

**53<sup>rd</sup> 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

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

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of women.<sup>4</sup> 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.<sup>5</sup> 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.<sup>6</sup>

the poor.<sup>11</sup> 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.

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<sup>11</sup> WHO (2005a) op.cit.