

BEIJING + 30 HEALTH TEAM REPORT
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Table of Contents

<u>WOMEN'S HEALTH CARE</u>	3
<u>INTRODUCTION</u>	3
<u>HEALTHCARE ACCESS: SHORTAGES, TELEMEDICINE, AND AI</u>	3
<i>Access to Care Achievements</i>	3
<i>Gaps</i>	3
<i>Challenges</i>	4
<u>CLIMATE CHANGE ON WOMEN'S HEALTH</u>	4
<i>Achievements</i>	4
<i>Gaps</i>	5
<u>MENTAL HEALTH</u>	5
<i>Achievements</i>	5
<i>Gaps</i>	5
<i>Challenges</i>	6
<u>CONTRIBUTORS</u>	6

WOMEN'S HEALTH CARE

Introduction

Although 140 countries worldwide recognize health as a human right, women's health continues to be endangered by unequal power relations and access to resources. The 1995 Beijing Declaration defines health as "complete physical, mental, and social well being and not merely the absence of disease or infirmity." This comprehensive view of health is required to fulfill fundamental human rights and achieve the Sustainable Development Goals.

This report outlines the critical issues of climate change, mental health, and telemedicine through a gender lens. We raise awareness of sociopolitical policies on the health of women and girls in the ECE region by focusing on telemedicine's potential to improve healthcare access for women. Our aim is to further decrease healthcare disparities and the disproportionate effects of climate change. Lastly, we discuss the mental health of two vulnerable populations: pregnant/postpartum women and adolescent girls.

Creating resilient healthcare systems that fulfill the human right to health is crucial. A gender-based perspective is required to build systems resistant to conflict and pandemics. This analysis aims to sustain momentum for more resilient, gender-equitable healthcare systems focused on promoting women's rights to health and wellbeing worldwide.

Healthcare access: shortages, telemedicine, and AI

Access to Care Achievements

The unprecedented emergence of new visual and audio technologies, including artificial intelligence (AI), has revolutionized healthcare delivery and access.

Post-pandemic, telemedicine has been integrated into primary care and medical specialties. As a result, many stakeholders encourage telehealth to manage stable medical conditions, medications, behavioral therapy, health screenings, and follow-up care.

Even though emergency obstetrical care requires inpatient services, telehealth and other digital health technologies (DHTs) have effectively and safely delivered prenatal care, pre-and post-op consultations, reproductive assistance, and infertility assessments.^{1, 18}

Gaps

The COVID-19 pandemic exacerbated poverty and existing gender inequalities and disrupted access to vital health and support services for women and girls, hindering progress towards SDG 3.^{4, 2, 19} Infection control was prioritized at the expense of healthcare access including reproductive health services for women and adolescents.³

Access to telehealth and AI-powered healthcare solutions is limited for women, especially those who are poor, disabled, or marginalized. Economic disparities, digital literacy gaps, and family responsibilities disproportionately aggravate healthcare access for women.²³ This is particularly

concerning during pregnancy since DHTs and the use of remote devices can prevent maternal complications.^{22, 22}

The response to worker shortages during global lockdowns changed the foundations and delivery of healthcare.^{5, 6, 7, 8} Telemedicine matured exponentially, fast-tracking regulations and guidelines.^{9, 10}

Challenges

Reproductive and mental health benefits those with reliable internet and computer literacy but leaves behind those without.⁹ In regions with anti-abortion sentiments, reliance on virtual medicine hinders diagnosis and treatment due to the lack of physical examinations²⁴. The widespread adoption of AI-enabled technologies has worsened access disparities for women.^{9, 11} AI fills gaps in healthcare left by the pandemic but exacerbates gender biases due to the male-centric design in the development of AI technology.²⁰

Regulating an emerging health system poses challenges. Governments, organizations, and providers must ensure equitable access for all women to secure safe, effective, and compassionate care. A step towards reaching that goal occurred in 2023 when regulatory bodies in the US and EU enacted legislation to safeguard AI in health implementation.^{12, 13, 14}

Climate Change on Women's Health

Climate change is not gender-neutral; significant interactions exist between atmospheric conditions, gender, and health. This resulting gender gap, exacerbated by climate change, accelerates health risks for women when compared to men.

Direct health effects include ailments and deaths from heat or pollution; indirect health effects include mental illness following environmental disasters and increased vector-borne diseases due to rising temperatures.

Addressing how climate change impacts women and girls requires a comprehensive approach that includes strengthening health infrastructure, developing inclusive strategies, and empowering women through education and community engagement.

Achievements

Women, bearing a disproportionate climate burden, benefit from gender-sensitive climate protection strategies, for example, in city planning.^{3, 4, 5, 11, 12, 13} Notably, the women's organization "Klimasenioren" successfully challenged climate change as a gender-specific health issue.¹⁴ Other efforts, including meteorological monitoring, environmental regulation, and targeted infrastructure, aim to reduce air pollution, indoor and outdoor heat stress, and improve cardiorespiratory conditions, which impacts women more than men.^{5, 7, 8, 10}

Gaps

Insufficient data disaggregated by individual characteristics prevent identification of enforcement and funding and creates gaps in climate change's impact on women's health.^{1, 4, 5} Hazardous working conditions finally led to supply chain regulations in Europe, albeit in a "watered-down" form.^{1, 18} Climate action varies by leadership, with women-led states showing more ambition.^{4, 5, 15} Death rates from outdoor pollution in Europe remain high, primarily due to residential heating and cooling. Women are disproportionately affected by cardiovascular diseases exacerbated by heat crises and receive less secondary prevention.^{8, 10.}

Challenges

Climate change impacts women across environmental, social, and economic domains^{1, 4, 11, 15.} Indigenous women, particularly those reliant on natural resources, face health challenges like chronic and mental diseases due to food insecurity and climate crises.¹ Heatwaves and wildfires increase cardiovascular and respiratory morbidity and mortality, especially in Europe and the Eastern Mediterranean, with women being particularly vulnerable.^{4, 5, 11, 16} Increased air conditioning usage contributes to air pollution, a significant risk factor for women's health.²¹ Some vector-borne diseases, such as Dengue, Malaria, and Zika, pose a threat in previously temperate regions^{4, 6, 7, 17}

Mental Health

Achievements

Mental health disorders contribute significantly to global disease and disability in high-, middle- and low-income countries. Women and girls face higher rates of depression and anxiety compared to their male counterparts. Contributing factors include unequal positions of status and power, as well as socially determined gender norms.¹ The COVID-19 pandemic increased the prevalence of anxiety and depression worldwide by 25%.² The pandemic also brought increased attention to the unique challenges women face in addressing mental health issues, including depression, anxiety, burnout, and eating disorders. However, some vulnerable populations still face unrecognized challenges. Pregnant and postpartum women, as well as adolescent girls, encounter significant barriers to mental health.

Gaps

Globally, 10% of pregnant women and 13% of postpartum mothers experience mental health problems like postpartum depression.³ Regional estimates are 13% for Europe and 17% for North America and Eastern Europe.⁴ These figures are likely underestimated as many cases remain undetected and untreated. In addition, some areas, such as central Asia, lack of systematic data collection and research. The consequences are far-reaching: infants raised by struggling mothers are at greater risk of both developmental challenges and mental health conditions. Thus, untreated or undertreated mental health conditions can trigger a negative intergenerational spiral.

Mental health issues also disproportionately affect adolescents and youth with essential gender differences: by age 15, only 23% of girls from the EU, Canada, and Central Asia reported

excellent health in 2018, compared to 40% of boys.⁵ Research shows that social media contributes to depression and anxiety. In the US, adolescents who spend three or more hours a day on social media face double the risk of depression and anxiety.¹² A stronger association between social media and depression has been found for girls than boys due to poor sleep, low self-esteem, and body image.^{6,7}

Excessive use of social media limits healthy behaviors in adolescents: a meta-analysis showed a consistent connection between excessive social media use and poor sleep quality, difficulty sleeping, and depression. Social media use has also been tied to suicide-related outcomes in adolescent girls.⁸

Social media platforms are designed to maximize user time spent on the platform. Increasingly complex AI algorithms are created for this purpose despite the consequences for adolescents.⁹ Other design features such as push notifications, infinite scroll, and autoplay also are particularly powerful as the adolescent brain is more vulnerable to behaviors with long term consequences.^{7,10}

Challenges

Significant barriers to the improvement of mental health services for pregnant and postpartum women include lack of awareness of mental health issues, lack of providers trained to provide diagnostic and therapeutic services, and the availability of low-cost interventions.¹¹ Public health advocates have called for legal policies to end self-regulation of social media platforms. A major challenge is a lack of transparency regarding complex AI algorithms driven to increase user engagement; increasing user engagement equates to advertising revenue. From adolescent use alone, revenue has been predicted to be up to four billion US dollars.⁷

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