**Healthy women for healthy communities**

*Vitality Global brings together a panel of experts to discuss the topic of women’s health – from addressing the gender health gap to why we need to increase global female leadership in healthcare. Their message? It’s time for health on “her” terms.*

The World Health Organization flags gender as an important social marker of health[[1]](#footnote-1), not only in terms of the effects of biology, but also due to social conditions such as income, employment and family responsibilities which play a significant role in healthcare awareness, access and affordability.

Post-pandemic, healthcare professionals around the world are reimagining approaches to healthcare with key questions emerging about the current state of women’s health. Research from the Global Health Series[[2]](#footnote-2) looking at gender equality and equity in healthcare shows that women continue to be disadvantaged – both as patients and professionals – with this being heightened during COVID-19.

“Simply put, we’re seeing far worse outcomes for women,” begins Tonja Dodd, Senior Health Strategy Analyst at Vitality USA. “The Women in Global Health[[3]](#footnote-3) report shows that if we look at 2019 to 2022 as a snapshot, in the US alone more women lost their jobs during this time, women had worse health outcomes across almost every performance indicator related to health, including from a mental health perspective with more women reporting burnout, anxiety and depression”.

Speaking as part of this all-female Vitality Global panel, Dodd adds that while women have traditionally been unequal in the world of global health, the pandemic made it worse.

One of the stand-out examples for Dodd was the personal protective gear (PPE) that was critical in hospital and clinic settings. “This was designed for male bodies, meaning they didn’t fit the female form well enough[[4]](#footnote-4), which of course then meant an increased risk of infection[[5]](#footnote-5). It’s small details like this which show how crucial it is that we get more seats at the healthcare table – to flag issues like these and solve them”.

Dr Seranne Motilal, Senior Health Insurance Specialist at Vitality Global, agrees, adding that she recalls stories from female healthcare friends who battled to use the bathroom during their long shifts in full PPE. “Add in the dynamics of being pregnant, breastfeeding or menstruating and this becomes an even bigger challenge.”

“While these and other examples are certainly issues across the landscape of women’s health”, Dr Motilal adds, “there is a silver lining that there is much room for innovation and improvement.”

**The role and rise of FemTech**

With new technology in healthcare developing at exponential rates, one of the most promising areas in women’s health is FemTech: tech specialising in female healthcare.

“We’re paying close attention to this at Vitality,” says Lee Corrigan, Head of Product Development for Vitality Global. Estimated to be worth over US$50 billion in the next few years[[6]](#footnote-6), Corrigan sees this as a vital health and wellbeing tool to advance female health. “Women are 75% more likely to use digital healthcare tools likes apps, trackers, wearables, etc. compared to men,” says Corrigan. “And this technology spans lifetime cycles: everything from tracking menstruation and fertility to monitoring sexual wellness and menopause.”

“We believe in consumer-led wellbeing and healthcare – we want our Vitality members to have control, so it’s exciting and hugely motivating to me to see the growth of this sector and how data and technology can be used to address many of the challenges that women face in healthcare settings.”

Without question, advancements in researching, documenting and treating issues related to women’s health have come a long way. New technologies including *do-it-yourself* Pap smear kits and pregnancy home tests that use saliva are all great innovations that bring healthcare into the home through quicker, easier and more personalised access.

“The work we do at Vitality is increasingly tailored to the individual. We know that women’s health needs are different to men’s – and we try to make it as accessible as possible for our female Vitality members to complete gender-based health checks and assessments,” says Christine Brophy, VP of Behaviour Change at Vitality Global. “Pap smears and mammograms, as key examples, are crucial. Especially from a woman’s mid-adult years.”

Head of Marketing for Vitality Global, Iona Maclean, highlights how communication plays a role in this. “As part of our Vitality programme, we know how important it is to personalise the health experience for our members. This means tailored health nudges at all stages of life, based on your gender, age and health risks. We overlay this data with how we communicate to our members. There’s no point crafting generic communication to our base encouraging gynecologist visits that then get sent to men – unless this is strategic and framed in such a way as to encourage men to check in on the women in their lives. We’ve found that the more personal a communication, the more likely we are to achieve the type of behavioural change – and long-term change – we’re after.”

**Health on *her* terms**

Women bear exclusive health concerns. Breast cancer. Cervical cancer. Issues tied to menopause. And with health issues that transcend gender, like heart disease, it may surprise people to find out that many drug trials[[7]](#footnote-7) haven’t ever included females as test subjects.

The panel agree: more representation is needed. The issues and challenges in women’s health can’t and won’t be properly addressed without adequate representation and equity[[8]](#footnote-8).

“They’re anecdotal stories,” says Mari Leach, Biokineticist at Vitality in South Africa, “But the number of times female friends or colleagues have had concerns about their health dismissed by healthcare practitioners is cause for concern. Feedback that “it’s in your head” or “can’t be that bad” – especially in cases that turn out to be something like severe endometriosis, as an example, is really shocking”. Because women have historically been excluded from critical healthcare decisions, we’re seeing global misdiagnoses. We are seeing some positive changes with the inclusion of more females in medical research but we still have some way to go.

Around the world, the main issues when it comes to women’s health are cancer (mainly breast and cervical), heart disease (a leading cause of death for women despite it being seen as more of a men’s health concern), reproductive health (sexual and reproductive health problems) and maternal health (pregnancy and childbirth). At every stage of a woman’s life, there are important preventative healthcare tools to provide early detection – and treatment – of these potential risks.

**Vitality: a solution to the NCD crisis**

The Vitality programme has been designed to help address the challenges of non-communicable diseases (NCDs) linked to lifestyle – responsible for over 15 million of premature deaths before the age of 70 globally, every year[[9]](#footnote-9).

“This is where we come in,” says Lorne Liebenberg, Director of Clinical Product Strategy at Vitality USA. “Our message is always that early detection saves lives. Health assessments and access to healthcare are critical here. When it comes to NCDs, our global Vitality data shows that regular health checks and screenings mean better long-term outcomes – easier treatment options, less severe illness and a greatly reduced risk of dying.”

“Cervical cancer rates have been on the decline in the last 50 years. The widespread uptake of pap smears since the mid-1970s has halved the incidence of cervical cancer,” adds Liebenberg. “And now that we know that the Human Papillomavirus (HPV) is responsible for the majority of cervical cancer screening, we are seeing cervical cancer rates drop even more with the introduction of the HPV vaccine for males and females between 9 and 26 years of age. From 2012-2019 there was a 65% reduction in cervical cancer, compared to a 33% reduction we saw between 2005-2012[[10]](#footnote-10). So, key for us is to encourage girls and women to undergo these types of preventative care early on.”

This message of “*Prevention as treatment*” is one of the core principles of the Vitality programme. Now in 40 markets around the world impacting over 30 million lives, the programme combines behavioural economics, clinical research and data analytics to encourage members to lead a healthier lifestyle. In addition to promoting smoking cessation, healthier eating and increased exercise, the programme prioritises physical and mental health checks by encouraging, and rewarding, members for doing various screenings including an annual Vitality Health Check.

**Move for mental health**

In a first-of-its kind study[[11]](#footnote-11), Vitality mapped the health and physical activity data of 49 000 people in South Africa to determine the link between physical activity and depression. Lead authors Dr Seranne Motilal and Dr Mosima Mabunda from Vitality SA made key findings that by engaging in exercise, women experienced reduced incidence of depression.

“We found that even a small increase in physical activity, for example, increasing steps from 5 000 one day in a week to 10 000 steps or a gym visit one day in a week, can significantly reduce depression in females,” says Dr Mabunda who heads up the Vitality South Africa wellness team. With women being about twice as likely to have depression than men, this type of research to show how to tackle this is important[[12]](#footnote-12).

“We incentivised this through Vitality points[[13]](#footnote-13), our health currency that rewards members for healthier living, and we saw an increase in activity levels,” adds Dr Mabunda.

Incentivising pro-health decisions is a founding pillar of the Vitality programme and ties into the broader model of Vitality Shared-value Insurance[[14]](#footnote-14): a virtuous cycle of benefit for everyone in the health value chain. Members enjoy better health and earn regular rewards; health providers enjoy operational cost savings and more satisfied patients; insurers become stronger and more sustainable because of fewer claims and lower costs; and ultimately society gets the benefit of healthier, happier people who are more productive and less reliant on healthcare.

**Female leadership – on the global stage**

While women have made considerable progress in closing the leadership gender gap over the past decade, the pandemic has been a roadblock. In 2020, as an example, the executive board of the World Health Organization reached a record high of 32% female representation, but this then plummeted to a mere 6% in 2022[[15]](#footnote-15).

“We’re seeing fewer female ministers of health, fewer female healthcare specialists and while 70% of the healthcare workforce around the world is made up of women, they hold only 25% of senior leadership roles[[16]](#footnote-16),” says Daniella Freinkel, Head of People at Vitality Global.

“We know that women’s health is at the heart of the health of any community, and so it’s up to all sectors of healthcare to ensure that we address this. It’s positive to see that in many countries around the world, school enrolment rates for girls are up and there are increased levels of female political participation. This might seem like a strange link to healthcare, but when women have the opportunity to be educated, they’re better able to support themselves and be empowered to access – and afford – healthcare”.

“I look around me at this fully female panel of experts in our Vitality space and believe that conversations like these are a step in the right direction. Vitality is committed to shaping a new era of women’s health – globally – and it’s inspiring to be part of it”, says Freinkel.

The panel conclude: women play a vital role in our communities in every city of every country of the world. We must step up globally and prioritise female health and wellbeing to ensure a healthier future for families, communities and nations.

*For more information about Vitality’s evidence-based approach that encourages and rewards members for healthier living, visit the* [*Vitality Global*](https://www.vitalityglobal.com/) *website.*

1. World Health Organization. 2023. Women’s Health. [Link](https://www.who.int/health-topics/women-s-health). [↑](#footnote-ref-1)
2. Women in Global Health. 2023. Gender Equity and The Health and Care Workforce. [Link](https://womeningh.org/wp-content/uploads/2023/03/EXECUTIVE-SUMMARY-Leadership-Report-Press-Preview-1.pdf). [↑](#footnote-ref-2)
3. Women in Global Health. 2023. Gender Equity and The Health and Care Workforce. [Link](https://womeningh.org/wp-content/uploads/2023/03/EXECUTIVE-SUMMARY-Leadership-Report-Press-Preview-1.pdf). [↑](#footnote-ref-3)
4. British Medical Journal. 2021. Personal protective equipment is sexist. [Link](https://blogs.bmj.com/bmj/2021/03/09/personal-protective-equipment-is-sexist/). [↑](#footnote-ref-4)
5. BBC. 2020. PPE ‘designed for women’ needed on frontline. [Link](https://www.bbc.com/news/health-52454741). [↑](#footnote-ref-5)
6. Forbes. 2019. Femtech Fights Gender Equality: How Do Social Determinants of Health Impact Women? [Link](https://www.forbes.com/sites/reenitadas/2019/03/07/femtech-fights-gender-equality-how-do-social-determinants-of-health-impact-women/?sh=6cb5bd3f293f). [↑](#footnote-ref-6)
7. # National Centre for Biotechnology. 2016. Women’s involvement in clinical trials: historical perspective and future implications. [Link](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4800017/pdf/pharmpract-14-708.pdf).

   [↑](#footnote-ref-7)
8. Downs, J. A., Reif, L. K., Hokororo, A., & Fitzgerald, D. W. 2014. Increasing Women in Leadership in Global Health. [Link](https://www.scinapse.io/papers/2032859559). [↑](#footnote-ref-8)
9. CDC Global NCD factsheet. [Link](https://www.cdc.gov/globalhealth/healthprotection/resources/fact-sheets/global-ncd-fact-sheet.html#:~:text=Noncommunicable%20diseases%20(NCDs)%2C%20such,of%20death%20and%20disability%20worldwide) [↑](#footnote-ref-9)
10. ACS Journal. [Link](https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21763) [↑](#footnote-ref-10)
11. Discovery Vitality. 2021. The Science of Vitality. [Link](https://www.discovery.co.za/site/binaries/content/documents/managedcontent/discoverycoza/assets/vitality/science-of-vitality/the-science-of-vitality-journal.pdf/the-science-of-vitality-journal.pdf/contentdelivery%3Abinary). [↑](#footnote-ref-11)
12. Physical activity and the prevention of depression. Vitality working paper. 2022. [↑](#footnote-ref-12)
13. RAND Europe. Incentives and physical activity. 2018. [Link](https://www.rand.org/pubs/research_reports/RR2870.html). [↑](#footnote-ref-13)
14. Vitality Global. Shared Value. [Link](https://vitality.international/about-vitality/shared-value-insurance.html). [↑](#footnote-ref-14)
15. Women in Global Health. 2023. Gender Equity and The Health and Care Workforce. [Link](https://womeningh.org/wp-content/uploads/2023/03/EXECUTIVE-SUMMARY-Leadership-Report-Press-Preview-1.pdf). [↑](#footnote-ref-15)
16. Women in Global Health. 2023. Gender Equity and The Health and Care Workforce. [Link](https://womeningh.org/wp-content/uploads/2023/03/EXECUTIVE-SUMMARY-Leadership-Report-Press-Preview-1.pdf). [↑](#footnote-ref-16)