

53rd session of the Commission on the Status of Women

Expert panel: Gender perspectives on global public health: Implementing the internationally agreed development goals, including the MDGs

12 March 2009, 10.00 a.m. – 1.00 p.m. Conference Room 2

ISSUES PAPER

I. Background

The Beijing Platform for Action and the outcome document of the twenty-third special session of the General Assembly recognized that ineffective health care systems can negatively affect the health of women and girls. It also recognized that the privatization of health-care systems, without appropriate guarantees of universal access to affordable health care, can further reduce women's and girls' availability to quality health-care (paragraph 91).

In an effort to secure women's equal right, with men, to the enjoyment of the highest standard of health throughout the whole life cycle, Governments were called on to, inter alia, support health service systems and operations research to strengthen access and improve the quality of service delivery, to ensure appropriate support for women as health-care providers, and to examine patterns with respect to the provision of health services to women and use of such services by women (paragraph 109 (g)).

Governments were also called on to adopt policies and implement measures to address, on a prioritized basis, the gender aspects of emerging and continued health challenges, such as malaria, tuberculosis, HIV/AIDS and other diseases that have a disproportionate impact on women's health, including those resulting in the highest mortality and morbidity rates; (paragraph 72 (a)). The reduction of maternal morbidity and mortality was identified as a health sector priority (paragraph 72 (b)).

The agreed conclusions of the Commission on the Status of Women on the health of women and girls in 1999 called for, inter alia, women's and girls' equal access to quality health care and services throughout the life cycle; the allocation of adequate resources; and the participation of women at all levels in development of health policy, planning and implementation (paras 1(f) and 1(e)). The 2006 agreed conclusions on enhancing participation of women in development called for mainstreaming of gender perspectives and human rights in health-sector policies and programmes (para 12 b). The 2008 CSW agreed conclusions on "Financing for gender equality and empowerment of women" called for the strengthening of, inter alia, health services and effective use of resources to achieve gender equality and the empowerment of women and ensure women's and girls' rights to the enjoyment of the highest attainable standard of physical and mental health (para 21 ee).

At the Millennium Summit (2000), Governments resolved to achieve universal access to reproductive health by 2015, as set out at the International Conference on Population and

Development (para 57 (g)). The Millennium Development Goals (MDGS) identified time-bound and measurable goals aimed at, inter alia, improving maternal health, reducing child mortality and combating HIV/AIDS. During the 2005 World Summit, Heads of State and Government committed themselves to achieving universal access to reproductive health by 2015, (para 57 g) and to promote gender equality and eliminate pervasive gender discrimination by, inter alia, ensuring equal access to reproductive health. (para. 58 (c)).

Women's ability to attain the highest standard of health is a human rights issue. International human rights instruments, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the Convention on the Rights of Persons with Disabilities, provide a human rights framework on gender equality and women's health.

II. Critical issues

Inequalities in health and access to health services

Evidence suggests that gender inequality reduces the potential for women worldwide to access health-care and achieve the best possible level of health. Discrimination against women leads to many health hazards, including physical and sexual violence, sexually-transmitted infections, HIV/AIDS, malaria and chronic obstructive pulmonary disease. Tobacco use is a growing threat among young women, and mortality rates during pregnancy and childbirth remain high in developing countries. Discrimination is often rooted in socio-cultural factors that include unequal power relations between women and men. Despite their potential to promote health equity, health systems can generate health inequity and entrench social stratification which disproportionately affects women's access to health care.¹ Efforts to improve equity in health systems should take gender equality into account.

Transforming health systems for the benefit of women and girls

The challenge for any health system is to ensure that "people can exercise their entitlement to health care and the living conditions that will enable them to protect and promote their health, participate in decisions that affect their lives, and demand accountability from the people and institutions whose duty it is to take steps to fulfill those rights".² According to WHO, the main barriers to health care include: the costs of seeking care; lack of information and knowledge; lack of voice or empowerment; inaccessible and poor quality services; and unresponsive service providers.³ Because of existing discrimination and inequalities, these barriers can significantly limit the access of women and girls to health care.

Health sector reforms can affect women differently and inequitably, as both users and producers of health care. For example, decentralization and privatization can negatively impact on the lives

¹ WHO Commission on Social Determinants of Health (2007). *Challenging inequity through health systems*.

² Source: <http://www.unmillenniumproject.org/documents/TF4Childandmaternalhealth.pdf>

³ WHO Commission on Social Determinants of Health (2007). *Challenging inequity through health systems*.

of women.⁴ With privatization, women may face greater costs for health care for themselves and their families. As health care workers, their workloads may increase or they may lose their jobs to less qualified, casual workers. Since women assume the major responsibility for care in the home, their work load increases when health systems fail. Women are often under-represented in decision-making bodies at all levels and have little or no influence on health care planning and resource allocation.

Progress in achieving internationally-agreed development goals and commitments

Effective health systems are critical to achieving the MDGs related to health, particularly women's health. Primary health care is particularly important for the health of women and girls, including through ensuring access to health information and services.⁵ The recent review of the implementation of the MDGs revealed that least progress has been made in achieving Millennium Goal 5 on improving maternal health. At the global level, maternal mortality decreased by less than 1 per cent per year between 1990 and 2005 – far below the 5.5 percent annual improvement needed to reach the target.⁶ Every day, 1600 women and more than 10 000 newborns die from preventable complications during pregnancy and childbirth.⁷

The 2008 Millennium Development Goals Report indicated that the HIV epidemic continues to be particularly devastating for women, especially young women. An estimated 15.5 million women and 15.3 million men aged 15 years and over were living with HIV worldwide in 2007, compared with 14.1 million and 13.8 million, respectively, in 2001. In sub-Saharan Africa, almost 60 per cent of adults living with HIV in 2007 were women.⁸ Despite this, women and girls continue to have unequal access to health resources for the prevention, treatment, care and support of HIV/AIDS.

Persistent violence continues to place women at higher risk for poor physical, mental and reproductive health. Women who are subjected to violence are more vulnerable to alcohol and drug abuse, suicide attempts, post-traumatic stress and central nervous system disorders. Examining violence against women from a public health perspective is critical to highlight the many dimensions of the phenomenon and develop multisectoral responses.⁹ The health sector can identify abuse early, provide victims with the necessary treatment, refer women to appropriate care and develop redress mechanisms.

Financing health care

Examining health care financing from a gender perspective is critical to ensure equitable access to care in the context of increased health care costs.¹⁰ In low-income countries in particular, user fees have reduced access to health services, especially for women who make up the majority of

⁴ WHO (2005a), "What evidence is there about the effects of health care reforms on gender equity, particularly in health?"

⁵ WHO.(2008) The World Health Report 2008: Primary Health Care: Now More Than Ever.

⁶ United Nations (2008) Millennium Development Goals Report 2008

⁷ Source: http://www.who.int/features/factfiles/women_health/en/index9.html

⁸ United Nations (2008) op. cit.

⁹ WHO (2005b) Multi-country Study on Women's Health and Domestic Violence against Women.

¹⁰ WHO (2005a) op. cit.

the poor.¹¹ Economic downturns and financial crises can exacerbate the situation and further limit women's and girls' access to health care. For example, cuts in public spending in the areas of health can reduce women's and girls' access to basic services, increasing their caregiving burden. Gender-responsive budgeting is critical in the health sector to ensure adequate resource allocation to the particular health care needs of women and girls.

The way forward

Improving global health requires a multi-sectoral approach where public policies in other sectors, such as education and employment, as well as policies on gender equality and social inclusion, contribute positively to health. A range of stakeholders – including civil society and community organizations - should be involved in identifying and addressing gender inequalities in health systems. While women-specific targeted interventions are needed to improve women's health, mainstreaming gender perspectives into health policies and programmes is critical. Gender-sensitive research and data collection on women's health is needed to inform policy development.

IV. Format of the interactive expert panel

The dialogue will be introduced by 7-10 minute presentations by experts. Participants will be encouraged to share specific challenges, as well as innovative approaches and experiences, in relation to the access of women and girls to quality health care, or respond to the panellists' presentations. Intervention from the floor will be limited to 3 minutes. A Moderator's Summary of the dialogue will be prepared.

V. Issues for consideration in the interactive dialogue

The following potential strategies may serve as a non-exhaustive discussion guide:

- Increasing the efficiency of health systems to improve women's access to health care and services, including on HIV/AIDS, and reduce the burden of care on women.
- Facilitating women's participation in decision-making at all levels, including planning and programme development.
- Ensuring privatization does not limit women's access to quality health care and services.
- Developing strategies to provide both women and men with information and support on reproductive health.
- Making health services more responsive to prevention and treatment of violence.
- Developing partnerships between private and public stakeholders in attaining enhanced health outcomes for women and girls.
- Using gender-responsive budgeting more effectively to ensure adequate resource allocation for women's health, particularly in the context of the financial crisis.

¹¹ WHO (2005a) op.cit.