



# Policy position: Global gynaecological health

## Introduction

**Globally, gynaecological health is one of the most neglected areas of health, despite its enormous burden on women.**

Gynaecological health encompasses gynaecological cancers such as cervical, ovarian and endometrial cancers and non-cancerous, so-called ‘benign’ gynaecological conditions.<sup>a</sup> ‘Benign’ gynaecological conditions – including urogynaecological problems, menstrual conditions, endometriosis, infertility and subfertility, fibroids, and menopause-related symptoms – are especially stigmatised and neglected.

Research commissioned by the Royal College of Obstetricians and Gynaecologists showed that in 2019, almost 8% of all years lived with disability (YLD) for women aged 15-49 in low- and middle-income countries (LMICs) were due to ‘benign’ gynaecological conditions. This was higher than the YLD due to malaria, TB and HIV/AIDS combined – diseases which receive far greater political prioritisation.<sup>1</sup>

The availability of high-quality gynaecology services is vastly insufficient, with long-term underfunding contributing to shortages of skilled healthcare professionals. This has led to a staggering unmet need for gynaecological healthcare, leaving millions of women and girls – predominantly in LMICs – suffering the life-changing and often life-limiting consequences of untreated or poorly managed gynaecological conditions.

This position statement sets out the urgent need to prioritise gynaecological health. Without intervention, women and girls around the world will continue to endure preventable suffering, hindering progress towards sustainable health and gender equality.

## Recommendations in brief

The Royal College of Obstetricians and Gynaecologists is calling for governments, donors and civil society organisations around the world to:

- 1. Expand the evidence base on gynaecological conditions**, by establishing international targets on gynaecological health, and investing in large-scale, regionally representative research studies and improved data collection methodologies.
- 2. Strengthen health workforce capacity**, by investing in task-shifting, task-sharing and comprehensive, competency-based clinical training for frontline healthcare professionals.

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<sup>a</sup> In clinical settings, these conditions are referred to as ‘benign’ because they are non-cancerous, but the life-changing and life-limiting consequences of these conditions should not be underestimated.



- 3. Improve the delivery of gynaecology services**, by integrating them into primary healthcare systems, providing health services with sustainable resources to safeguard against operational pressures and improving patients' access to information on gynaecological health.
- 4. Champion gynaecological health as a political priority**, by advocating for the removal of barriers that restrict access to gynaecology services, especially for marginalised and vulnerable populations.
- 5. Increase investment in gynaecological health**, by establishing dedicated funding streams within national and global health budgets and prioritising neglected gynaecological conditions within research funding mechanisms.

## Millions of women around the world are living with untreated or poorly managed gynaecological conditions

Gynaecological health covers a broad range of issues that affect women's reproductive organs.

### Examples of gynaecological conditions and current estimates of their global prevalence:

- **Abnormal uterine bleeding (AUB)** describes irregularities in the menstrual cycle, including heavy, irregular and intermenstrual bleeding. AUB is common, and often debilitating. While estimates suggest that one in three women experience AUB in their lifetime, this is likely an underestimation as heavy menstrual bleeding alone reportedly affects over 50% of women and girls of reproductive age globally.<sup>2</sup>
- **Fibroids** are the most common benign uterine tumours in women of reproductive age. Around 2 in 3 women will develop at least one fibroid in their lifetime, with around 1 in 3 women experiencing symptoms.<sup>3</sup>
- **Endometriosis** is a chronic disease in which tissue similar to the inner lining of the uterus grows elsewhere in the body, leading to inflammation and scar tissue. Globally, roughly 10% (190 million) of women and girls are affected by endometriosis.<sup>4</sup>
- **Infertility** affects a large proportion of the global population, with an estimated 1 in 6 people experiencing infertility in their lifetime.<sup>5</sup>
- **Menopause** is a normal part of biological ageing for most women. Symptoms are estimated to affect more than 75% of women, lasting on average for seven years.<sup>6</sup>
- **Obstetric fistula** is a connection between the birth canal and bladder caused by prolonged, obstructed labour during childbirth. With early support from skilled



healthcare professionals, obstetric fistula is largely preventable and treatable. However, there are stark global inequalities: while obstetric fistula has been almost entirely eradicated in high-income settings, at least two million women across Asia and Sub-Saharan Africa live with untreated obstetric fistula.<sup>7</sup>

- **Cervical cancer** is the fourth most common cancer among women, with around 90% of new cases and deaths worldwide in 2020 occurring in LMICs.<sup>8</sup>
- **Ovarian cancer** is the eighth most common cause of cancer death among women. The five-year survival rate for ovarian cancer is below 50%, even in high-income countries.<sup>9</sup>

## Gynaecological conditions have profound health, social, economic and psychological consequences for women and societies

The far-reaching consequences of gynaecological conditions affect women and girls from adolescence through to later life, exacerbating existing gender inequalities and restricting their full participation in society.

### Examples of the symptoms and impacts of specific gynaecological conditions:

- **Endometriosis** symptoms commonly include chronic and severe pelvic pain, heavy and intermenstrual bleeding, fatigue, depression and anxiety.<sup>10</sup> Endometriosis is associated with infertility, with a prevalence of 25-40% in woman with infertility compared with 0.5-5% in women without infertility.<sup>11</sup>
- **Infertility** can have devastating impacts, with women frequently experiencing social stigma, ostracism, shame, emotional stress, anxiety, depression and low self-esteem.<sup>12</sup> Infertility is an under-recognised risk factor for intimate partner violence.<sup>13</sup> In LMICs, women with infertility are more likely to suffer physical and sexual violence over their lifetime.<sup>14</sup>
- **Heavy menstrual bleeding** can significantly affect a woman's ability to perform daily activities. In adolescents, heavy menstrual bleeding is strongly associated with girls' absenteeism from school, exacerbating existing gender inequalities in educational attainment and reducing a woman's opportunities for economic security and autonomy across her lifetime.<sup>15</sup> Heavy menstrual bleeding is also a major contributor to iron-deficiency anaemia, which increases the risk of life-threatening postpartum haemorrhage and is among the leading causes of YLD in LMICs.<sup>16</sup>
- **Menopause** affects women in various ways, with symptoms ranging from mild to severe. Menopause-related symptoms can include central nervous system-related disorders (including vasomotor symptoms and sleep disturbances), metabolic and



weight changes, urogenital and skin disorders, and sexual dysfunction.<sup>17</sup>

Musculoskeletal and cardiovascular health can also be affected by menopause, with perimenopausal and postmenopausal women at an increased risk of cardiovascular disease, the leading cause of death for women globally, as well as stroke, and osteoporosis and fracture.<sup>18</sup>

- **Obstetric fistula** causes chronic incontinence and can lead to frequent infections, kidney disease, painful sores, infertility and death if left untreated. Women and girls living with obstetric fistula often suffer social stigma and discrimination, ostracised by their families and communities.<sup>19</sup>

## Gynaecological conditions are underestimated and under-prioritised across research, policy, health programming and healthcare provision

**Gynaecological conditions are underreported and underdiagnosed.** Women often diminish and self-manage their symptoms, especially when this is normalised within their communities.<sup>20</sup> For example, almost half of women affected by heavy menstrual bleeding feel that their symptoms are 'normal' and unworthy of treatment.<sup>21</sup> At the same time, stigma and embarrassment can impact a woman's ability to report her symptoms to healthcare professionals. Even when women contact the healthcare system, they experience poor care availability, and healthcare professionals may minimise their symptoms, compounding shame, self-doubt and symptom dismissal and inhibiting further seeking of care.<sup>22</sup> For example, worldwide, there is a seven year delay on average between symptom onset and diagnosis for women with endometriosis, driven in part by stigma and the normalisation of patient symptoms by healthcare professionals.<sup>23</sup>

**A large data gap exists for gynaecological conditions.** The Global Burden of Diseases, Injuries and Risk Factors Study (GBD) is the most comprehensive effort to quantify trends in health. However, several important gynaecological conditions, including obstetric fistulae, are absent from the GBD database. There is also a lack of primary data for some regions, with data for LMICs mostly extrapolated from small-scale studies or models based on hospital statistics from high-income countries.<sup>24</sup> Outside of the GBD, data on gynaecological conditions is limited. For example, with just 21% of the world's population covered by population-based cancer registries, there is limited data on the global burden of many gynaecological cancers.<sup>25</sup> While data is an important tool for improving health system functioning and population health, the capacity to collect and analyse data is limited in many LMICs.<sup>26</sup> Due to these limitations, the global burden of gynaecological conditions is likely to be significantly underestimated.

**Many national health policies, training programmes, and healthcare strategies neglect important areas of gynaecology,** instead focusing largely on obstetrics. This neglect of



comprehensive gynaecological health in national priorities creates harmful gaps in specialist knowledge and expertise on gynaecological health among healthcare professionals.

**The availability of respectful, high-quality gynaecology services is vastly insufficient.**

Shortages of skilled healthcare professionals and limited availability of equipment mean that millions of women are living with untreated or poorly managed gynaecological conditions. For example, obstetric fistula is surgically treatable in most cases yet only one in 50 women receive a fistula repair due to a shortage of skilled fistula surgeons.<sup>27</sup> The availability of obstetric fistula treatment is especially low in countries that have the highest levels of maternal mortality and fistulas.<sup>28</sup> In LMICs, fertility treatment is also very limited or unavailable, particularly in sub-Saharan Africa.<sup>29</sup> Additionally, resource constraints within healthcare systems mean that many women experience significant waiting times for gynaecology services. In England, almost 600,000 women are waiting for gynaecology care, with nearly half of women waiting over 18 weeks.<sup>30</sup> Long waiting times for gynaecology care are resulting in disease progression and an increase in complexity of symptoms, leaving women suffering with chronic and often avoidable pain.

## Recommendations

**Although the last 30 years have seen significant progress in global women's health, gynaecological conditions are chronically overlooked, resulting in unrecognised morbidity and preventable suffering.**

As the 2030 deadline for achieving the UN Sustainable Development Goals approaches, governments, donors, and civil society organisations globally have a crucial role in promoting gynaecological health as a critical issue of health and gender equity. Alongside continuing to advocate for the rights of women and girls, decision-makers in all countries must prioritise sufficient, sustainable and long-term investment in effective interventions to redress the staggering unmet need for high-quality gynaecological healthcare. By taking a comprehensive approach that recognises the gynaecological health needs of women and girls throughout the life course, donors can ensure that their investment will have the most significant impact and will successfully expand access to gynaecology services for women and girls around the world.

The Royal College of Obstetricians and Gynaecologists is calling for governments, donors and civil society organisations around the world to:

### 1. Data and evidence:

- **Develop and sensitise universally accepted definitions for gynaecological conditions** to address data collection challenges resulting from the lack of specific and relatively non-invasive diagnostic criteria for gynaecological conditions.



- **Establish international targets and indicators on gynaecological health** to hold governments and donors accountable and systematically measure and track progress.
- **Invest in large-scale, regionally representative research studies and improved data collection methodologies for gynaecological conditions** to strengthen the evidence base on the burden of disease and to inform policy and programmatic responses.

## 2. Health workforce capacity:

- **Invest in comprehensive, competency-based clinical training for frontline healthcare professionals** to equip them with the knowledge and skills to recognise, prevent, manage, treat and refer gynaecological conditions at the earliest stage.
- **Invest in task-shifting and task-sharing for health workers** to support the delivery of integrated and decentralised sexual and reproductive health services, particularly in low-resource settings.

## 3. Delivery of services:

- **Provide health services with the sustainable financial and logistical resources they need** to strengthen and safeguard gynaecology services against operational pressures.
- **Integrate gynaecology services into primary healthcare systems** to improve women's access to timely, quality, and respectful care at their first point of contact with a healthcare professional.
- **Develop and implement evidence-based national policies and guidelines on gynaecological health**, ensuring that they align with international best practices and frameworks.
- **Improve communication with women waiting for gynaecology care**, ensuring transparency on waiting times, service availability, and pathways for escalation of care.
- **Expand accessible information and advice** on gynaecological conditions, common symptoms, and when to seek further help.

## 4. Advocacy:

- **Champion gynaecological health as a political priority**, ensuring that gynaecological health is integrated into broader gender equality, health equity, and sustainable development efforts.
- **Ensure advocacy efforts focus on vulnerable and marginalised populations**, who often face additional barriers to accessing timely, high-quality gynaecology care.



- **Advocate for the removal of legal and policy barriers** that restrict access to essential sexual and reproductive health services, including discrimination in healthcare settings.

## 5. Investment:

- **Establish dedicated funding streams for gynaecological health within national and global health budgets**, ensuring that funding is proportional to the impact of these conditions on women and health systems.
- **Ensure research funding mechanisms prioritise neglected gynaecological conditions** to accelerate the development of more effective treatments and diagnostic tools.

## A note on language

Within this document we use the terms woman and women's health. However, it is important to acknowledge that it is not only women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing. Gynaecological and obstetric services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth.

## Further reading

You can read more about the case for reinvestment in global sexual and reproductive health and rights in the RCOG report [Getting Back on Track](#).

The RCOG's Gynaecological Health Matters programme aims to increase access to high-quality gynaecology care. Together with our partners, we deliver clinical training on Essential Gynaecological Skills to frontline healthcare professionals, and advocate for the prioritisation of gynaecological health across all levels of the healthcare system. You can read about our Gynaecological Health Matters programme on [our website](#).

Climate change is a substantial and growing threat to women's health, particularly for women living in countries most vulnerable to climate change. Climate change shapes women's health outcomes throughout their lives, and climate-related disruption can seriously impact health services, preventing or delaying access to vital care. You can read [our position statement](#) to learn more about the impacts of climate change on women's health, and the role of the UK governments and health services in creating a liveable, healthy future for women and girls.



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