

Women's health scourge in developing countries: a health governance challenge

Abstract

This article reviews some selected women's health issues and their proportion in developing countries and its health governance related challenges that contribute to the health issues' development. It begins by looking at 10 women's health issues including their challenges and related health governance impediments. The general objective was to provide a food for thought for stakeholders and other interesting fellows on how women's health issues interwoven with health governance challenges, and ways of improving it. Published and un-published materials from offline and online sources were consulted for the review. Operational research is required to identify areas of need, and the measures to consider in promoting women's health.

Keywords: health, burden, issues, women, governance, challenges, policy

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Introduction

Women in developing countries are confronted with diverse health issues due to their societal roles, and partly to lack of functional health facilities, poor economic situation, and lacks of political will.¹ Other factors include inaccessible health care services, high cost of medical services, in adequate technical knowhow, and poor management techniques.² This article look at various aspects of health issues affecting women's health in developing countries, as consequential effect of health governance challenges. It was well documented that a woman lost her life in every 1.5minutes to causes related to childbearing complications, which are preventable with adequate resources.² Women are subject of inequality in health, a claim attributed to their unique need of reproductive health services; these impediments evolve around poor socio-economic status. This was especially truth by the fact that over 50% of global HIV burden lies with women residing in developing countries.³ It was stated in a study published in The Lancet that with access to family planning services, several women's life up to the tune of 100,000 would have been saved from the 99% maternal mortality rates in developing countries.³ In 1995 a pledge to improve the standard of women's health was made in Beijing by countries in attendance, but 20 years on, the challenges remain un-solved.⁴ Women's health needs responsive, viable and vibrant health governance that ensures the use of improved technology, qualitative health facilities, access to information and trained health personnel. Women's health as cardinal landscape of a successful society, need to be accorded a deserving accolade through sound policies, commitment and strategies that enshrine their right to health as public good. This article highlight women's health scourge in developing countries due to inadequate health governance pursuit to the plight. Several attempts were made in the past through policy formulations and reforms that if properly implemented women's health challenges would have been a thing of the past, but the goal remain a mirage. Below are the 10 pressing issues in respect to women's worrying health issues in developing countries.⁴

Discussion

Women's health issues

In developing countries most of the women suffered all or most of the outlined health issues as a result of zero, dilapidated or inadequate health services, thus; Cancer; Reproductive health; Maternal health; HIV; Sexually transmitted infections; Non-communicable diseases; Mental health; Violence against women; Female Genital Mutilation and Water & Sanitation.

Cancer

Globally, cases of deaths associated to cancer are on the increase with up to 7.6million deaths in 2008 and 8.2million deaths in 2012. Two types of cancers that devastate women's health are breast and cervical cancers.

Breast cancer: Breast cancer killed 327,000 women annually worldwide; it is the major cause of cancer related deaths of feminine gender.⁵ Incidence of 1,350,000 or there about of breast cancer occurs annually, while it prevalence is to the tune of 4,400,000, while 1,700.000 new cases are estimated to surface by 2020, mostly in developing countries.⁶ WHO have estimated deaths related to breast cancer to be more than the deaths caused by malaria in 2015, but the funds spent on TB, HIV and Malaria course, supersedes that of breast cancer in multitude. In addition, the burden of breast cancer in low economic countries is wide and increasing, but the women receiving or accessing needed treatment are very few, why is it so?⁷ Numbers of causes are linked to breast cancer; that is why its etiology makes initiating policies, that guide it prevention difficult and challenging, so, the in used technique remain early case detection, which is a secondary prevention method.⁸ Despite the fact that developed world has more cases of breast cancer, but it tragic effect is more pronounce and disturbing in developing countries.⁹

Cervical cancer: Two third of productive years lost by women in developing countries are linked to cervical cancer (CC), while other reproductive health burden account for the remaining 1/3rd; which is disturbing and alarming, because cervical cancer is a preventable condition.¹⁰ Globally, cervical cancer is marked the fourth cancerous disease of women folk in general and second among those in 15-44years age group. According to GLOBOCAN 2012 report, 527,624 incidences and 265,672 mortality cases of CC were estimated.⁸ CC prevalence in developing world account for over 80% of its worldwide burden, which is so because of the inability to performed cytology screening program for early detection in low resource settings.¹¹ If survival rates possibilities were taken in to account, in Thailand the survival possibilities will be 80%, 42% in India and 21% in Sub-Saharan Africa.¹² While generally, deaths and new cases ration of cervical cancer is placed at 52%.¹³ Burden of cervical cancer was not accorded the right attention it demand, due to poor record keeping and lack of effective screening program in developing countries. To fill in this gap, policy makers should design program that can fit in to existing sustainable services funded independently from external sources.¹⁴ World Health Organization recommended CC prevention guides; 65countries have collaborated with them since then in formulating and implementing programs. However, the world wide burden of CC is pandemic in Asia and African nations, where immunization and detection examination are not scale up or not taken place at all, this call for aggressive response from countries regard to uptake of HPV vaccines.¹⁵

Reproductive health

Reproductive health refers to the processes, activities and sequences involve in the entire life to fulfill sexual obligations, the term signifies enjoying of a satisfactory sexual life and that reproduction can occur at any time a decision to do so is reached.¹⁶ Averagely, in developing countries women become pregnant more often than their counterparts in developed economics, so is their susceptibility to death as a result of childbearing related complication. In developed economic the chances of a 15year old girl to die from a maternal causes is 1 in 4,900, while in developing world is 1 in 180.¹⁷ Inability to supply family planning services to the in need women caused 290,000 childbearing associated mortalities, 22,000 risky abortions, and 2,900,000 neonates mortalities from preventable causes in developing world. There are increase in the use of contraceptive in Asian and South American regions, but diminishes in sub-Saharan Africa.¹⁷ It was evident that of the 125,000,000 of births per year in developing world, more than 40% of mothers do not attend the minimum 4 session ante-natal attendance recommended by WHO; even those who attend the sessions were not offered the required services. One third of births were conducted at home without skill health attendant.¹⁸ Women who developed complications while pregnant or at birth outside health facilities, do not enjoyed the needed care; Moreover, two third of the neonates in need of healthcare were not given.¹⁹ Government officials and implementation partners should embrace the fact that committing to reproductive health and sexual right is evidently effective. Future framework should guide funding preference at national and international levels. Attaining a collective success requires obvious support of sexual rights and reproductive health services. Accessing this services and sexual right are on horizontal line relevant wise, because an informed decision regard to reproductive life, should be explicitly theirs.¹⁷

Maternal health

Globally, almost 830mothers die annually due to childbearing related complications, 303,000 of this deaths occurs in 2015 alone, most of it took place in developing world, from avoidable causes.²⁰ Within the span of 25years maternal related death rates was reduced by 2.3% annually from 1990-2015, with it scale-up peak between 2000 to 2010 in some countries with 5.5% reduction.¹⁷ Effort needs to be intensified to do away with the preventable causes of maternal mortality. WHO has provided a set of guides that recommended the least amount of care for all women of childbearing ages and their babies, at pre, intra and post natal periods, during labor and delivery to ensure a sound and healthy outcome.¹⁹ Viable policies and a functional health services are cardinal to improving reproductive health.¹⁹ As part of WHO mandate on maternal health, ten years after its creation in 1948, a chapter highlighted a required response in regard to maternal health promotion.²¹ The sections in the 1950s stipulates capacity building of both fulltime and auxiliary personnel, establishment of bureaucratic maternal health department within states, and incorporation of maternal health services with other health services.²² More policies need to be formulated and implemented to ensure proper and right maternal health services are delivered to the women in need.

HIV

HIV/AIDS was first discovered in 1981 but become a leading health and developmental burden of all time; it effects was not limited to individuals but include the family, society at large and the income strength of the affected country.²³ More new cases of HIV are emerging stalling the gains made earlier in some part of the globe.²⁴ Number of HIV positive women globally reached 17.4million and is stable at 51% of the global burden. Women constitute 59% of the HIV positive persons in sub-Saharan Africa in 2014.²⁵ Women within the age group of 15-24 bear 25% of HIV incidences in sub-Saharan African, and they have only constituted 17% of the adult population. Gender differential and inequality in service accessibility, domestic hostilities and sexual abuse add to the women susceptibility to the infection.²⁶ HIV/AIDS is the major cause of mortality in women of reproductive age, in developing countries.²⁷ Policies suggesting ways and processes of financing HIV/AIDS eradication with funds outside donors' pockets need to be formulated, to fill in the funding gap threatening the sustainability of HIV/AIDS control efforts in developing countries, so as to compliment Universal Health coverage pursuit of Sustainable Development Goals (SDG).²⁸

Sexually-transmitted diseases (STIs)

In 1993 World Bank identified STI as the 2nd leading cause of health burden of younger women in developing world with 8.9% rates.²⁹ STI is a serious disease of public health concern, it complications in female reproductive tract and consequences on childbearing are well established.³⁰ About 290million women suffered HPV infections all over the world, HPV is the virus causing cervical cancer, and of the prominent STIs origin.³¹ Over 1million new cases of STIs are contracted on daily basis, and annually 357million incidences were recorded in 4 STIs, revealing 131million-chlamydia; 5.6million syphilis, 78million gonorrhea and 143million trichomoniasis. Over 500,000,000 were tested positive with genital herpes (HSV) infection.³¹ The above proportion indicates a gap in the available literature on the incidence and prevalence of STIs within women of all ages in developing world. Study on STIs was concentrated on HIV, this call

for intensifying efforts to provide data on STIs burden on women in developing countries, with which to formulate policies toward it control. It will be ideal to inculcate STIs screening in family planning clinics as means of surveillance.³⁰ Reproductive health services should be made available, accessible, and affordable in primary health care centers, as a public good to all in need population irrespective of age (to support post MDG health targets). To avoid unhealthy resource competition with other health areas and reproductive health, a consideration in scarce resource allocation should take in to account the most in need locations.³²

Non-communicable diseases

Non-communicable diseases (NCD) are the chronic non-transmissible ill health conditions that diminished progression of the victims; it includes heart diseases, carcinomas, chronic respiratory infection, and diabetes.³³ In an estimate by WHO 80% of world disease burden will be NCD by 2020; NCD is responsible of 7 in 10 premature mortalities in developing world, before the victim reach the age of seventy.³⁴ Number of factors triggers the transition from infectious diseases to non-communicable ones in developing world as a result of change in socio-economic status: moving away from local foods to synthesize one reach in lipid, salt and glucose; increase in sedentary way of living, reduction of physical activity and alteration in tradition that sees number of women smoking cigarettes increase are attributes.³⁵ Movement toward one world order known as globalization and myriad of rural urban migration called urbanization has added to the growth in NCD burden.³⁴ The situation called for prompt and aggressive response with sound policies, legal backing, sound processes and facilities that prevent the development of NCD targeting poor citizens as the vulnerable to the incidence.³⁶ WHO in 1991 enjoy the bureaucrats and other stakeholders to formulate policies that will prevent subsequent occurrences of the NCD pandemic.³⁷

Mental health

Depression, a certain class of mental illness account for almost 41.9% mental disorders in women; including organic brain syndromes and senile dementia, a depressive disorder often seen in the elderly; women are the majority victims. Additionally, among the 50,000,000 victims of violent conflicts, rebellion wars, calamities, insurgency displacement, 80% of are women and children. Violence against women in their life account for 16-50%, and a minimum of 1 in 5 women taste rape or intent to be raped in their life.³⁸ In general, women's mental health status is often characterized by sadness, worries, mind distress, domestic hostilities, sexual abuse, and excessive use of illicit drugs. Unrelenting multiple functions, gender inequality, poor socio-economic status, starvation, nutritional challenges denote poor mental health status in women. Severity of the aforementioned combined with psychological distress such as non-sense of belonging, feeling of mediocrity, humiliation and suppression can be positively link to depression in women.³⁸ In Sub-Saharan Africa, one in three HIV patients experience significant depression symptoms, known to interfere with motivation to take anti-retroviral medications.³⁹ In a recent report by World Health Organization revealed that accessibility to mental healthcare facilities is fifty times more in developed economics, but a paltry of only 1% health workers served in mental health sector. This shortage in mental healthcare workforce capacity is eminent; despite the report of 1 in 10 people suffering from one type of mental health ailment or another. What factors distort the perception and care of mental health disorders in resource poor countries? How can mental health view be change? Considering the

shortage of manpower and other resources in mental health dealings, how can mental health be make a priority,⁴⁰ more especially in respect to women's health? Need to be responded upon as policy guide views.

Violence against women

Violence against women according to United Nations, is any action related to violence that is gender related, that caused physical, sexual or psychological distress or ill feelings to women in open or hidden that result in to denial of personal right.⁴¹ Men subjected to women to violence at age 15 with one in three to physical abuse, while one in five to sexual violence, this estimate were base on survey result collected in non conflict settings. WHO reported sexual violence experienced by women in 2005 from 10 developing countries as 0.3-11.5% of women, reported sexual violence from non partner beginning in age 15; while the initial experience of several women was a forced one.⁴¹ Multiple problems exist following sexual violence that last long exerting pressure on survivors that resulted to wide social and economic implications. For a lasting solution, it is vital to formulate policies with legal backing that will curtail all forms of segregation against women, improve gender consideration and equality, encourage and assist women by promoting a more tolerance, understanding and peaceful traditional norms. Positivism support from health services units is vital to prevention of this violence, through sensitization and capacity building. To take mental violence challenges head on, multidisciplinary response is needed.⁴¹

Female genital mutilation

Female Genital Mutilation (FGM) denote every processes involving complete or partial cutting of outer layers of female genital organ or other injuries inflicted on it for non medical purpose. FGM is known worldwide as human right violation. The practice has no benefit of any kind, being it medical or otherwise, but several harms.⁴² Over 200,000,000million of ladies live with the cut in the 30 endemic countries.⁴³ The incidence of FGM is declining, but some die hard traditionalist maintain the culture making it elimination hard to realized, despite availability of fact on it dangers and threat to social and health status of the victims, the practice remains in situ in many countries.⁴⁴ A lot of efforts are needed to eliminate FGM, to achieve this, the existing techniques should be scale up, and fresh ones with greater effect should be formulated. Moreover, attention needs to be focus on the impact of FGM on women's health and it mind penetrating implications. To curtail the menace all stakeholders like Nurses/midwives, Doctors, faith and religion based leadership need to be involved in the course, due to the influence the exert on their community.⁴⁵ Various policies need to be put in place to curb the ill practice, and the services of government officials, development implementation partners, NGOs, CSOs, faith base organizations need to be engaged to successful address FGM.⁴⁴

Water & sanitation

Water related contentions include insufficient portable water supply, hygiene facilities, water contamination, and overflow, siltation of rivers and handling of water holding spaces.⁴⁶ When portable water are inadequate, it tells on feminine gender, for instance in schools without sanitation facilities, girls avoid school during menstrual time to avoid embarrassment. It is a norm for women to fetch water in developing countries, a time gulping procedure.⁴⁷ Water resources facts in developing world indicates that about 780,000,000 have no access to portable water supply, ladies walked an average of

Skilometers daily to fetch water from which over fifteen hours are spent weekly collecting water. Obstacle to overcoming water resource challenges are; poor socio-economic status, increase population, poor structures and policies in respect to water processing steps like developing, prizing, and reserving.⁴⁶ To see the back of the portable water inadequacy, authority concern needs to formulate policies that will establish independent body in charge of water resource in places where there is none, or improve the capacity of the existing one in place with availability. Gaps in the existing policies should be identified and improve to address the gaps. Moreover, more is needed to be done in addition to roles demarcation and sharing, in areas of budget allocation and promotion of sanitation activities.⁴⁸

Health governance and challenges

Governance for health refers to efforts made by state actors and non-state actors to guide the societal directions, nation or nations in chasing health as necessity to well being through governmental or societal mechanism. It galvanized a coordinated response between health and non health units including that of other actors for common ground attainment. Governance for health calls for combined policies from outside the health sectors and government through partnership that promote well being⁴⁹ of the society, more especially women. Women suffered from relatively insufficient health services that adversely affect their reproductive health, such as discrimination, negative impact of war, and sometimes by humiliation from non-beneficial cultural practices⁵⁰ Gender discrimination and violence profoundly affect the health and general welfare of women and other members of the community. Women's health was also affected by other societal factors like poverty, ethnic jingoism; social status, non-functioning health facilities, and distance to health structure, imperial societal position of women and girls, and domestic violence, challenge the provision of accessible, available and affordable health care services to the marginalized poor.⁵⁰ In-coordination challenges tripped the many laudable initiatives established to promote women's health through collaborations. The initiatives includes; Every woman-every child; Safe motherhood; Campaign to stop female genital mutilations etc., have done a lot for long to see that women's health have attended the desire height in many countries.⁵¹ This effort eventually leads to the query; would the current governance state produce a desirable result? Women's health burden in the scarce resource setting is dire, intractable and resistance to change, while it is evident that national government are putting in more efforts to improve the health of poor citizens and marginalized, many in puts were un successful.⁵² Health expenditure in developing world were placed at around USD 11 per individual annually, it was far from USD 30-40 WHO recommendation per person in comparison of the USD 1,900 per individual in the developed economy.¹³ Healthcare leadership has a role to play across all the nook, cranny and sphere of the community to ensure that activities in the sectors inform health processes.⁵³ Future public health policy shall consider the impact of other global challenges emanating from industrialization, climate change, looming famine, breakout of diseases and pandemic on health; well being of population need to be addressed through public policy.⁴⁹ More inputs are needed to improve women's health to sustainable stage to defy the worrying syndrome surfacing of recent.⁵³⁻⁵⁵

Challenges facing Women's health in developing countries are multifaceted, but on the overall lack of political will is the most worrisome. This willingness leads to placement of women's health issue in top priority list. Viable, practicable and realizable policies

are needed to steer the processes of curtailing in the bud of the issues affecting women's well being. The poorest poor in developing economy need effective healthcare services, without which the scourge will forever grow. Measures need to be formulated to guide the needed policies reform, but what are these measures? What policies will be affordable, cost effective, and sustainable; with which to promote women's health as enshrine in WHO in 1958 maternal health recommendation, that only sees 2.5% improvement annually in 25 years?

Conclusion

Women's health issues are broad, multifaceted with myriad of challenges connected to development indices, this article highlight women's health issues in developing countries where several evidence of worsening situation exists. Policy makers cannot escape the blaming finger pointing them for not doing enough to curtail the avoidable health challenges confronting women in developing world with all its devastating tragic consequences. Escalating situation of maternal deaths, cervical cancer and the un-shifting practice of Female Genital Mutilation, gender violence among few burdens were reviewed. The reviewed issues are of public health relevance affecting women well being in developing world that call for aggressive response from government at all level of authority and civil society organizations from all level of development. Executives and legislators are important actors, their support to the course of women's health denote political will and commitment, a substance in need to take women's health to the desire height in developing world. Operational research is required to identify areas of need, and the measures to be involve in promoting women's health. Civil societies are important players, they perform advocacy activities, lobbying and also a role of pressure group as development partners towards achieving the goal of women's health improvement. Public health policy formulation processes and procedure are for sure political; it is therefore paramount for government to participate with all dedication and commitment toward improving women's health.

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Conflict of interest

The author declares no conflict of interest.

References

1. Xin YL. How to improve women's health in poor countries; 2016.
2. Zaman MH. Maternal Health in Developing Countries; Engineering approaches and future outlook. *IEEE Pulse*. 2015;6(1):25-27.
3. George E. Women still face big gaps in access to health care; 2013.
4. Bustreo F. *Ten top issues for women's health; Promoting health through the life-course*. USA: WHO; 2016.
5. Ferlay J, Soerjomataram I, Dikshit R, et al. Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer*. 2015;136(5):E359-386.
6. Editorial. Breast cancer in developing countries; meeting the unforeseen challenge to women, health and equity. *Lancet Oncol*. 2009;10:1077-1085
7. *Breast Cancer: A Looming Epidemic in the Developing World*. WORLDPOST; 2016.

8. Saadat S. Can we prevent breast cancer? *Int J Health Sci (Qassim)*. 2008;2(2):167–170.
9. Balogun OD, Formenti SC. Locally advanced breast cancer - strategies for developing nations. *Front Oncol*. 2015;5:89.
10. Kim JJ, Salomon JA, Weinstein MC, et al. Packaging health services when resources are limited: the example of a cervical cancer screening visit. *PLoS Med*. 2016;3(11):e434.
11. Catarino R, Petignat P, Dongui G, et al. Cervical cancer screening in developing countries at a crossroad: Emerging technologies and policy choices. *World J Clin Oncol*. 2015;6(6):281–290.
12. LaMontagne DS, Barge S, Le NT, et al. Human papillomavirus vaccine delivery strategies that achieved high coverage in low- and middle-income countries. *Bull World Health Organ*. 2011;89:821–830B.
13. Sachs JD. *Macroeconomics and Health: Investing in Health for Economic Development*. Report of the Commission on Macroeconomics and Health, Europe: WHO; 2011. p. 1–210.
14. Elit L, Hamilton ON, Jimenez W, et al. Cervical cancer prevention in low-resource settings. *J Obstet Gynaecol Can*. 2011;33(3):272–279.
15. *Media centre: Human papillomavirus (HPV) and cervical cancer*. Europe: WHO; 2016.
16. Guidelines on reproductive health. UNFPA; 2016.
17. *Family planning/Contraception*. Europe: WHO; 2016.
18. Singh S, Darroch JE, Ashford LS. *Adding It Up: The Costs and Benefits of Investing in Sexual and Reproductive Health*. USA: Guttmacher Institute; 2014. p. 1–58.
19. Barot S. Sexual and Reproductive Health and rights are key to global development: the case for ramping up investment. *Guttmacher Institute*. 2015;18(1):1–7.
20. Alkema L, Chou D, Hogan D, et al. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN maternal mortality estimation inter-agency group. *The Lancet*. 2016;387(10017):462–474.
21. Maternal Health. Health policy project; 2011.
22. Arthur SM. The first ten years of the world health organization. *Med Hist*. 1958;2(4).
23. Campbell O. What are maternal health policies in developing countries and who drives them? A Review of the Last Half-century, UK; 2003. p. 1–27.
24. *Get on the Fast Track*. USA: UNAIDS; 2016. p. 1–140.
25. *Prevention Gap Report*. USA: UNAIDS; 2016. p. 1–286.
26. *Global Health Observatory (GHO) data, HIV/AIDS, Size of the epidemic Number of women living with HIV*. Europe: WHO; 2016.
27. *The Global HIV/AIDS Epidemic*. USA: Kaiser Family Foundation; 2016.
28. *On the Fast-Track to end AIDS*. USA: UNAIDS; 2016. p. 1–124.
29. Chaitkin M. Economics, financing and HIV: Reflections from the 2016 International AIDS Economics Network Preconference. Result for Development; 2016.
30. Maina AJ, Kimani J, Anzala O. Prevalence and risk factors of three curable sexually transmitted infections among women in Nairobi, Kenya. *BMC Res Notes*. 2016;9:193.
31. *Sexually Transmitted Infections (STIs)*. Europe: WHO; 2016.
32. Fathalla MF. *From obstetrics and gynecology to women's health- The road ahead*. USA: Parthenon publishing group; 1997.
33. Beulque C. *New global status report on non-communicable diseases*. Europe: World Health Organization; 2015.
34. Islam SMS, Purnat TD, Phuong TN, et al. Non-Communicable Diseases (NCDs) in developing countries: a symposium report. *Global Health*. 2014;10:81.
35. Hancock C, Kingo L, Raynaud O. The private sector, international development and NCDs. *Glob Health*. 2011;7:23.
36. Alwan A. *Global status report on noncommunicable diseases 2010*. Europe: World Health Organization; 2011. p. 1–176.
37. Beaglehole R, Bonita R, Horton R, et al. Priority actions for the non-communicable disease crisis. *Lancet*. 2011;377(9775):1438–1447.
38. *Gender and women's mental health: The Facts*. Europe: WHO; 2016.
39. *Six mental health care projects in developing countries demonstrate effective, affordable options*. Grand Challenges Canada. UK; 2016.
40. Kennedy PJ, Pike KM. *Live Q&A: How can we improve mental health support in developing countries?* The Guardian, USA; 2016.
41. *Violence against women, Intimate partner and sexual violence against women*. Europe: WHO; 2016.
42. *Female genital mutilation*. Europe: WHO; 2016.
43. *Female Genital Mutilation/Cutting: A Global Concern*. USA: UNICEF; 2016. p. 1–2.
44. *Ending Female Genital Mutilation*. Population Reference Bureau, USA; 2013. p. 1–24.
45. Arneson M. *Genital Mutilation: Policies to Encourage Abandonment*. USA: Political Science Senior Thesis; 2011. p. 1–22.
46. Sustainable water: the keystone for economy, environment, health and security. *Global Water*. 2016.
47. Glick H. *9 key issues affecting girls and women around the world*. Global Citizen; 2015.
48. Ekane N, Weitz N, Nykvist B, et al. *Comparative assessment of sanitation and hygiene policies and institutional frameworks in Rwanda, Uganda and Tanzania*. Europe; Stockholm Environment Institute; 2016. p. 1–34.
49. Kickbusch I. The 10 challenges of global health governance. Europe: Global Health; 2010.
50. GHD. Global health and diplomacy: Advancing the health and status of women in developing countries; 2016.
51. Pang T. Women's health beyond 2015: challenges and opportunities for global health governance. *BJOG*. 2015;122(2):149–151.
52. *The World Health Report 2000-Health Systems: Improving Performance*. Europe: WHO; 2000.
53. *Poverty and Human Development: Kampala report 1998*. USA: United Nations Development Programme; 1998. p. 1–145.
54. Kickbursch I, Gleicher D. *Governance for Health in the 21st Century*. Europe: WHO; 2012.
55. Horton R. Offline: Ban Ki Moon's global health initiative in jeopardy. *Lancet*. 2014;382(9914):292.