

Addressing neglected women's health needs represents one of the best investments in global health and can have a lasting impact on families and communities. Sadly, women face severe inequity in accessing health care in low- and middle-income countries (LMICs), resulting in poor health outcomes that lead to not only death and disability, but also significant negative economic impact on families and communities. The GSF Women's Health Programme prioritizes the following areas to address women's surgical needs and to catalyze meaningful and sustained impact: **Maternal Health, Cervical Cancer, and Breast Cancer.**

Priority Areas



Maternal Health: Provide safe, timely, respectful cesarean section (CS) care to improve maternal and perinatal outcomes.

While global maternal mortality declined by 33% from 2000 – 2015, and by more than 50% in 58 countries with the highest rates of maternal mortality, these earlier positive trends have stalled on a global level. An estimated 287,000 maternal deaths occur globally every year, meaning 800 women die every day, or one maternal death every two minutes, from preventable pregnancy and childbirth related causes. This is a major challenge that must be addressed with urgency.¹ Timely access to safe CS can help address this challenge, preventing 100,000 maternal deaths every year (over a third of the causes of maternal death) and reducing perinatal mortality by 30-70%.²



Cervical Cancer: Support WHO's Global Strategy for the Elimination of Cervical Cancer and the 90-70-90 targets for 2030 to improve cervical cancer mortality.

Every year, more than 600,000 women are diagnosed with cervical cancer, and over 300,000 die due to complications related to cervical cancer. Nearly 90% of new cases and deaths occur in low- and middle-income countries (LMICs).^{3,4} Access to cervical cancer management continues to be limited, in part due to fragmented and inconsistent policies which lack a coordinated approach to eliminating cervical cancer.⁴ Utilizing WHO's framework of strategic actions can help achieve treatment and care for 90% of cervical cancer cases, by implementing evidence-based guidelines on cervical cancer management, strengthening referral pathways and people-centered linkages throughout the continuum of care, strengthening and expand surgical capacity and improving access to radiotherapy and chemotherapy.⁵



Breast Cancer: Utilize the WHO Global Breast Cancer Initiative (GBCI) Implementation Framework to reduce breast cancer mortality.

Breast cancer is the most common cancer worldwide and the leading cause of cancer deaths among women, disproportionately affecting individuals in low- and middle-income countries (LMICs). GBCI has set the goal to reduce breast cancer mortality by 2.5% per year, to save 2.5 million lives by 2040.⁶ The GBCI Implementation Framework applies a stepwise, resource-appropriate approach using three key strategic pillars. GSF prioritizes Pillars 2 and 3, and leverage other platforms supporting Pillar 1:

Pillar 1. Health promotion for early detection (pre-diagnostic interval)

Pillar 2. Timely breast diagnostics (diagnostic interval)

Pillar 3. Comprehensive breast-cancer management (treatment interval)

¹ Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO.

² Meara JG, Leather AJM, Hagander L, et al. Global surgery 2030: evidence and solutions for achieving health, welfare, and economic development. *Lancet* 2015; 2015; 386: 569–624

³ Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021;71:209–49. doi:10.3322/caac.21660.

⁴ WHO Cervical Cancer Elimination Initiative. Available at <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

⁵ Global strategy to accelerate the elimination of cervical cancer as a public health problem. Geneva: World Health Organization; 2020. License: CC BY-NC-SA 3.0 IGO.

⁶ Global Breast Cancer Initiative Implementation Framework: assessing, strengthening and scaling-up of services for the early detection and management of breast cancer. Geneva: World Health Organization; 2023. License: CC BY-NC-SA 3.0 IGO.

Our Approach

Obstacles around safe surgery for Women's Health emerge from similar root causes: **system factors** such as facility location, design and readiness, lack of an enabling environment (e.g. leadership, policies, funds) and poorly functioning referral systems; as well as **human factors** such as community care-seeking behaviors, lack of provider/team knowledge and skills, lack of surgical leadership, entrenched professional hierarchies blocking effective teamwork and communication, lack of a culture of patient safety and respect. Furthermore, gender and power dynamics exert a powerful influence on team performance, especially in more high-stress environments, such as in the operating theater.

A seamless connection between these health system factors, and human factors is essential to improve health outcomes, yet this interconnectedness is often overlooked. **The GSF Women's Health Programme takes an inter-related human and systems factors approach to co-designing programs that works across the health system.** This approach functions across the community to the provider/teams/facility, subnational, and national levels, with a focus at the district hospital level as well as integrates into primary health care to achieve meaningful and sustainable impact.

We prioritize:

- ✔ **Partnerships:** We work in close partnership with ministries of health and other ministries (e.g., finance, transportation, etc.), professional associations, academia, implementers, and other key frontline stakeholders/partners to co-design programs to ensure local ownership, context appropriate, and sustainability.
- ✔ **Workforce capacity development:** We facilitate translation of global recommendations into practice utilizing an interdisciplinary team-based, hands-on approach to capacity building of surgical teams - with a focus on both technical and non-technical skills (e.g., teamwork and communication, leadership skills, etc.) - and build a culture of patient safety, through the entire continuum of care.
- ✔ **Ensuring facility readiness:** We promote adequate infrastructure and organization of services; reliable electrical power, water, oxygen, sterilization capacity, and blood availability; adequate equipment, supplies and medicines; and adequate biomedical technical support.
- ✔ **Strengthening networks of care and referral systems:** We strengthen and integrate surgical care into and leverage primary health care (PHC) platforms, including use of the hub-and-spoke and networks of care model.
- ✔ **Use of data for continuous learning and adapting, and for generating evidence:** We integrate practical innovations and digital health; ensure patients' experience of care are captured, and evaluate efficiencies, costs, and effectiveness of surgical care models.

Key Performance Indicators

Maternal Health

Sustained reduction in CS-related maternal mortality and morbidity:

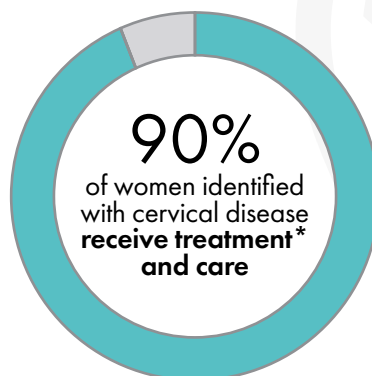
↓ **40%** reduction in CS-related maternal mortality

↓ **50%** reduction in surgical site infection (SSI); reduced obstetric fistula

Sustained reduction in perinatal mortality:

>30% reduction in intrapartum stillbirth and early neonatal mortality

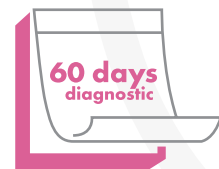
Cervical Cancer



*90% of women with pre-cancer treated and 90% of women with invasive cancer managed

Breast Cancer

GBCI Pillar 2. Timely breast diagnostics (diagnostic interval): diagnostic evaluation, imaging, tissue sampling and pathology within 60 days.



GBCI Pillar 3. Comprehensive breast-cancer management (treatment interval):

>80% undergo multimodality treatment without abandonment

WOMEN'S HEALTH - THEORY OF CHANGE

