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Addressing Sustainable Development Goals in Women's Health Through Collaborative Governance: A Look at Africa

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Abstract

Disparities in healthcare access, quality, and safety are a global phenomenon. While the gaps between developed and developing countries in healthcare are enormous, the gender aspect is equally alarming. Globally, women's health is always at the receiving end, especially in Africa and other continents/regions in the global south. There is a dearth of data on the health of women and girls, hence problems in realistically addressing needed and critical concerns using policy instruments. The recent research partnership to address the data gaps on women's health and to highlight priorities for policymaking and implementation within the United Nations Sustainable Development Goals (SDGs) framework is a welcome relief to many advocates, policymakers, and other critical stakeholders in Africa. This study relies on existing quantitative evidence on global health disparities relative to women, specifically the recently publicized "Hologic Global Women's Health Index" and uses collaborative governance framework for conceptual explication. In essence, the study synthesizes current thinking on the problem of disparities in women's health in Africa and proposes an actionable model to help concurrently foster healthcare access, quality, and safety as a conduit to outcomes that would benefit women and population health in general. To some extent, the study has theory, research, policy, pedagogical and praxis relevance in consonance with emergent knowledge strategies to advancing women's health in Africa.

Keywords: Women's Health, Hologic, Healthcare Access, Healthcare Quality, Patient Safety

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1. Introduction

The targets of Sustainable Development Goal #3 focus on ensuring healthy lives and the promotion of well-being for all at all ages (UN, 2015). Some specific targets include the reduction in global mortality to less than 70 per 100 000 live births by 2030; to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases, and other communicable diseases by 2030; and to ensure universal access to sexual and reproductive health-care services (WHO, 2023; UN, 2015; Lau, Nandy & Chakraborty, 2023).

Even with the enormous gap in healthcare between developed and developing countries, the gender aspect is even more alarming. Axa (2019) notes that women especially in Africa and other countries in the global south are heavily disadvantaged in healthcare services because they suffer from limited control over their own lives due to lower income than men, complex family responsibilities, dependence on another family member or a lack of access to education. Due to these factors, many women in developing nations do not have basic health care and are faced with many life-threatening health issues including maternal mortality and cervical cancer, to name just a few.

The World Health Organization defines health as the enabling of people to increase control over their own health (WHO, 2016a). This includes aspects of social and environmental interventions that seek to address and prevent the root causes of ill health. The WHO also list 3 key elements of health promotion as good governance in which policymakers focus on health as an important aspect of policy; health literacy or the acquiring of knowledge and information to make informed choices; and healthy cities that promote health (WHO, 2016a). Cities that promote health must therefore ensure that there is healthcare access, high quality care, and patient safety.

While there are different perspectives on how to better achieve health outcomes, an emergent argument appears

to advocate concurrent approach to healthcare access, healthcare quality and patient safety instead of stages or sequential approach to realizing key components of health outcomes (Donaldson, Corrigan, & Kohn, 2000; Baker, 2001; Wolfe, 2001; and Scott and Jha, 2014).

Currently, there is a health crisis in low and middle-income countries where there are around 134 million adverse events occurring in hospitals annually, 2.6 million deaths per annum because of unsafe care, 4 out of 10 patients harmed in healthcare settings, and an estimated $42 billion in medication errors each year (WHO, 2020). The data show the need for a proactive and integrated approach to healthcare to increase healthcare access, healthcare quality, and patient safety, especially for the vulnerable and underserved populations in Africa and other areas. Countries in Africa seem to have similar issues when it comes to healthcare. They are resource-constrained, are grappling with healthcare access challenges, face uncertainty when it comes to meeting health care cost after illness, and they have their fair share of the global health burden with communicable/infectious and non-communicable diseases wreaking havoc in their communities (Rothe, Schlaich, & Thompson, 2013; Rutherford, Mulholland, & Hill, 2010; Pheage, 2017; Gouda et al., 2019). For example, the WHO Joint External Evaluation Reports show Sierra Leone lacking the capability to detect and surveil infectious pathogens; and Nigeria lacking the mechanisms to respond to actual or potential infections, biosafety, and security (WHO, 2016b; 2018; Greenhill et al., 2022). It should also be noted that Institute of Medicine (IOM), the Organization for Economic Co-operation and Development (OECD), and the World Health Organizations (WHO) among others, have over the years been making a case for healthcare that embraces access, quality, and safety as a conduit to better health outcomes. This paper looks at women's healthcare in Africa by focusing on the Hologic Global Women's Health Index (2021). It highlights the changes that have occurred between 2020 and 2021 in which the index and many of the health variables have worsened over the period and presents a framework to help reverse the negative trends.

2. Hologic Global Women's Health Index

Launched in 2020, the Hologic Global Women's Health Index is a global, multiyear survey of women and men that annually tracks multiple health factors. It provides data that global leaders and policymakers can use to craft policies that improve the health, quality of life and life expectancy of the world's women and girls. The overall Index and the five individual dimensions (preventative care, emotional health, opinion of health safety, basic needs, individual health) are scored from 0 to 100. A higher score on the overall Index means more women are having positive experiences in the five dimensions. Higher scores on the individual dimensions mean more women are having positive experiences in each of these respective areas. At the country and demographic levels (age, education, or urban or rural status, for example), increases or decreases need to be at least five points to be considered meaningful change (Hologic, 2022).

As reported in the Hologic Global Women's Health Index 2021 Report, the building blocks for Improving Women's Health include reducing high blood pressure, cancer, diabetes, and sexually transmitted diseases or infections, all aspects of "preventive care". There is the reduction of worry, sadness, stress and/or anger, the sum of which is emotional health. Ideas/opinions of health and safety is the fourth building bloc, and this includes ideas about the availability of quality healthcare, quality care to pregnant women, and feeling safe. Also, there is the need for money for basic needs like food, housing, and shelter; and the ability to perform daily functions without physical pain. These five dimensions account for more than 80% of the variance in a woman's life expectancy at birth (Hologic, 2022). Using an index to highlight women's health issues provides an opportunity to summarize the multidimensional factors contributing to women's health, and to share complex ideas. It is also easy to interpret, especially across different time periods.

2.1 The Hologic Index with a Focus on Africa

Table 1 shows the African countries listed on the 2021 Hologic Index. As indicated earlier in this research, countries with higher index have better health services conditions. Of the 122 countries listed in the 2021 Global Hologic Women's Health Report, at least, 25 were African countries. Taiwan was listed in the first position with an index of 70, and Afghanistan was listed last with an index of 22. The Global Overall Average index was 53.

Of the 122 countries listed in the report, African countries except for South Africa and Algeria had below average index, that is they were listed below the 50th percentile. South Africa whose index of 55 was listed in the 55th position. The Republic of Congo was listed at number 121, second to last with an index of 38.

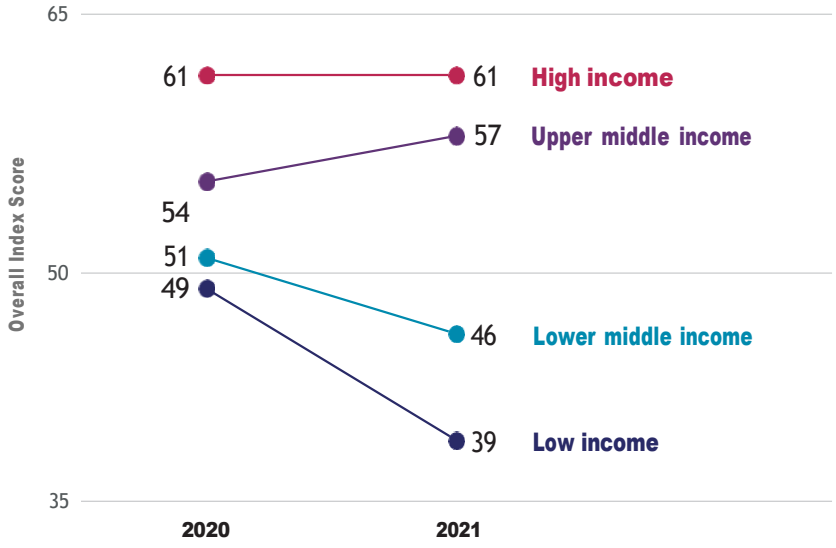
Table 1: African Countries Index Score & Rank in 2021

Country	Index	Rank
South Africa	55	55
Algeria	53	63
Ghana	51	70
Kenya	50	72
Namibia	50	74
Tanzania	49	76
Zimbabwe	49	81
Zambia	49	82
Tunisia	48	85
Egypt	47	89
Senegal	46	91
Nigeria	46	92
Mozambique	45	94
Morocco	44	98
Cameroon	44	102
Uganda	44	103
Malawi	44	105
Mali	44	107
Ivory Coast	42	108
Sierra Leone	42	110
Guinea	41	112
Gabon	41	113
Benin	40	116
Togo	40	117
Republic of the Congo	38	121

Source: Index Scores by Countries & Territories; 2022 Hologic, Inc

The gap between women's scores in high-income economies and low-income economies (including Africa) widened from 12 points in 2020 to 22 points in 2021. Countries and territories that spend more per capita on healthcare tend to earn higher scores on the overall Index. Globally, the Index shows most women's health situations did not improve in 2021, but as shown in Figure 1, the gap in the overall Index score between women in high-income and low-income economies like African nations nearly doubled in the span of a year. As previously noted, it went from 12 points in 2020 to 22 points in 2021.

Figure 1: Change in Hologic Global Women's Index



Source: Index Scores by Countries & Territories; 2022 Hologic, Inc.

In 2021, African countries had index scores of 55 and less. From Figure 1, these countries' Hologic Global health index declined (except South Africa and Algeria) between 2020 and 2021 from 51 to 46 (Low Middle-Income Countries) and from 49 to 39 (Low-income countries). However, the index remained constant at 61 for women in high income countries and increased for upper middle countries from 54 to 57 (Hologic, 2022). This tends to suggest a growing divide in women's health conditions worldwide.

Belief in the value of going to a healthcare professional declined among women with an elementary education or less. While belief in the value of going to a healthcare professional remained relatively stable among women with four years of education beyond high school or a college degree (92%), it dropped seven points among those with an elementary education or less — from 87% to 80% leading to a 12-point gap between the two groups (Hologic, 2022); 46% of African women graduate from high school; while 27% of primary school-age children, 37% lower-secondary school-age children, and 56% of upper-secondary school-age children were not enrolled in school in 2019 (African Union, 2021).

Gender disparities have an impact on nearly every aspect of women's lives, including health and these disparities are present in African countries. The World Economic Forum Global Gender Gap Report for 2022 shows that of the 25 African countries listed in the Hologic 2021 Report, only 19 had a Gender Gap Index score (World Economic Forum, 2022). Of the 19 countries, twelve are in the bottom half of the 2022 Global Gender Gap Index Rankings of 146 countries (World Economic Forum, 2022). The twelve countries occupy positions starting at #96 with the Republic of Congo occupying position #144 out of 146 (World Economic Forum, 2022). Of the seven countries found in the top half of the ranking, Namibia was #8 and South Africa #20 (Global Gender Gap Report, 2022; Table 1.1, p. 10). These are also the countries that scored high on the Hologic Index.

The 2021 Hologic Health Index also singled out some African nations specifically. For example, whereas the individual health score for women increased by 8 points for South Africa and Egypt between 2020 and 2021, it declined 14 points for Zambia and Benin (Hologic, 2022). South Africa and Egypt were among the fastest improving countries for women's individual health in 2021, and Benin and Zambia were among the fastest declining countries. Additionally, Benin, Guinea, Senegal, and the Republic of the Congo were bottom countries for women's individual health in 2021 (Hologic, 2022).

In terms of basic needs for women, Namibia and Algeria were listed among the fastest-improving countries with their scores increasing by 14 and 13 points respectively, but Morocco was listed among the fastest declining countries because of its nine-points decline between 2020 and 2021 (Hologic, 2022). Zimbabwe and Tunisia

were among the fastest improving nations in women's emotional health between 2020 and 2021, but Guinea and Benin were among the fastest declining nations (Hologic, 2022).

While improving women's health is a challenge everywhere around the world, it is a matter of vital importance for women in Africa. Although only a few countries were singled out in the preceding paragraphs, it is quite clear that Zambia, Benin, Guinea, Senegal, and the Republic of the Congo and others not mentioned above including the Ivory Coast and Tunisia whose preventive care index for women declined by 3 points and 6 points respectively, are having problems with women's health that needs to be addressed (Hologic, 2022).

To respond to this urgent issue, research tends to suggest that empowering women can have an immense impact in this area. As noted by Ngo (2017), "too many well-meaning development actors regard girls as victims to be saved, rather than as the innovative, energetic game changers they are." Ngo (2017) also notes that a recent study on girls in South Africa showed that their spatial access to the public sphere is limited and falls from 16.3 square kilometers to just 6.7 by the time they reach puberty. For boys, their spatial access more than doubles, from 3.8 square miles to 7.8, on becoming men. Here again the issue of gender disparity is forefront as it reduces mobility of women and decreases their earning ability and independence. These factors have a negative effect on women's health.

3. Application of the Collaborative Governance Framework

Collaborative governance presents cross sector stakeholders' opportunities to collectively make decisions and/or implement decisions to solve complex public problems and promote a common resolve for action (Gray, 1989; Ansell & Gash, 2008; Bryson, Crosby, & Stone, 2015). The approach seems to be gaining popularity globally especially in developing countries for addressing complex problems like health, environment-ecology, climate action, national security, natural disasters, socio-economic development issues, and crisis management in general among others (Gray 1989; Daniel, Pinel, & Brooks, 2013; Agbodzakey 2012). It includes face-to-face dialogue, trust building, commitment to process, and shared understanding (Ansell and Gash; 2008), as well as initiatives to increase agreement among stakeholders, promote leadership and legitimacy, and manage conflict (Bryson et al., 2006). Collaborative governance means facilitating an inclusive process that produces joint influences on the part of the leaders and participants (Lawrence, 2017), and it helps to ensure the realization of goals and objectives of cross sector and multistakeholder engagement by guiding and protecting the collaborative process in ways that would enable intended results (Chrislip and Larson,1994).

Collaborative governance approach in relation to healthcare access, quality, and safety, could prove to be beneficial especially in African countries where the health index is declining for women. Proactive and integrated approach to healthcare to concurrently foster access, quality, and safety, especially for the benefits of vulnerable and underserved populations i.e., the poor, uninsured, children, elderly, especially women will enhance patient-centered care and overall improvement in health outcomes. In fact, the issue of concurrently promoting healthcare access, quality and safety is an ongoing one in both high income, and low and middle-income countries (LMICs).

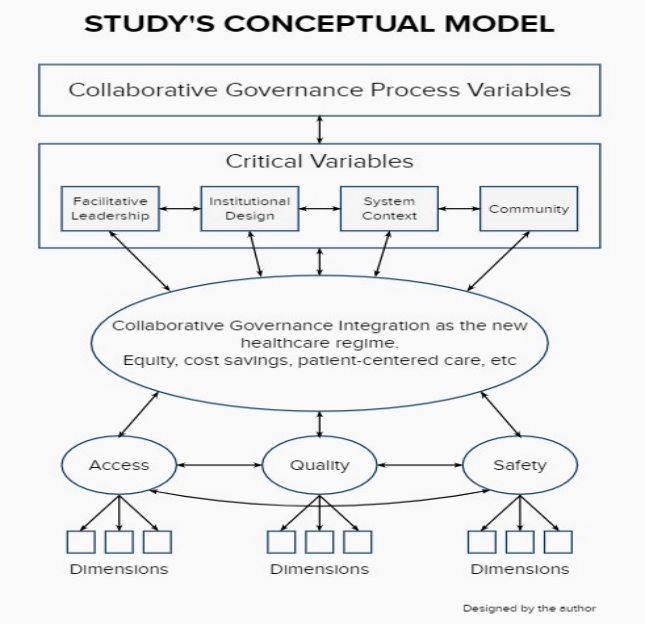
Most of the countries in Africa, especially Sub-Saharan Africa are resource-constrained, high burden and for the most part, are contending with healthcare access challenges among others. Admittedly, Sub-Saharan Africa has its fair share of the global health burden with communicable/infectious and non-communicable diseases debilitating many lives and communities in an unimaginable proportion. For instance, there are approximately 1.6 million deaths annually in Africa from malaria, tuberculosis, and HIV-related illnesses due to lack of medication access, and 41% of 9.7 million preventable deaths of infants under 5 years occur each year (Pheage, 2017; Black, Morris, & Bryce, 2003; Murray et al. 2007). Taking steps that would promote concurrent focus on healthcare access, quality, and safety with a focus on women's health as part of the medical regime in African countries using collaborative governance framework could be transformational for the healthcare sector and population health in general.

The benefits of cross sector stakeholders' engagement in collaborative governance fosters inclusive and constructive deliberations as a conduit to collective problem solving with likely positive impacts on various segments of society (Emerson, Nabatchi, & Balogh, 2012). Developing an integrated approach to healthcare and/or developing such a culture could be beneficial to emerging economies/LMICs, especially countries in Africa and could transform medical care. In fact, the U.S. experiment with HIV/AIDS using collaborative governance for care and treatment, offers a viable model to replicate for other health regimes in which Health Services Planning Councils have at least, 50% women representation (Agbodzakey, 2015; Health Resources Services Administration, 2016).

The embrace of collaborative governance that integrates critical variables such as facilitative leadership,

institutional design, system context, people/community, and collaborative process variables i.e., shared understanding, trust building, commitment to process, communication, face-to-face dialogue, and empowerment among others (Ansell & Gash, 2008; Agbodzakey, 2017; Emerson et al., 2012) will reflect a reimagined approach to healthcare in Africa. The potential to have health services councils in the various countries with appreciable level of women representation and participation (at least 50%) across sectors and functional areas to formulate strategies for concurrent focus on access, quality and safety would be empowering and transformational with likely benefits not only for women, but society in general. The model below conceptually depicts a proposed integrated approach to healthcare using the collaborative governance framework as a conduit to promote equity, cost savings and patient-centered care among others within the context of concurrent focus on access, quality, and safety.

Figure 2



The concept access is loosely used here to reference availability of health system resources including finances, insurance and characteristics relative to patient access to health services at a locale (Aday & Andersen,1974); the concept quality is used to connote efficacy, effectiveness, efficiency, optimality, acceptability, legitimacy, and equity (Donabedian, 1990), and the concept safety relative to patients is used to imply absence of avoidable harm to patients in relation to medical care and reduction of risks of such avoidable harm (WHO,2020). Involving cross sector stakeholders in the various African countries (Anglophone, Francophone, Lusophone etc.) on the use of collaborative governance could generate much needed insights and enables eventual interventions as conduit to ensure concurrent focus on healthcare access, quality, and safety for likely better health outcomes. For instance, representation and participation of stakeholders such as clinicians, non-elected community leaders, target populations/patients, government representatives, hospital administrators, ministry of health officials, policymakers, students, youth, women, LGBTQIA+, traditional authorities, educational institutions, nonprofit/civic organizations, local and international donors, foundations and others would help create constructive outputs and outcomes with likely sustainability for societal benefits.

4. Conclusion

Africa's viability and sustainability as a continent is to a large extent contingent on the health of women across the various countries. The intentional focus on women's health among others by governments and partners in the identified areas such as preventive care, emotional health, opinions of health and safety, basic needs, and individual health as it is postulated by Hologic within the global health context using policy instruments with attendant pragmatic actions are integral to achieving improved health outcomes (Hologic, 2022). The benefits will not be limited to women but to society at large as women are very foundational to all aspects of livelihood including governance and administration of peoples' affairs.

As an emergent postmodern approach to the typical traditional top-down bureaucratic mechanisms in dealing with complex societal concerns or problems, collaborative governance provides a unique opportunity to reimagine government-rationale relative to the administration of peoples' affairs, and in this context, in addressing women's health. The opportunity for cross sector stakeholders' engagement in collective decision making and/or implementation actions engenders constructive and innovative solutions with likely impactful outcomes for the greater good. While the use of collaborative governance relative to health regimes in Africa is unlikely to replace all the existing institutional and operational mechanisms across the continent, experimenting with women's health based on U.S. HIV/AIDS care and treatment health services planning councils model offers hope for pragmatic solutions and sustainable outcomes. It is worth taking insights from Hologic's perspective relative to any integrated approach that men have a role in women's health as it is essentially complementary as for example, their involvement in perinatal care has benefits including reduced preterm childbirth and better child development (Hologic, 2022).

To foster a robust conceptual analysis and data-driven decision making relative to the healthcare regime in Africa, especially with a focus on women's health, future research could explore the localization of the U.N. Sustainable Development Goals (SDGs) in the various African countries. This could serve as a conduit to promoting transformational healthcare changes in policy and practical terms. Examining the political determinants of health in addition to the usual socio-economic determinants could enable proactive health services across the various core medical and support categories (Dawes, 2020; Agbodzakey, 2015; Greenhill et al., 2022). Furthermore, reimagining the role of medical diplomacy within the Global North and Global South dynamics, and accentuating the embrace and utilization of technology in healthcare could expediate access, quality, and safety aspirations in Africa while at the same time helping close equity gaps, especially as it pertains to women's health (Lau et al., 2023; De Vos et al., 2007; Feinsilver, 2010; Kirk, 2009; Adler-Milstein et al., 2014; DesRoches, Painter, & Jha, 2013; Akanbi et al., 2012).

References

Aday, L. A., & Andersen, R. (1974). A framework for the study of access to medical care. Health services research, 9(3), 208.

Adler-Milstein, J., Ronchi, E., Cohen, G. R., Winn, L. A. P., & Jha, A. K. (2014). Benchmarking health IT among OECD countries: better data for better policy. Journal of the American Medical Informatics Association, 21(1), 111-116.

African Union (2021). The 2021 African Union Gender Scorecard. Retrieved on July 3, 2023, from https://au.int/en/documents/20230427/2021-african-union-gender-scorecard

Agbodzakey, J. K. (2017). Ryan white CARE Act and collaborative governance re-examined: the South Florida experience. Public Organization Review, 17(2), 293–314

Agbodzakey, J. (2015). Ryan white CARE act and HIV/AIDS services collaborative governance: the South Florida experience. LAP/OmniScriptum.

Agbodzakey, J. K. (2012). Collaborative governance of HIV health services planning councils in Broward and Palm Beach counties of South Florida. Public Organization Review, 12(2), 107-126.

Akanbi, M. O., Ocheke, A. N., Agaba, P. A., Daniyam, C. A., Agaba, E. I., Okeke, E. N., & Ukoli, C. O. (2012). Use of electronic health records in sub-Saharan Africa: progress and challenges. Journal of Medicine in the Tropics, 14(1), 1.

Ansell, C., & Gash. A. (2008); Collaborative Governance in Theory & Practice; Journal of Public Administration Research & Theory, #18, (543-571

AXA (June 2019). The Key to Improving Women's Health in Developing Countries. Retrieved on June 20, 2023 from https://www.axa.com/en/news/the-key-to-improving-women-s-health-in-developing-countries

Baker, A. (2001). Crossing the quality chasm: a new health system for the 21st century (Vol. 323, No. 7322, p. 1192). British Medical Journal Publishing Group.

Black, R. E., Morris, S. S., & Bryce, J. (2003). Where and why are 10 million children dying every year? The lancet, 361(9376), 2226-2234.

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2015). Designing and implementing cross-sector collaborations: Needed and challenging. Public administration review, 75(5), 647-663

Bryson, J., Crosby, B., & M. Stone; (2006); "The Design and Implementation of Cross-Sector Collaboration: Propositions from the Literature", Public Administration Review, #66 (44-55)

Chrislip, D., & C. Larson (1994); Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference. San Francisco: Jossey-Bass

Daniel, J. R., Pinel, S. L., & Brooks, J. (2013). Overcoming barriers to collaborative transboundary water

governance. Mountain Research and Development, 33(3), 215–224
Dawes, D. E. (2020). The political determinants of health. Johns Hopkins University Press.
DesRoches, C. M., Painter, M. W., & Jha, A. K. (2013). Health information technology in the United States: better information systems for better care, 2013. Mathematica Policy Research.
De Vos, P., De Ceukelaire, W., Bonet, M., & Van der Stuyft, P. (2007). Cuba's international cooperation in health: an overview. International Journal of Health Services, 37(4), 761-776.
Donabedian, A. (1990). The seven pillars of quality. Archives of pathology & laboratory medicine, 114(11), 1115.
Donaldson, M., Corrigan, J., & L. Kohn (2000), "To Err is Human: Building a Safer Health System, National Academy of Science
Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. Journal of public administration research and theory, 22(1), 1-29.
Feinsilver, J. M. (2010). Fifty years of Cuba's medical diplomacy: from idealism to pragmatism. Cuban studies, 85-104.
Gouda, H. N., Charlson, F., Sorsdahl, K., Ahmadzada, S., Ferrari, A. J., Erskine, H., ... & Whiteford, H. (2019). Burden of non-communicable diseases in sub-Saharan Africa, 1990–2017: results from the Global Burden of Disease Study 2017. The Lancet Global Health, 7(10), e1375-e1387.
Gray, B. (1989). Collaborating: Finding common ground for multiparty problems. San Francisco: Jossey-Bass
Greenhill, R. G., Johnson, J. A., Malone, P., & Westrum, A. (2022). Customizing health security preparedness activities in sub-Saharan Africa: leveraging political context to enhance IHR implementation. International Journal of Public Administration, 45(6), 511-522.
Health Resources and Services Administration (2016). Part A: grants to eligible metropolitan and transitional areas. U.S. department of health and human services/HIV/AIDS bureau. Retrieved from May 27, 2017, https://hab.hrsa.gov/ about-ryan-white-hivaids-program/part-a-grants- emerging-metro-transitional-areas.
Hologic (2022). The Hologic Global Women's Health Index: Pathways to a Healthy Future for Women. 2021 Global Report. Retrieved on July 3, 2023, from https://hologic.womenshealthindex.com/en
Kirk, J. M. (2009). Cuba's medical internationalism: Development and rationale. Bulletin of Latin American Research, 28(4), 497-511.
Lau, P. L., Nandy, M., & Chakraborty, S. (2023). Accelerating UN sustainable development goals with ai-driven technologies: A systematic literature review of women's healthcare. In Healthcare (Vol. 11, No. 3, p. 401). MDPI.
Lawrence, R. L. (2017). Understanding collaborative leadership in theory and practice. New Directions for Adult and Continuing Education, 2017(156), 89–96
Murray, C. J., Laakso, T., Shibuya, K., Hill, K., & Lopez, A. D. (2007). Can we achieve Millennium Development Goal 4? New analysis of country trends and forecasts of under-5 mortality to 2015. The lancet, 370(9592), 1040-1054
Ngo, Thoai (2017). Unlocking Girls' Potential. The Jordan Times. Retrieved on June 20, 2023 from http://www.jordantimes.com/opinion/thoai-ngo/unlocking-girls%E2%80%99-potential
Pheage, T. (2017). Dying from lack of medicines. Encouraging local production, right policies the way out. Retrieved August 2, 2020, from https://www.un.org/africarenewal/magazine /december-2016-march-2017/dying-lack-medicines
Rothe, C., Schlaich, C., & Thompson, S. (2013). Healthcare-associated infections in sub-Saharan Africa. Journal of Hospital Infection, 85(4), 257-267.
Rutherford, M. E., Mulholland, K., & Hill, P. C. (2010). How access to health care relates to under-five mortality in sub-Saharan Africa: systematic review. Tropical medicine & international health, 15(5), 508-519.
Scott, K. W., & Jha, A. K. (2014). Putting quality on the global health agenda. N Engl J Med, 371(1), 3-5.
United Nations (2015). The 2030 Agenda for Sustainable Development. Retrieved on July 4, 2023, from https://sdgs.un.org/goals
World Economic Forum (2022). Global Gender Gap Report 2022. Retrieved on July 2, 2023, from https://www3.weforum.org/docs/WEF_GGGR_2022.pdf
Wolfe, A. (2001). Institute of Medicine report: crossing the quality chasm: a new health care system for the 21st century. Policy, Politics, & Nursing Practice, 2(3), 233-235.
World Health Organization (2016a). Health Promotion. Retrieved on June 6, 2023 from https://www.who.int/news-room/questions-and-answers/item/health-promotion
World Health Organization (2023). Sustainable Development Goals: Targets of Sustainable Development Goal 3. Retrieved, June 8, 2023 from https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3
World Health Organization (2016b). Joint external evaluation tool: International Health Regulations 2005. [Brochure]. Retrieved on July 3, 2023, from http://www.who.int/iris/handle/10665/204368
World Health Organization. (2018). WHO African Region: JEE mission reports. Retrieved on July 3, 2023, from

http://www.who.int/ihr/procedures/mission-reports-africa/en/
World Health Organization (2020). World Patient Safety Day, 17 September 2020. Retrieved on August 2, 2020, from https://www.who.int/patientsafety/en/