for women's empowerment by using a gendered approach. For instance, the reasons for higher risk of strokes in elderly women reflect both social and biological reasons: women are less likely to receive pharmacological treatment or be referred for diagnostic and therapeutic procedures for risk factors like smoking. Moreover, women are at greater risk of the complications of diabetes in terms of their relative risk of heart disease and stroke. In summary:

1. there is a significant burden of NCDs for women globally;
2. addressing the burden of NCDs has great potential to increase women's empowerment;
3. a gendered approach to addressing NCDs is essential.



Panel 1: Women's health and empowerment with a focus on women's health, gender analysis and economic empowerment.

Women's health in China from a life course approach perspective

Dr Fang Jing, Director of the Institute for Health Sciences, Kunming Medical University

Dr Fang proposed that the health of women should not be limited to considering the health of mothers but rather the health of women as independent individuals. The definition of a life course approach to women's health refers to a state of complete physical, mental, and social wellbeing, as experienced by women through their whole life. This differs from the traditional scope of maternal health into discrete periods: prenatal, perinatal, postpartum, and menopause periods. Dr Fang highlighted several major achievements that have occurred in women's health services. These include the free pre-pregnancy examination and screening for breast and cervical cancers, and greater accessibility for women to maternal care services in rural regions. There are, however, considerable ongoing challenges: the provision of pre- and perinatal care in remote and ethnic minority areas; relative inadequate attention to women's health in non-pregnancy stages of life; and poor response to women's needs in mental health services and violence against women.

Key points:

- Women's health projects should respond to different needs of women of all ages in all geographical areas.
- Healthcare from a life course perspective should be strengthened.

China's economic development and women's health.

Ms. Cai Yiping, Executive Committee Member of Development Alternatives with Women for a New Era (DAWN).

Ms. Cai introduced several widely used indicators to measure gender inequalities. The Social Institutions and Gender Index (SIGI), focuses on discrimination, and encompasses family code, civil liberties, resources, son bias, and physical integrity. Data from past reports using the SIGI has shown an unbalanced sex ratio at birth (SRB), with China ranked in the 'medium discrimination' category during 2008 to 2014. Ms. Cai highlighted the 'son bias' is not merely due to reproductive preference, but also represents a list of underlying institutional disparities such as land entitlement and education opportunity for rural women, and discrimination in the labor market. The Global Gender Gap Index (GGGI) by World Economic Forum reported that China overall ranked 84th worldwide in 2014, whereas the rank in the health category was 140th because of the low SRB.

Key points:

- Women's health indicators are critical measures of gender equality and women's development.
- Women's health is closely associated with economic development but not entirely determined by economic status.
- SRB and gender gaps in sexual and reproductive health (SRH) are priorities for improving women's health and development in China.

Gap analysis in investment and health financing mechanism for women's health in China

Dr Zhai Tiemin, Associate Fellow, Division of National Health Accounts and Policy Studies, China National Health Development Research Center.

Dr Zhai outlined the design, major results, and implications of a study on Health Financing Mechanisms for Women's Health in Sichuan and Fujian, China. The study aimed to establish methodologies on sexual, reproductive and maternal health (SRMH) expenditure, and identified issues that could inform future SRMH financing policy. Under the framework of the System of Health Accounts (SHA) 2011, the researchers studied three arms of the financing mechanism - financing, provision and consumption - in three and five cities that were randomly selected in Fujian and Sichuan areas respectively. The study covered half of total number of general hospitals, and all the specialized medical care and public health service organizations. The study found the SRMH expenditure cost 15.8% and 12.9% of the current health expenditure (CHE) in Fujian and in Sichuan, respectively. Although SRMH health expenditure was mainly publicly funded, household out-of-pocket (OOP) expenditure remained a major financing source. Moreover, SRMH health expenditure occurs predominantly at hospitals and for health administration, and much less was allocated to preventive health service providers. That is, the majority of funding was allocated to curative, administration and health financing management, as compared to preventive health services. Also, more than 30% of expenditure was allocated to pregnancy-related areas and family planning services.

Key points:

- Households assume a high financial burden when seeking SRMH services. OOP shared 40% of SRMH expenditure, and social health insurance covered less than 25%, which means there are challenges in accessing care by the poor.
- SRMH expenditure is mainly concentrated on diseases

(Sexually Transmitted Diseases [STDs], hepatitis or inflammatory disorders of female pelvic organs). Efforts should be made to intensify health promotion and health education to avoid unnecessary expenses and increase medical coverage for these diseases.

- The estimated difference between Fujian and Sichuan reflected the inequity in maternal health among regions and population. Greater efforts should be focused on vulnerable populations, especially for western areas of the country, and for poorer populations and migrant women.
- More resources should be allocated to women's health with an emphasis on defining what is cost-effective, and this will require SRMH input.
- Comprehensive monitoring data on SRMH expenditure and financing is not readily available through current information systems. Investment in new data systems is required to better serve health policy makers.

Partnership in promoting women's health under a development and empowerment framework

Dr Zheng Zhenzhen, Research Fellow of the Institute of Population and Labor Economics, Chinese Academy of Social Sciences

Dr Zheng addressed the topic of the partnership in promoting women's health under a development and empowerment framework. From a developmental perspective, health is an important component of human capital. Health promotion, resources, individual recognition, autonomy in decision-making, and a focus on action and impact, are all key requirements for policies that promote empowerment.

Multi-sector partnerships involving government, civil society and private sector, play an important role in health promotion. From a life course view, women have distinct health issues across the different stages of life. For example, education about reproductive health for adolescent girls, and psychological health services for young and elderly women. A prolonged reproductive health education program for adolescents in Yuzhong District, Chongqing, provides a good example of multi-sector coordination and public participation, where resources were allocated towards health, education, industry and commerce, youth league, labor union and women's federations.

Key points:

- Women's health can be improved by adopting a framework that accounts for development and empowerment and involves mobilization across sectors.

- 'Invest in health' should be a policy priority in an "accelerated" aging society, and efforts need to be made to ensure women receive equal benefits to men.

SRHR, gender equality & economic empowerment

Ms Ingrid Fitzgerald, UNFPA Regional Adviser on Gender and Human Rights

Ms. Fitzgerald described key global commitments with respect to women's empowerment, health and wellbeing, and presented current evidence of the conditions of women's empowerment.

Agenda 2030 and the SDGs address the importance of women's economic empowerment, sexual and reproductive health rights (SRHR) and the elimination of violence against women (VAW). Under the normative framework, the convention on the elimination of all forms of discrimination against women (CEDAW) (Part III) enshrines women's social and economic rights with a particular focus on education, employment and health. The Committee on Economic, Social and Cultural Rights highlights the importance of SRHR. The Commission on the Status of Women (CSW) 61st Session in 2017 shed light on women's economic empowerment, with a particular focus on unpaid care work, all forms of violence and harassment, and women's access to sexual and reproductive health care services.

SRHR, gender-based violence (GBV), and economic empowerment are interlinked. Based on recent data, the proportion of women aged 15 to 49 years (married or in union) who make their own informed decisions regarding sexual relations, contraceptive use and health care is inadequate. Globally, women's labor force participation decreases by around 10-15% with each additional child for women aged between 25 and 39 years. Although the burden of unpaid care work falls on women all over the world, women's labor force participation has fallen in Asia. Ms. Fitzgerald emphasized that women's unpaid care work restricts their access to health, including SRH services. This exposes them to greater risk of unplanned and frequent pregnancies and unsafe abortions. Many women find it is easier to work in the informal sector because it is more flexible, but informal sector work is more insecure, precarious and unsafe. Unequal rights to property, land and other resources, coupled with women's unpaid care work, has kept women in informal, agricultural work, such that they are more vulnerable to poverty and ill-health. In addition, violence against women has a direct consequence on women's economic participation, leading to lost days at work, lost

income, and higher health costs. Sexual harassment acts as a barrier to economic participation.

At institutional level, discriminatory laws impede women's participation in economic activities, with 155 of 173 economies having at least one law impeding women's economic opportunities. A total of 943 legal gender differences are noted across 173 economies, with husbands being able to legally prevent their wives from working in 18 economies.

Key points:

- Ensure access to comprehensive, quality SRH services, including family planning.
- Information and education are required to support informed choices about women's reproductive and economic lives.
- Access to youth-friendly SRH services, and comprehensive sexuality education is needed to build a culture of choice and respectful relationships.
- Regulatory frameworks to support women's access to decent work must provide for SRHR (for example, family friendly policies, child care, and parental leave).
- Access to SRH services for women needs assurance in the informal economy.
- Regulation is required to protect women from sexual and gender based violence, including in the formal and informal economy, and in public spaces including transport.

Summary of discussions

One question that arose during discussion was in relation to the financing of health care: how are priorities for spending to be determined and how do we value women's health issues? The response was that decisions regarding priorities should be made through specific discussions between professionals in individual provinces, such as on prevention with centers for disease control. This will allow identification of the most urgent issues that reflect local perspectives.

Another point raised was the high levels of 'out of pocket' costs for health care. Such costs potentially impose major burdens on households which in turn force families to make decisions as to what healthcare they should purchase. This raises the potential for decision making to disadvantage women and girls in terms of their access to care. At present, little is known about the extent of these problems and thus more research is required on these issues, including research to understand intra-household decision-making on health care expenditure.



Panel 2: Addressing women's health priorities to achieve the SDGs in China.

A focus on prevention of major health risks in women and girls over a life-course, with attention to vulnerable population groups.

Challenges in provision of family planning services and responses

Dr Wu Shangchun, Research Fellow of the Institute of Science and Technology, NHFPC

Dr Wu outlined the current situation in relation to family planning services in China. Currently, free contraceptives are provided through China's extensive family planning service network. The frequency of contraceptive use for married women of childbearing age is over 80%, including the use of long-term and permanent contraceptives (e.g. intrauterine device, and male and female sterilization) in a high proportion. Following the merger of maternal and child healthcare system with family planning service system in 2013, a more functional integrated system has been accomplished. The new fertility policy that came into effect in 2016 has generated further demands on the quality of family planning services. Dr Wu identified several challenges, such as increased numbers of abortions, in particular in young and unmarried women, which lead to problems of infertility. The causes include lack of relevant knowledge among women, decreasing acceptance of long-term reversible and long-term permanent contraceptive methods, and inadequate knowledge about the risks and consequences of abortion. For service providers, the issues are caused by insufficient provision of prevention services, incomplete or outdated knowledge of contraceptive methods and products, and non-compliance with standardized service protocols. All these factors prevent clients from taking advantage of efficient contraceptive methods.

Key points:

For service providers

- Promote implementation of the Healthy China 2030 Planning Outline, especially engaging multi-sector efforts in addressing sexual health and safety among young people and vulnerable population groups.
- Continue rigorous implementation of strengthening reproductive health departments at health facilities.
- Strengthen training to update and broaden service providers' knowledge for the delivery of client-oriented services, including counseling, as per the latest international guidelines.

For clients

- Disseminate broader information on family planning for women and adolescents, beyond general contraceptive advice.
- Seize opportunities to disseminate contraception

information to women at time of childbirth, abortion and postpartum services, and offer family planning services. Abortion should not be promoted as a method of family planning.

Role of maternal and child health institutions in reproductive health services for women through life course

Dr Jin Xi, Deputy Director of National Center for Women and Children's Health, China CDC

Dr Jin started her presentation with reference to President Xi Jinping's recent remarks at the National Health Conference held in August 2016, where he highlighted the principles of prevention first and called for integration of prevention and treatment in health services throughout the life course. She provided a comprehensive overview of maternal and child health institutions work in safeguarding women's health through newborn period, childhood, adolescence, reproductive period, pregnancy and post-reproductive period. With over 3,000 MCH institutions across China, in villages, townships, the county, municipal and provincial levels, the MCH system has developed a strong national network that provides both health prevention and treatment services to women and children. The network also supports health management, planning, research, technical training, the collection and utilization of data and information, and provides advisory services to health administration at various levels.

Dr Jin Xi highlighted the collaboration between UNFPA and the National Centre on Women and Children Health on adolescent sexual and reproductive health. Starting from 2003 (the Fifth UNFPA-China Country Program Cycle), the collaboration began by introducing new concepts on adolescent sexual and reproductive health into China and piloting youth-friendly services in selected health facilities. The collaboration resulted in the development of protocols and guidelines on youth-friendly services in an effort to scale-up good practices nationwide and to continue advocacy on adolescent health.

Key points:

- Healthcare through the life course should adhere to the principle of prevention first, and where the integration of prevention and treatment should be prioritized.
- 'Life course' health care is provided to women and children in China through well-established national network of MCH system with solid technical capacity and strong political support from governments. Adolescent sexual and reproductive health has been included in the

national MCH system through collaboration with UNFPA. Continued efforts will be made to further strengthen the services through technical guidelines, the provision of comprehensive services and the establishment of regional service networks on youth health.

The current situation and prospects for midwifery in China

Dr. Pang Ruyan, Vice President of China Maternal and Child Health Association

Dr. Pang emphasized the importance of midwives and their crucial role in maternal and newborn health. She stressed that investing in midwives can generate as high as a 16-fold return on investment. Trained midwives can solve 80% of problems that occur during pregnancy and delivery. However, there are some challenges with midwifery development in China, including the limited number and capabilities of midwives, inadequate system of midwifery education, as well as a lack of specialized laws and regulations. The number of midwives in China is only one-eighth of that in Cambodia.

Dr. Pang highlighted some of the achievements that have been made through the collaboration between China Maternal and Child Health Association (CMCHA), Peking University and UNFPA. These include the inclusion of midwife training in eight universities at undergraduate level; the development of core competencies of midwives in China; advocacy in promoting specialized legislation and the establishment of a midwives professional association. Dr. Pang also emphasized the increasing gap between the current supply and the rising demand for maternal health services, following the implementation of the two-child policy.

Key points:

- Midwives play an important role in safeguarding women's health, which is now particularly relevant following implementation of the two-child policy.
- Actions should be taken to improve quantity and quality of midwives to ensure the wellbeing of mothers and babies, including continued efforts on policy advocacy, midwifery education, human resources development, and international cooperation.

Intervention during pregnancy and prevention of non-communicable diseases

Dr. Yang Huixia, Director of Gynecology & Obstetrics, Peking University First Hospital

Dr. Yang emphasized that preventing NCDs in pregnancy is crucial in prevention of NCDs in women at older ages and

for their offspring, with a particular focus on the importance of diabetes management during pregnancy. Research has shown that there is a high prevalence of diabetes in China, and the ages of onset of diabetes and pre-diabetes is declining, while the age of childbearing is increasing. More women are entering pregnancy with risk factors, such as obesity, cardiovascular disease (CVD) and type 2 diabetes, making them more vulnerable to the adverse effects of hyperglycemia. The International Diabetes Federation (IDF) estimates that one in six live births (16.8%) are to women with some form of hyperglycemia in pregnancy. While 16% of these cases may be due to diabetes in pregnancy (either pre-existing diabetes-type 1 or type 2, which antedates pregnancy or is first identified during testing in the index pregnancy). The majority (84%) of these cases are due to gestational diabetes mellitus (GDM). Recent research has shown that pregnant women with GDM have a greater risk of type 2 diabetes (7 times) and metabolic syndrome (4 times), and that fetuses with a mother with GDM have higher risks of perinatal adverse outcomes (stillbirth, perinatal asphyxia, etc.), and obesity and type 2 diabetes during adulthood.

Dr. Yang emphasized the importance of cooperation between hospitals and communities in preventing GDM. She highlighted a national GDM training program in 19 provinces with more than 10,000 health providers trained, and established 45 GDM centers in China. A cooperation and referral system has been created between GDM hospitals and communities to establish a comprehensive and systematic model for diabetes care before, during and after, pregnancy. In hospitals, a GDM management team cross various departments of gynecology and obstetrics, nutrition, pediatrics, and endocrinology, to provide pregnancy education programs to general practitioners (GPs) at community health centers. The GPs then conduct pre-pregnancy screening and postpartum follow-up among pregnant or postpartum mothers.

Finally, Dr. Yang highlighted research findings that undertaking regular exercise in early pregnancy is associated with lower incidence of GDM in overweight and obese pregnant women in China. The postpartum period is crucial to the prevention of obesity and long term adverse outcomes.

Key points:

- Prevention of NCDs in pregnancy is crucial in prevention of NCDs in women at older ages and in their offspring.
- It is important to create a strong referral system based on

cooperation among hospitals, community health centers and GPs, for effective NCD prevention among pregnant women.

- Evidence shows that regular exercise commenced in early pregnancy is associated with lower incidence of GDM, reducing adverse outcomes in mothers and babies.

Prevention of non-communicable diseases starts in pregnancy

Dr. Jane Hirst, Consultant obstetrician at the University of Oxford

Dr. Hirst described the association between pregnancy and NCDs, and how NCDs in women and their offspring can be prevented.

Each year, a large number of women suffer from or die from NCDs, in particular CVD, cancer, diabetes, chronic respiratory disease and depression. NCDs that are common in pregnancy are hypertension and GDM, pose long-term avoidable risks for both mother and child. For the offspring, continuous breastfeeding can prevent CVDs and type 2 diabetes. For mothers, appropriate lifestyle interventions can significantly prevent type 2 diabetes and reduce morbidity from hypertension. However, there are obvious challenges to preventing NCDs through the life course: scalability and sustainability of known interventions; high costs and other barriers to implementation; how best to engage women with preventative health and lifestyle changes; how to achieve equitable coverage for all women; and how to integrate NCD surveillance into existing health care services where women are seen (e.g. childhood health checks, family planning), and the role of new technologies (smartphones, tablets, the internet) in promoting lifelong health.

Key points:

- Does prevention of GDM or hypertension during pregnancy provide longer term benefits for mother or offspring?
- Can improved glycemic and blood pressure control during pregnancy have metabolic benefits beyond pregnancy for the mother and baby?
- What is the optimal way to monitoring women after pregnancy who have had diabetes or hypertension to prevent future CVD or type 2 diabetes?
- How can we help families achieve and sustain lifestyle changes to prevent NCDs?

Women's health issues in the elderly

Dr. Wang Linhong, Director of NCD Center, China CDC

Dr. Wang outlined the main health issues for elderly women, that of NCDs. In 2015, chronic NCDs accounted for 86% of elderly women's deaths in China. The main risk factors included insufficient intake of healthy foods and lack of physical exercise. Research showed that nearly 90% of elderly women do not exercise, which leads to an increase in overweight and obesity prevalence among the elderly. More elderly women are overweight or obese than elderly men.

The issues of age-related disability and diseases, such as osteoporosis, impaired vision, Alzheimer's disease and senile depression, should be a priority for elderly women. Research shows that the prevalence of these diseases in women aged over 60 years is rapidly increasing. In particular, the prevalence of Alzheimer's disease doubles with every 5 years after the age of 65 years, and also increases the risk of associated depression. Meta-analysis has shown the prevalence of depression in the elderly (>60 years) is 22.6% in China. There are more women with depression (25.2%) than men (18.5%). In regard to reproductive health, research has shown that morbidity from breast and cervical cancer in older women is increasing relative to younger women. With aging, pelvic floor dysfunction (PFD) is becoming an increasing problem, affecting 20%-50% of women, which again is associated with depression.

Key points:

- With an ageing population, elderly women have a heavy burden of health and disability, yet national legislation and policies for NCDs prevention and treatment focusing on the elderly are lagging.
- NCDs prevention targeting elderly population needs improvement.
- Health protection for poor and vulnerable elderly women is inadequate and requires attention.

Summary of discussions

A question was raised on how to prevent violence against older women and what is the role of health services sector in detecting and responding to violence. An answer was the acknowledgement that violence against women, including elder women, remains an ongoing challenge in China. The NCWCH and UNFPA have partnered to include violence screening in the health system with referral services provided by local women's federation offices.

Extensive discussions were held on the integration of pre-natal and maternal care with long-term chronic disease control, throughout a women's life time. For instance, GDM is likely to turn into a chronic disease after a woman delivers a child. Hence, GDM screening and control during pregnancy as well as healthy lifestyle interventions should be integrated to ensure women's health throughout the life course. To achieve this, obstetric departments, community entities, chronic disease departments and health education outreach should work together, including preventive service packages for young people.

Another question was raised about the necessity to support midwives training in China where the rate of hospital delivery is high and maternal mortality rate is low. The response confirmed the importance of investing in midwives training and skills development. Having sufficient numbers of trained midwives is key to improving the quality of services during child birth, as midwifery promotes natural delivery. Results from a World Bank study showed that midwives provide better services in low-risk deliveries, compared to doctors and the costs can be 16 times lower.

Changes in contraceptive mix and current challenges with family planning services were also discussed. With increasing condom use, and other methods decreasing, consistent and correct use of condoms remains a challenge, resulting in high number of unintended pregnancies. One solution is to educate the public and encourage people to use long-term reversible contraceptive methods. In the meantime, the capacity of family planning service provision needs to be strengthened to meet the unmet needs. Strengthening family planning services require investment in human resources, promotion of human-centered approaches, and improvement of counseling skills, among others. Family planning service providers' training, therefore, is an urgent task, which requires systematic response.



Dr. Babatunde Ahonsi, Representative of UNFPA China, delivering a speech at the Women's Health through Life Course and Empowerment.

Conclusions and recommendations

Despite remarkable achievements in women's health over the last decades, China still faces challenges and issues due to its large population, wide geographic area, and unbalanced economic and social development.

As China translates its commitments to women's health, empowerment and gender quality by aligning the goals and objectives of relevant policies and programs in accordance with the SDGs, ICPD PoA and the 'Healthy China 2030' Planning Outline, an integrated life-course approach should be adopted, starting from childhood, through to adolescence, adult phase, including reproductive life, and elderly period.

The meeting participants put forward the following suggestions and recommendations for action and follow up:

1. Priority actions should address remaining gaps in improving care for high-risk pregnant women, preventive services, including voluntary family planning services and preventing life-threatening diseases affecting women. The following actions were recommended:

- Healthcare for women from a *life course perspective* should be strengthened with the *principle of prevention first*;
- Women's health projects should *tailor their interventions according to varying needs of women at different stages of their life*, and in different geographical areas;
- *The imbalanced SRB and gender gaps in sexual and reproductive health (SRH)* should be given the highest priority in women's health and development in China;
- *Prevention of NCDs in pregnancy* is crucial for effective prevention of NCDs in women of older ages and in their offspring. It is important to create a strong referral system based on cooperation among hospitals, community health centers and GPs for effective NCD prevention among pregnant women;
- More research is urgently needed to demonstrate the best practices in achieving sustainable lifestyle changes and family support for women with a GDM history;
- *A gendered approach* to addressing NCDs should be taken into account in research;
- With rapid ageing in China, elderly women carry a heavy burden of ill-health and disability. *National legislation and policies for NCDs prevention and treatment with focus on*

elderly people, especially vulnerable women, are needed;

- Rigorous implementation of *strengthening reproductive health departments at health facilities* should be continued. Training to *update and broaden service providers' knowledge of client-oriented and international guidelines-aligned services* should be strengthened;
- Midwives play an important role in safeguarding women's health, and actions should be undertaken to further *improve quantity and quality of midwives* to ensure the health of mothers and babies, including continued advocacy efforts in policies, midwifery education, human resources development and international cooperation;
- Continued efforts should be made to *further strengthen SRH services for adolescents and youth* through technical guidelines, provision of comprehensive services, and establishment of regional service networks; more comprehensive information on family planning beyond general contraceptive advice should be widely disseminated amongst young people;
- *Health sector response* to detect, address and prevent *violence against women and girls* is needed urgently.

2. Women's health indicators are the critical measurements of progress in gender equality and women's empowerment. It is important to improve women's health within a framework that includes development and empowerment, and recognizes the need for multi-sectoral action.

Recommendations are as follows:

- *'Invest in health'* should be a policy priority in an accelerated 'ageing' society, and it is important to ensure that *women benefit equally with men*;
- Efforts should be made to develop and implement *cost-effective interventions in women's health*, i.e. health promotion and health education;
- *Monitoring on health expenditure and costing information* should be routinely carried out through investment in information systems;
- *Addressing burden of NCDs* has the potential to increase women's empowerment, and recognition of this payoff should be factored into decisions regarding investment programs and policies;

- Efforts should be made to *improve access to youth-friendly services, and comprehensive sexuality education* to build a culture of choice and respectful relationships, and to support informed choices about one's reproductive and economic lives;
- Regulatory frameworks to support *women's access to decent work* must provide for SRH services in the formal and informal economy (e.g. family friendly policies, parental leave);
- Efforts to address violence against women should be stepped up. Regulation to *protect women from sexual and gender based violence* including in the formal and informal economy, and in public spaces including transport, should be developed and implemented.



Annexure: Roundtable meeting agenda

Women's Health through Life Course and Empowerment, Friday 4 August 2017 at the Park Plaza, Beijing Science Park

Time	Activity	Participants
08:30-09:00	Registration	All participants
Opening ceremony (Moderator - Department of Maternal and Child Health, NHFPC)		
09:00-09:20	Opening speech - Department of MCH, NHFPC	Mr. Qin Geng, Director General, MCH Department, NHFPC
	Opening speech – UNFPA China Office	Dr Babatunde Ahonsi, Representative UNFPA China
Keynote presentations (Moderator – Department of Maternal and Child Health, NHFPC)		
09:20-09:50	Women and children's health status and prospects in China	Dr Zhu Jun, Director of National Office for Maternal and Child Health Surveillance
09:50-10:20	Global status of women's health and empowerment	Dr Robyn Norton Principal Director, TGI; member of Global Task Force on Women's Non-Communicable Disease
10:20-10:30	Tea break	
Panel 1: Women's health and empowerment	(Focus: women's health, gender analysis and economic empowerment)	Moderator – Dr Stephen Jan (Head, Health Economics & Process Evaluation Program, TGI)
10:30-10:45	Gender and women's health in China	Dr Fang Jing Kunming Medical University
10:45-11:00	China's economic development and women's health	Madam Cai Yiping Development Alternatives with Women for a New Era (DAWN)
11:00-11:15	Gap analysis in investment and health financing mechanism for women's health in China	Dr Zhang Yuhui China health Development Research Institute
11:15-11:30	Multi-sectoral collaboration for addressing women's health issues	Dr Zheng Zhenzhen Chinese Academy of Social Sciences
11:30-11:45	Women's health, women's wealth: health, SRHR and economic empowerment	Madam Ingrid Fitzgerald, gender advisor for Asia and Pacific Regional Office, UNFPA
11:45-12:00	Questions and Answers	
12:00-13:00	Lunch	
Panel 2: Addressing women's health priorities to achieve the SDGs in China	(Focus on prevention of major health risks in women and girls from a life-course approach with a particular attention to vulnerable groups)	Moderator – Dr Zhu Jun, Director, National Office for Maternal and Child Health Surveillance
13:00-13:15	Challenges and responses for China's family planning technical services in China's context of new fertility policy	Dr Wu Shangchun, Institute of Science and Technology of NHFPC
13:15-13:30	The Effect and role of maternal and child health institutions on the women's health through life course, particularly on adolescents	Dr Jin Xi, Deputy Director of National Center for Women and Child Health (NCWCH), China CDC
13:30-13:45	China's midwifery status and prospects	Dr Pang Ruyan, Honorary vice president, China Maternal and Child Health Association
13:45-14:00	Control of hyperglycemia during pregnancy and prevention of non-communicable diseases in China	Dr Yang Huixia, first Hospital, Beijing University
14:00-14:15	Prevention non-communicable diseases starts in pregnancy	Dr Jane Hirst, Senior fellow in Perinatal Health, University of Oxford
14:15-14:30	Addressing elderly women's health and prevention of non-communicable diseases	Dr Wang Linhong, Director, Non-Communicable Diseases Center of China CDC
14:30-14:45	Q&A	
14:45-15:00	Sum-up/Closing	Department of MCH, NHFPC UNFPA China

Host organisations

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