*(Logos of co-sponsors here – WHO, Norway and Women Deliver)*

**Side Event at the UN High-Level Meeting on Universal Health Coverage**

**“Breaking barriers:**

**Enabling gender-responsive and equitable health systems**

**to reach universal health coverage”**

**24th September 2019**

**8:00am – 9:30am at Maxwell Hotel**

**(Breakfast from 7:30 am)**

**CONTEXT**

One key concern in the pursuit of Universal Health Coverage (UHC), aspiring to leave no one behind, is that equity and gender dimensions are not adequately addressed. Women have distinct needs for health services throughout life but gender inequalities and discrimination impede access to appropriate care for themselves and their children While men are more susceptible to health risks yet are neglected in global and national health policies, have poor access to health services and may be less willing to seek and utilize health care than women because of rigid gender norms and harmful notions of masculinity. In addition, socioeconomic and structural factors can magnify the barriers to accessing health services. People in rural areas or in urban informal settlements with lower income and education, and experiencing discrimination based on ethnicity, migrant status, sexual and gender orientation have greater difficulties to access health services.

To highlight this critical and often neglected area, the forthcoming Universal Health Coverage Global Monitoring Report (2019) includes a chapter on gender and equity and s reiterate that achieving gender-responsive and equitable universal health coverage requires multi-sectoral support and engagement with the wider public.

In the proposed panel, we shed light on gender and compounded equity barriers faced by women, men and gender and sexually diverse populations. We examine how health systems and universal health coverage policies can improve equity and be more gender-responsiveness. We discuss how a broad-based coalition advancing the gender and equity agenda is critical and how they work together with WHO and research institutions to advance this important agenda.

**PURPOSE**

* Present findings on gender and equity in the context of universal health coverage, drawing from the UHC Global Monitoring Report 2019
* Explore how UHC policies can advance equity and gender equality and transform gender norms, roles and relations;
* Create a broad constituency across governments and civil society to advance UHC policies that are both equitable and gender responsive;

**TARGET AUDIENCES**

* The primary target audience is governmental policymakers.
* The secondary target audience is civil society, who has the power to influence the knowledge, awareness, and opinions of decisionmakers, as well as to ensure accountability.

**EXPECTED RESULTS**

Greater support and alignment between civil society and governments for incorporating gender and equity analyses in UHC policies and dialogues, including in actions related to the political declaration. Greater commitment to girls’ and women’s health that includes sexual and reproductive health as well as mental health, health of older women and non-communicable diseases. Greater understanding that gender norms, roles and relations also applies to and benefits men and gender and sexually diverse populations and therefore greater support for their inclusion in health policies. Greater focus on gender intersectionality with socioeconomic factors and health-system needs of disadvantaged rural populations and urban informal settlers.

**FORMAT (1.5 hours)**

1. Opening (5 mins) – **Zsuzsanna Jakab** (WHO)
2. Keynote (5 mins) – **Katja Iversen** (Women Deliver)
3. Highlights from the 2019 UHC Global Monitoring Report (10 mins) – **Veronica Magar** (WHO)
4. Panel Discussion (30 mins)

*[What are the equity and gender-related barriers in reaching universal health coverage for: various populations? How can we work towards achieving a health system that works for everyone? How can we ensure UHC is grounded in human rights, equitable, and addresses gender-related determinants and barriers to health?*

*Themes to be discussed by panelists include: girls and women; boys and men; rural and indigenous communities; LGBTQIA+; gender dimensions of health throughout the life-course]*

* 1. Moderator:
     + Ann Starrs, PMNCH
  2. Panelists (2 governments; 3 civil society)
     + Governments:
       1. Mexico
       2. Norway - confirmed
     + Civil Society:
       1. **Buky Williams**, Education as a Vaccine, Nigeria [young people, SRH] - confirmed
       2. **Deepa Venkatachalam,** Sama, India [NCDs, marginalized populations, mental health] - confirmed
       3. **Ban Ki-moon**, Elders [life course; men and boys] - Tentative acceptance.

1. Floor Statements and Q&A (30 mins)
   1. Floor Statements (15 min)
      * 2 Country Voices [those not selected for panel]

- Australia, Colombia, and South Africa

* + - 2 Civil Society Voices

- ARROW, KMET Kenya, FEMNET, RESURJ

* 1. Open Q&A with audience (15 min)

1. Closing (5 mins) – Bernhard Schwartlander (WHO)

**Draft Run of Show**

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| 7:30 am onwards | Breakfast available |
| 7:45am – 8:00am | Speaker Briefing  Speakers will get a briefing ahead of time but can ideally arrive early to do a short briefing and prepare to begin. |
| 8:00am – 8:05am  *(+1 min transition)* | Opening (Zsuzsanna Jakab)   * Overview of the importance of UHC, with an emphasis on how essential it is to integrate gender dimensions |
| 8:06am – 8:11am  *(+1 min transition)* | Keynote (Katja Iversen)   * Emphasis on when governments, normative agencies and civil society work together. |
| 8:12am – 8:22am  *(+1 min transition)* | Highlights of the UHC report gender chapter – Veronica Magar |
| 8:23am – 8:53am  *(+2 min transition)* | Panel Discussion (moderator with panelists)   * What are the equity and gender-related barriers in reaching universal health coverage for various populations? * How can we work towards achieving a health system that works for everyone? * More detail to be added when we finalize panelists |
| 8:55am – 9:00 am  *(+1 min transition)* | Leadership in global health (Melinda Gates)   * The role of the global health community to ensure representation from diverse groups in leadership positions |
| 9:01am – 9:25am  *(+1 min transition)* | Q&A and Floor Statements   * Several high-level government representatives, and several representatives from geographically and technically diverse CSOs * Moderator will call on three audience members to collect questions, and then turn to panelists to answer. * If time allows, a second round of 2-3 questions will be allowed |
| 9:26am – 9:30am | Closing (Bernhard Schwartlander)   * Key takeaways of the preceding 90 minutes. * Closing remarks will emphasize the importance of multi-sector engagement, and the integral nature of gender throughout health systems |