

Women's contribution to healthcare constitutes nearly five percent of global GDP, but nearly half unpaid, unrecognized

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A major new Commission on women and health has found that women are contributing around \$3 trillion to global health care, but nearly half of this (2.35% of global GDP) is unpaid and unrecognized.

Published in *The Lancet*, the Commission offers one of the most exhaustive analyses to date of the evidence surrounding the complex relationships between [women](#) and health, and demonstrates that women's distinctive contribution to society is under-recognised and undervalued—economically, socially, politically, and culturally.

The report underlines that women are important providers as much as recipients of [health care](#), and that globally, their changing needs in both of these respects are not being met.

According to Professor Ana Langer, head of the Women and Health Initiative at Harvard T. H. Chan School of Public Health in Boston, USA, who co-led the commission, "Too often, women's health is essentially equated to maternal and reproductive health. However, the evidence outlined by this Commission overturns this conventional interpretation, and we urge the global health community and policymakers worldwide to embrace a more holistic - and realistic - understanding of women and health. It's time to acknowledge women's comprehensive health needs throughout their lives, and their productive contributions to health care and society as a whole, as well as their

similarly important roles as mothers and homemakers."

The Commission, which brought together leading thinkers, heads of programmes, and activists from around the world, examines the complex links between biological, economic and social factors in improving women's health throughout their lives - including the substantial effects of rapid globalisation, urbanisation, and climate change, all of which have inequitable effects on women's health.

According to Professor Afaf Meleis from the University of Pennsylvania School of Nursing, Philadelphia, USA, who co-led the Commission with Langer, "Often urban areas are developed without any input from women, and without addressing their needs for adequate lighting, safe transportation, access to healthy food, to infrastructures that promote community connectivity, and to integrated health care, child and elderly care. This puts women at increased risk of violence, non-communicable diseases and stressful life overload, which may in turn have adverse consequences for their families."

The authors conclude that gender equality and empowerment must be central to the policies and interventions used to improve healthcare and to human, social and economic development, especially in the post-2015 era.

Additionally, the Commission analyses data from 32 countries, accounting for 52% of the world's population, to estimate that the financial value of women's paid contribution to the health system in 2010 was 2.47% of the global gross domestic product (GDP) and 2.35% of GDP for unpaid work (largely domestic care for family members, which is only officially acknowledged and compensated in a small number of countries, including Costa Rica, Turkey, and the UK). Women's contributions to health care amount to a total of US\$3 trillion, more than the US and UK government's combined total annual

expenditure.

According to Commission co-author Dr Felicia Knaul, Director of the Harvard Global Equity Initiative, Boston, USA, who led the economic calculations, "Our findings on women's paid and unpaid financial contributions to health worldwide only begin to explore and quantify the work of women as health professionals in the paid health care labour force, and their unpaid work to support health and prevent illness undertaken in their own homes, in the homes of others and through volunteering in the health sector. The contributions of women to health and health care are myriad, and the data to fully measure them are lacking."

"Worldwide, most providers of health care are women," says Professor Langer, "But the health systems to which they contribute so much are often completely unresponsive to their needs - despite the fact that they rely heavily on their paid and unpaid contributions. Women are undervalued and unsupported by the systems in which they work, and this problem is exacerbated by inequitable access to healthcare experienced by too many women worldwide - particularly those in the most vulnerable groups."

Professor Meleis adds, "Nurses form the largest global workforce in health care, and the majority of them are women. Many nurses work in unprotected environments and their scope of authority is incongruent with education and experience. All this can lead to burnout, attrition, severe shortage and affects their health, and the health of others."

The Commission concludes with a series of recommendations, including a call to recognise the importance of timely and appropriate investments in girls and women to enhance their status, strengthen health systems, and improve health outcomes, and to ensure that development planning and financing for health is responsive to the concerns and needs of

