

TRANSFORMING ECONOMIES, REALIZING RIGHTS

MAKING HEALTH SERVICES WORK FOR WOMEN

The Secretary General's review and appraisal of the Review and appraisal of the implementation of the Beijing Declaration and Platform for Action documented both achievements in terms of women's health status as well as continued gaps in health policy, service delivery and access for women and girls. Building on these insights, UN Women's flagship report Progress of the World's Women 2015-2016 brings together human rights and policy analysis to provide key elements for transforming health services to make them work better for women and girls. The right to health goes beyond access to health services to encompass a range of factors influencing whether people can lead healthy lives. Across women's lifecycle, it is intimately connected to other social and economic rights, including rights to food, housing, water and sanitation as well as rights at work. For adolescent girls to realize their sexual and reproductive rights, for example, sex education in schools can be just as essential as access to confidential counselling and affordable contraception in health centers. Women's health risks during pregnancy are affected by health and safety conditions at work, as well as by their access to antenatal care. And for older women, ill health is often magnified by their lesser access to pensions.

ADDRESSING FINANCIAL BARRIERS THROUGH UNIVERSAL HEALTH COVERAGE REFORMS

RWANDA: SHARE OF WOMEN WHO REPORTED MONEY AS MAIN BARRIER TO ACCESSING HEALTH CARE



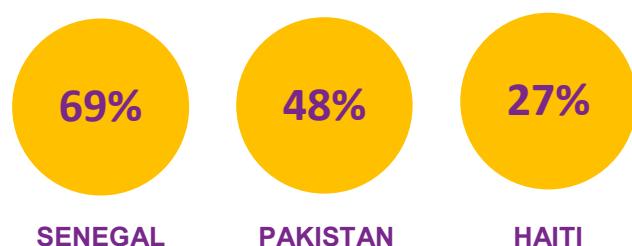
Across countries, women report major difficulties in accessing the health care they need. Some of the barriers are financial. Affordable health care is particularly important for women because they have less access to personal income, face costly health conditions, such as pregnancy and childbirth, and are often responsible for caring for family members. Several countries have been working to enhance affordability by undertaking reforms to universalize health coverage. These reforms can yield significant benefits for women. In Rwanda, for example, the rapid roll-out of community-based health insurance reduced the share of women who reported lack of money as the main barrier to accessing health care, while skilled birth attendance and women's use of modern contraceptive methods increased. The gender-responsiveness of universal coverage reforms can be enhanced by:

- Reducing barriers to women's enrolment in insurance based schemes by subsidizing their contributions and registering whole households in these schemes, as is the case in Rwanda and Thailand
- Ensuring that women's and girls' health needs are fully covered, including their access to sexual and reproductive health (e.g. modern contraception, maternity care, emergency obstetric care)
- Enhancing the positive impact of universal coverage through parallel investments in more and better primary health facilities and outreach programmes for women and girls
- Strengthening civil and vital registration systems to enable women to enroll in health insurance schemes and access services.

Universal health coverage is an important first step for improving women's access to health services. However, complementary measures need to be taken to address other barriers.

ENHANCING AVAILABILITY AND ACCESSIBILITY OF SERVICES FOR WOMEN AND GIRLS

PROPORTION OF WOMEN WHO SAY THEY DO NOT MAKE THE FINAL DECISION ON THEIR HEALTH CARE, 2010-2013



The location, opening hours and staffing of health services also affect women's access to health. Particularly in rural areas, a large share of women report difficulties accessing health care because facilities are too far away. In addition, gender norms and biases shape how women perceive their own health and influence whether and how they can act to address their own health needs. At the community and household level, women's health problems may be neglected because of the relatively low value attached to their lives, and resources for health care may be allocated preferentially to male household members. Different measures can be taken to overcome these barriers:

- Training community-based health workers to enhance access, privacy and confidentiality for women in rural areas and those who experience limits on their mobility (e.g. Rwanda, Pakistan)
- Integrating services in multi-purpose clinics to save time for women who are in charge of children or other dependents and increase the likelihood that they will seek treatment for their own health problems
- Strengthening and leveraging of community systems for accountability mechanisms and social audit processes to provide feedback on service delivery performance (e.g. Ethiopia, Sierra Leone and Tanzania)
- Promoting participatory learning and action with women's groups can improve demand for maternal and newborn health, particularly in rural settings (e.g. Bangladesh, India, Malawi and Nepal).

PROMOTING RESPECTFUL AND GENDER-RESPONSIVE SERVICE DELIVERY

For services to respond effectively to women's health needs, providers must understand how gender norms, stereotypes and stigma shape their day-to-day lives. Health workers have a critical role to play in caring for

women who experience violence. Yet, without proper training and clear screening protocols or referral mechanisms, health personnel are often unable to identify and adequately support victims. Lack of adequate training, working conditions and incentives can also result in neglect, disrespect and abuse. Integrating gender into pre-service curricula, providing of on-the-job training as well as adequate working environments can help address such issues.

- In the Dominican Republic, Profamilia developed a comprehensive model for addressing violence against women within its network of clinics, by training all clinic staff, developing a standard process for screening clients and creating on-site spaces for psychological and legal counselling. Internal evaluations show that the programme changed the perception of service providers towards domestic violence, leading to a dramatic drop in the tendency to blame the victim. The experiences of women seeking care in their clinics also improved.
- In Rwanda, community-based health workers and other health-care professionals are given incentives to meet maternal and child health targets and provide quality care, with regular visits to monitor compliance.

STRENGTHENING WOMEN'S VOICE IN HEALTH-RELATED POLICYMAKING

Women's participation in the design, implementation, monitoring and evaluation of health-related policies and programmes is crucial to making health systems more gender-sensitive. Women's organizations have often been at the forefront of uncovering and denouncing service delivery failures in health care, spurring important reforms.

- In Uttar Pradesh (India), the mobilization of poor and marginalized women against low-quality maternal health services ushered in a reduction in demands for informal payments.
- In Peru, feminist lawyers and women's rights organizations worked together to uncover mass sterilization campaigns that systematically targeted indigenous women in poor, rural communities. Their advocacy spurred an investigation by the national human rights commission that eventually led to the programme's reform.

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