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**Commission on the Status of Women****Fifty-third session**

2-13 March 2009

Agenda item 5

**Follow-up to Economic and Social Council resolutions and decisions****Gender perspectives on global public health: implementing the internationally agreed development goals, including the Millennium Development Goals****Moderator's summary**

1. On 12 March 2009, the Commission on the Status of Women convened an interactive expert panel on the theme "Gender perspectives on global public health: implementing the internationally agreed development goals, including the Millennium Development Goals". The session was moderated by Olivier Belle, Chairperson of the Commission on the Status of Women. The President of the Economic and Social Council, Sylvie Lucas, Permanent Representative of Luxembourg to the United Nations, made an opening address. The panellists included: Anjana Bhushan, Western Pacific Regional Office, World Health Organization (WHO), Dr. Hernan Montenegro, Pan American Health Organization, WHO; and Dr. Lynn Collins, United Nations Population Fund (UNFPA).

2. Participants agreed that gender inequality reduced the potential for women worldwide to access quality health care. Effective and gender-sensitive health systems were critical to achieving the Millennium Development Goals related to health and, in particular, those related to women. Participants emphasized that gender was a strong determinant of access to health and that women's full and equal access to health care was impeded by lack of gender-responsive health policies. Health information and research were also often gender-neutral, gender-blind or even gender-biased, and did not take sufficient consideration of women's health needs and concerns. Women's and men's health-seeking behaviour differed, based on their gender-specific roles, opportunities and expectations. Experience indicated that gender-responsive health systems delivered positive results for women and men, and it was therefore crucial to transform health systems to meet the needs of women and accelerate the achievement of health-related Millennium Development Goals.



3. While important progress towards the achievement of health-related Millennium Development Goals and reduction in overall health inequities was being made, significant gaps and inequities persisted. In efforts to strengthen health systems, renewed emphasis was placed on the role of primary health care in addressing health challenges and as the main strategy for attaining health for all. Reforms in primary health care aimed at better and more equitable health outcomes, greater efficiency and better service delivery, lower health-care costs and higher user satisfaction.

4. Participants stressed the importance of universal health coverage through primary health care in order to improve health for women and men. Lack of coverage disproportionately affected the poor, especially poor women, and women belonging to vulnerable groups such as minority or rural women. Experience indicated that women's out-of-pocket health expenditures were in general higher than men's; their contribution to and benefits received from social security schemes were lower; and comprehensive packages of services and entitlements did not always cover women's specific health needs. Universal coverage as well as a gender-specific approach were critical in overcoming health inequities for women.

5. Service delivery reform in primary health care could have a positive impact on women's right to health. Reforms should include a culturally and gender-sensitive approach that responded to the different health-seeking behaviours of women and men. Women's input in decisions affecting their health was crucial and had to be enhanced.

6. The need to focus on capacity- and skills-building of health workers, through enhanced gender-sensitivity training, was recognized. It was noted that the majority of health workers were women and that much of the unpaid care work in households and communities was also performed by women. Service delivery should aim to enhance access to primary health care for women, as well as to reduce their unpaid care-giving responsibilities. There was also a need to focus, in a gender-sensitive manner, on effective community participation, raise awareness about people's right to health and encourage participation of vulnerable groups in health provision. A rights-based approach that emphasized providers' obligations and care seekers' rights should be applied, and training of health providers should focus on eliminating any stigmatizing attitudes or discrimination towards any person seeking care.

7. Participants stressed the role of public health literacy for health promotion and prevention of ill health and noted that health education should be part of basic primary health-care packages. The importance of gender-sensitivity in health education for enhancing women's health was stressed, as was the urgency of targeting health messages to the needs and priorities of women and girls in a gender-responsive manner. Consideration should be given to the choice of medium for delivering health messages and ways to take into account the barriers that women faced in accessing means of mass communication, including newspapers and the radio, as well as positive experiences with the use of interpersonal communication. The frequency and timing of such communication opportunities was critical to ensuring that women could take full advantage of these opportunities.

8. Participants called for gender-responsive health systems that provided sexual and reproductive health services for all women and girls. Less progress had been made towards achieving Millennium Development Goal 5, on improving maternal

health, than any other Goal. At the global level, maternal mortality decreased by less than 1 per cent per year between 1990 and 2005, far below the 5.5 per cent annual improvement needed to reach the target. Maternal mortality represented one of the largest inequities in health, reflecting a lack of access to sexual and reproductive health care as well as the failure of the health system to adequately address the particular needs of women and girls. The consequences of failing to improve access to and quality of sexual and reproductive health care included maternal morbidity and mortality, infertility and unintended pregnancies, fistula, sexually transmitted infections and cervical and breast cancers. A number of effective strategies were available to enhance women's sexual and reproductive health and accelerate progress towards achieving Millennium Development Goal 5, including: increased access to skilled birth attendants, access to family planning and to emergency obstetric care. Since young women were especially vulnerable to poor sexual and reproductive health, early child-bearing, sexual coercion and violence, the inequities they faced in accessing quality services required particular attention.

9. The link between violence against women and women's poor physical, mental and reproductive health was stressed. Participants noted that violence against women required a multisectoral response that included the public health perspective. The health sector should provide medical care, counselling, referrals, emergency contraception and prophylactic HIV treatment. The broader response should include legal measures, changing of attitudes and the provision of services for victims.

10. Participants emphasized the need for a gender-specific approach to the prevention of and response to the HIV/AIDS pandemic. The public health system should effectively address women's increased vulnerability to HIV/AIDS and provide a gender-sensitive response. Women and girls had unequal access to health resources for the prevention, treatment and care of HIV/AIDS. They also faced particular cultural barriers in accessing services, including stigma and other negative repercussions when their HIV status was revealed. Integration of services for HIV prevention or treatment with reproductive and sexual health care was recognized as a good strategy for improving access to important public health benefits, including increased access to and use of HIV counselling and testing and condom use, as well as for addressing mother-to-child transmission of HIV.

11. Participants highlighted the particular situation of migrant women and the need for a gender-specific response by the public health system. Migrant women were particularly vulnerable to exploitation and violence, and may fear deportation because of their irregular status. As a consequence, migrant women often lacked access to basic health services such as regular check-ups and/or prenatal care. It was emphasized that migrant women should not be denied essential health services on the basis of their immigration status.

12. Participants noted the importance of collecting data disaggregated by sex, ethnicity, socio-economic status, and over time, in the area of public health. Such data needed to be analysed from a gender perspective, and the insights and results of such analysis had to be fully used in policy- and decision-making in the area of primary health care and in the health sector in general in order to ensure a gender-specific response. Participants also drew attention to the availability of tools and gender training materials aimed at the public health sector.

13. Participants recognized the importance of women's economic and financial empowerment for improved health. The role of the education system towards this

end was also highlighted. Participants drew attention to the linkages between the Millennium Development Goals, noting that efforts to eradicate poverty required by Goal 1 also contributed towards the achievements of Goals 4 and 5, as well as Goal 3 on gender equality and the empowerment of women.

14. The need for increased health financing was noted, as was the need for increased gender-responsiveness of financing to ensure proportionate allocation of resources to women-specific health needs. Analysis of the differential disease burdens of women should result in commensurate resource allocation and expenditure. There was also a need to consider the scope of health insurance and social protection schemes as these did not typically cover the informal sector, where women predominate. Gender-responsive budgeting was suggested as an effective strategy for setting priorities in health resource allocation. Such gender-responsive budgeting was especially critical during times of financial and economic crisis.

15. Participants discussed the impact of the current financial crisis on public health in general, and on the health of women and girls in particular. Based on past experience, it was suggested that the current financial crisis would likely expose households to increased poverty, and cause particular hardship for women. Cuts in public spending, including in the social sectors, as well as similar cuts in private health spending, were a concern. Such cuts would result in an increase in demand for public health services and, as a consequence, an overburdened public health-care sector. Donor aid could also decrease, which would particularly affect those countries whose health services relied on external aid. It was suggested that with less disposable income, women were more likely to delay or forgo health-care services for themselves. Negative impacts of cuts in the health and social sector was expected to lead to increased malnutrition; a worsening of mental health; increased infant mortality rates; as well as increased communicable diseases such as HIV/AIDS and tuberculosis. Governmental action was pivotal in preventing or cushioning such outcomes.

16. It was therefore of utmost importance that Governments and all other stakeholders carefully analysed the gender dimensions of the financial crisis. They had the opportunity to avert the potential negative effects and put in place measures to prioritize spending for public health with the greatest impact on women's and girls' health. There was a need to capture the value of women's unpaid caregiving and to prevent increases in these responsibilities. Social safety nets, including for women in the informal economy, should be enhanced and women's access to employment and economic resources, such as microfinance should be increased. The use of gender-responsive budgeting and support for implementation of international commitments, including the achievement of the Millennium Development Goals, should be strengthened.

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