United Nations Nations Unies

Commission on the Status of Women
Fifty-third session
New York, 2 – 13 March 2009

INTERACTIVE EXPERT PANEL

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

Written statement*

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* The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations.

Transforming health systems to meet the needs of women and girls

As we know, gender is a strong determinant of health and of access to services. Evidence suggests that gender-blind or gender-neutral health systems are harmful to the health of

may consult less qualified service providers or self-medicate in the first instance. In contrast, men are likely to know about and reach qualified providers (such as a DOTS enter) earlier.

Therefore, **lesson 3** is that women and men have different health-seeking behavior patterns that reflect their gendered circumstances and barriers to access to services. Even where services are free, non-financial barriers to access may operate. Health systems need to recognize and cater to these differences. For example, transport subsidies can be targeted to women, if lack of transport is identified as a key barrier for them in a given setting.

The review team in Viet Nam also found that, even when they reach a qualified service provider (such as a DOTS center), women and men may not be diagnosed equally promptly.

control over household resources. In other words, they face gender-related barriers to financial access to health services.

Gender-responsive approaches in health financing can seek to ensure that resources for health are maintained, not reduced, during economic crises. Gender-responsive budgeting can help ensure adequate resources as well as promote accessibility and affordability of services for women. Health and social protection insurance schemes should be tailored for informal sector workers and include women as beneficiaries.

In relation to the **health workforce**, we know that women are overrepresented in health occupations characterized by less education, lower pay, and less security and face inequities (and inefficiencies) in their salaries, promotion, training, deployment, security, work/life balance and self-esteem. Care-giving is increasingly informalized, adding to women's and girls' home-based care-giving burden, especially with the rising burdens of HIV and chronic non-communicable diseases.

In response, the skills of health workers should be strengthened so they can understand and apply gender perspectives in their work. Training and affirmative action for women health workers need to be combined with measures to improve their work/life balance and access to mentoring, networking and other types of support. Health workforce policies need to recognize women's important contributions in formal and informal care. National health

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