



ALLIANCE
GENDER EQUALITY &
UNIVERSAL HEALTH COVERAGE

UHC2030
Taking action for universal health coverage

Concept Note
Online Consultation
Gender Responsive Health Systems for UHC - Making it Happen
[27 September – 15 October 2023]

INTRODUCTION

Strengthening health systems¹ based on a primary health care approach, which offers quality, safe, effective, affordable and essential health services to all people, especially the most vulnerable, is a cornerstone for universal health coverage (UHC)² and global health security. Urgent action is needed to make UHC a reality for everyone, everywhere.

Gender is a critical determinant of health and gender inequalities affect health outcomes as well as access to services. The impact of COVID-19 on health systems globally shed light on the urgency of strengthening the integration of a gender lens into the governance, design, financing and delivery of health systems to tackle the inequities that undermine access to universal health coverage (UHC), especially for girls, women and other marginalized communities that face intersecting forms of discrimination. It is fundamental for health systems to be gender responsive to achieve UHC.

The [Alliance for Gender Equality and UHC](#), along with [UHC2030](#) is preparing an advocacy brief on gender responsive health systems that will provide a powerful resource for civil society organizations, communities, decision makers and other stakeholders to accelerate progress on the commitments made to achieve gender equality and universal health coverage by 2030.

Seeking to further identify what works in making health systems gender responsive, [Women in Global Health \(WGH\)](#), as a co-convenor of the Alliance for Gender Equality and UHC, and UHC2030 launch this online consultation.

¹ A health system consists of all the organizations, institutions, resources and people whose primary purpose is to promote, restore and maintain health.

² Universal health coverage (UHC) means that all people have access to the full range of quality health services whenever and wherever they need them, including during emergencies, without risk of financial hardship.



WHY IT MATTERS

The 2019 Political Declaration on UHC explicitly committed governments to mainstreaming gender into UHC, with a view to achieving gender equality and the empowerment of women through health policies and health systems delivery. Gender equality, including equal rights and equal access to services, are critical to achieving universal health coverage and leaving no one behind. However, UHC2030's state of UHC commitment review found that UHC processes are still gender-blind, and there is a lack of commitment towards increasing women's representation in health and political leadership.

The 2023 Political Declaration on UHC examines progress and lack thereof on the commitments made in 2019. To accelerate implementation, the 2023 resolution puts greater emphasis on the fundamental role of primary health care, including community-based health services; recognizes the link between pandemic prevention, preparedness and response and universal health coverage; and calls for increased mobilization of domestic public resources as a major source of financing for universal health coverage, through political leadership.

This year, governments also reaffirmed their commitment to ensuring women's equitable leadership in decision-making and addressing gender inequalities, including the gender pay gap, and to strengthening the health workforce, addressing the causes of health worker migration as well as departure from the health workforce. The document emphasizes the need to improve working conditions and ensure the safety of health workers, including protection from sexual and gender-based violence, and appropriate remuneration of health workers including community health workers.

By promoting participatory and inclusive approaches to health governance, the 2023 Political Declaration on UHC reiterates the importance of multi-stakeholder engagement, including local communities, health and care workers, volunteers, civil society organizations and youth, among others, in the design, implementation and review of universal health coverage.

However, despite COVID-19 pandemic underscoring the essential role of sexual and reproductive health and rights (SRHR) in overall health and well-being, the document does not reflect the need for SRHR services. It was also weak on gender-responsive budgeting and the need for urgent reforms in international financial structures to counter austerity measures affecting UHC, especially for women and girls' SRHR. It also fails to properly recognize the SRHR needs of adolescent girls and the impact of insufficient comprehensive sexuality education on their right to education, health, and well-being.



OUR APPROACH TO PRODUCING THE ADVOCACY BRIEF

In the continuum of gender integration, gender-responsive health systems are a critical step and a pathway to implement interventions that challenge discriminatory gender norms, roles, and inequities in health systems and directly address the underlying causes of gender inequalities.

By showcasing the evidence of what works in building gender-responsive health systems, the advocacy brief will make the case for increased and sustained investments to ensure gender equality is mainstreamed in health systems' design, delivery, financing, governance and in the health workforce to achieve UHC by 2030.

Through a desk review and a series of consultations with key stakeholders, the advocacy brief will identify and present good practice examples for each of the building blocks of gender responsive health systems: health service delivery, health workforce, health information systems, access to essential medicines, health systems financing, health leadership and governance. These building blocks are interdependent, which means that gender responsiveness needs to be built across all of them to achieve the objectives of equity and resilience necessary to accelerate progress towards UHC.

This paper emphasizes that moving from commitment to action requires a strong focus on: 1) primary health care to help safeguard the most vulnerable and marginalized populations, including women and girls, and deliver affordable, good-quality health care; 2) intersectionality as a critical approach to address health inequities; 3) sexual and reproductive health and rights as an essential component of UHC, and 4) women's equitable leadership in health decision-making for increased accountability.

OBJECTIVES OF THE CONSULTATION

1. To better understand the challenges and gaps to building gender-responsive health systems in different contexts.
2. To identify good practice examples of gender-responsive interventions within each of the health systems building blocks.
3. To identify the enabling factors for gender-responsive interventions in different contexts.

DEFINING THE BUILDING BLOCKS OF GENDER RESPONSIVE HEALTH SYSTEMS³

- **Health service delivery.** A core function of health systems, this building block is influenced by and influences governance, financing and resource generation. Service delivery directly impacts intermediate health system objectives and, ultimately, the achievement of overarching health system goals. Policies focused on strengthening service delivery take into account how women and girls, and other marginalized groups, experience healthcare differently, including the unique challenges they face in accessing health services. Putting their needs at the center of health service delivery requires essential services to be integrated, high quality, affordable, accessible, and acceptable to them throughout their life course.
- **Health workforce.** Includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, community health workers, etc. Gender equality in the health workforce is necessary for achieving universal health coverage and addressing the systemic gender biases and inequities that result in system inefficiencies, bottlenecks in health worker education and recruitment, and worker distribution imbalances across formal and informal health workforces.⁴
- **Health information systems.** Refers to the generation and use of appropriate health information to support decision-making, health-care delivery and management of health services at national and subnational levels. Using comprehensive quality data and evidence is key to identifying health needs and appropriate policy choices to ensure transparency and accountability at all levels of the health system.⁵ To understand the extent to which there are systematic disparities in access, effective coverage and the financial burden associated with health services (for example, by sex, age, geographical area, education, income, ethnicity, disability, migrant status) disaggregated data is needed, as well as robust monitoring and evaluation systems with gender indicators for improved decision-making and learning.
- **Access to essential medicines.** It refers to the availability and rational use of safe, effective, quality medicines (including vaccines and other health technologies). Understanding and

³ The building blocks identified here and their definitions are based on Papanicolas I, Rajan D, Karanikolos M, Soucat A, Figueras J (eds). Health system performance assessment: a framework for policy analysis. Geneva: World Health Organization; 2022 (Health Policy Series, No. 57). URL: <https://www.who.int/publications/i/item/9789240042476> (Accessed on: 15 September 2023)

⁴ Tropical Health and Education Trust (THET) (2019). Exploring Gender Equality in the Health Workforce: A study in Uganda and Somaliland. <https://www.thet.org/wp-content/uploads/2019/08/Exploring-Gender-Equality-in-the-Health-Workforce-1.pdf>

⁵ UHC2030 (2017). Healthy systems for universal health coverage - a joint vision for healthy lives https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangements_docs/UHC2030_Official_documents/UHC2030_vision_paper_WEB2.pdf

addressing the gender differences in the access to and use of essential medicines, is key to improving policies from a gender perspective.

- **Health systems financing.** Critical to the operational aspects of governance, such as setting strategic directions, this building block refers to the monetary resources to support the implementation of policies, prioritize delivery of certain types of services, and encourage the provision of services at the highest quality and/or most efficiently. Gender responsive budgeting is key to ensure equitable financing systems that are participatory, accessible, and minimize the greater burden of out-of-pocket payments faced by women and other marginalized populations over their life course.
- **Health leadership and governance.** Involves ensuring strategic policy frameworks exist and are combined with effective oversight, coalition-building, regulation, attention to system-design and accountability. Three main categories of stakeholders who interact with each other determine the health system and its governance: the State (government organizations and agencies at central and sub-national level); health service providers; citizens (population representatives, patients' associations, CSO/INGO, etc.) who become service users when they interact with health service providers.⁶ In the global health sector, women make up more than 70% of the workforce – over 80% of nursing and midwifery roles. Women's work – paid and unpaid – forms the essential foundation for health, well-being and delivery of health systems. Despite this, women remain critically underrepresented in health leadership, with only 25% holding leadership positions.

⁶ https://www.who.int/health-topics/health-systems-governance#tab=tab_1