

## **Gender Equality and Universal Health Coverage**

### *The Path Towards the United Nations High Level Meeting 2023*

Briefing for the Women in Global Health community  
December, 2021

### **Background**

In September 2023 a historic United Nations High-Level Meeting (UN HLM) will be held at the United Nations in New York City, titled “Universal Health Coverage: Moving together to build a healthier world”. The World Health Organization (WHO) estimates that around half the world’s population (in low, middle- and high- income countries) lacks full coverage for essential health services. This applies especially to women and girls who face many social and financial barriers to accessing the quality health services they need throughout their life cycles, particularly sexual and reproductive health services. The pandemic threatens to deepen inequality, poverty and the barriers faced by women.

In addition, although women hold the majority of health worker roles, they are marginalized in leadership from community to global levels. The health needs and perspectives of women and girls are regularly overlooked in health systems’ decision making, including in UHC. These deficiencies have been exposed and magnified by the global COVID-19 pandemic. Moreover, there is strong and growing opposition in some countries and at global level to the full realisation of the sexual and reproductive health and rights (SRHR) of women and girls, reflected in decision-making on UHC.

UHC has the potential to transform the health and lives of all women and girls, particularly the poorest and most marginalized. The first UN High Level Meeting (HLM) on UHC, convened in September 2019 was therefore a critical opportunity to ensure that the needs of women and girls both as health systems users but also as drivers of health systems, were reflected strongly in the commitments from the HLM, agreed by member states in the Political Declaration. The second HLM on UHC in September 2023 will be an equally important opportunity to affirm the health, rights and role of women and girls.

A UN HLM is convened by the UN General Assembly (UNGA), the main decision-making body of the UN, representing all 193 UN Member States. UN HLMs on specialized topics like UHC are held exceptionally to enable Heads of State and Governments of Member States to agree priorities on important global issues. A UN HLM is a unique opportunity to secure political commitment from Heads of State and Government. The Political Declaration that will be agreed by Member States at the HLM in 2023, will form the basis for global cooperation on universal access to affordable and quality health-care services, in line with SDG target 3.8. Women’s leadership and voice will be critical to the success of UHC design and delivery at all levels, including the UN HLM on UHC.

### **SDG Target 3.8**

In 2015 all UN member states committed under the Sustainable Development Goals (SDGs) 2016- 2030 to **“Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”** SDG Goal 3, Target 3.8. This commitment to UHC as the overarching global health goal is reinforced in the WHO’s Triple Billion Goals and Programme of Work 2019-2023.

### **WHO’s ‘Triple Billion Goals’**

- 1 billion more people benefitting from UHC
- 1 billion more people better protected from health emergencies<sup>1</sup>
- 1 billion more people enjoying better health and well-being

### **WHO’s 13th General Programme of Work 2019-2023**

<https://www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019-2023>

### **What is Universal Health Coverage?**

WHO defines UHC as **“ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services”**.<sup>1</sup> UHC is a broad set of parameters that will be adapted to local circumstances. There is no blueprint that can be transferred from countries that have UHC to countries that do not. Health care is one of the most politically contentious issues for governments everywhere, and the national implementation of UHC is a political choice dependent on national negotiation. According to WHO over 800 million people globally spend over 10% of their family income on health expenditure. UHC can significantly reduce the risk of catastrophic health expenditures for individuals and families. Government funding, however, will be needed to subsidize those unable to pay.

**“Do we want our fellow citizens to die because they are poor? Or millions of families impoverished by catastrophic health expenditures because they lack financial risk protection? Universal health coverage is a human right,”** Dr Tedros Adhanom, DG WHO.<sup>2</sup>

Introducing UHC has major political and financial implications with people living longer, young populations in some lower income countries, developments in medicine and technology, the epidemiological transition from infectious diseases to non-communicable diseases and the ever-present threat of pandemics all adding pressure to health budgets. Significantly, the definition of UHC adopted in the SDGs includes prevention and health promotion and

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<sup>1</sup> [www.who.int/healthsystems/universal\\_health\\_coverage/en](http://www.who.int/healthsystems/universal_health_coverage/en)

<sup>2</sup> Dr Tedros Adhanom Ghebreyesus (2017), All roads lead to universal health coverage, The Lancet Vol 5 September 2017

emergency preparedness measures. It therefore reaches wider than the remit of Health Ministries. UHC will entail addressing the social, political and commercial determinants of health, and critically, the gender determinants of health. Strong primary health care, as envisaged in the 2018 Astana Declaration, will be the foundation for UHC, reaching the largest number of people with health promotion, prevention, diagnostic and curative services. Implementation at country level is likely to be a dynamic process, rolled out over time. UHC will take different forms in different countries and move at different speeds; but it is clear that UHC will not be achieved anywhere without addressing gender equality, women's rights and particularly, the role of women in the global health workforce.

**WHO defines<sup>3</sup> UHC as:**

1. Good-quality essential health services across the continuum of care are available, according to need.
2. There is equity in access to health services, whereby the entire population is covered, not only those who can afford services.
3. Financial-risk protection mechanisms are in place to ensure the cost of using care does not put people at risk of financial hardship.

**Why are Gender Equality and Women's Rights Central to UHC?**

**1. Leaving no one behind**

The 'Universal' in UHC means that it must reach everyone regardless of gender, ethnicity, caste, income or any other social or personal identity. UHC must reach all women and girls everywhere. Success in achieving UHC will be measured by who is included and can access the services they need and it must take an intersectional approach to understand how women who are hard to reach can be further marginalized by race, caste, class etc. This is fundamentally different from the Millennium Development Goals (MDGs), forerunners of the SDGs, which measured aggregate progress by country. Those average national figures, on maternal deaths for example, could and did mask huge variations within one country between women in cities and rural areas, rich and poor women, women from different racial groups etc. In many countries women and girls have the least access to health services, particularly those from marginalized social groups. Extending health coverage to all women and girls everywhere will determine the achievement of UHC at national and global levels.

**2. Women are the majority of the world's poor and therefore less able to afford health services than men**

UN Women reports that women are more likely to live in poverty than men in 41 out of 75 countries. Globally, women are less likely to be in paid employment than men and where they are employed, due to the Gender Pay Gap, women globally earn on average 24 per cent less

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<sup>3</sup> [https://www.who.int/health\\_financing/universal\\_coverage\\_definition/en](https://www.who.int/health_financing/universal_coverage_definition/en)

than men.<sup>4</sup> Female-headed households are particularly vulnerable to poverty, as women are less likely to own land and other assets than men and women enter older age less likely to have their own pension and assets. With the pandemic, women who are more likely to be in informal, low wage and precarious employment, were among the first to lose their earnings. In 2019 and 2020, women lost more than 54 million jobs globally, a 4.2 per cent loss, compared to 3.0 per cent for men.<sup>5</sup> Since women are the majority of the world's poorest people and there are large lifetime income inequalities between men and women, women will be less likely than men to be able to pay for health services. Women are likely therefore to be the major beneficiaries from UHC and it makes sense for governments to start targeting UHC at women and girls in the poorest families and social groups. UHC will bring major change to the world's poorest women, evening up life chances and relieving families of the crippling health bills that often mean they go without treatment they desperately need.

### **3. Women and men have different health needs**

UHC is based on the principle that people should receive health services according to their health needs. Individuals will have different health needs throughout their lives with children, women of reproductive age and older people generally needing more health services than other age groups. Taking a life course approach therefore is critical to the design of UHC. Clearly, there are differences between men and women in health and disease patterns with diseases such as cervical and prostate cancers being specific to one sex. But the most significant difference between the sexes is women's need for health services related to their reproductive health, pregnancy and childbirth. Universal access to sexual and reproductive health and rights (SRHR) is critical to the health of all genders but particularly women, girls and adolescents. SRHR are an essential part of the human rights foundation for UHC. In many countries safe maternity and reproductive health services have not been treated as essential services in the pandemic, with devastating consequences for women and adolescent girls and a rise in maternal deaths and unsafe abortions.<sup>6</sup>

### **4. Gender based determinants of health**

The genders play different roles in society and are subject to different gender norms that impact their health. Large numbers of women and girls, for example, are subject to harmful cultural practices in some countries that seriously damage their physical and mental health. These practices include and are not limited to Female Genital Mutilation/Cutting seclusion, menstruation taboos and early pregnancies following early forced marriage.<sup>7</sup> The gendered drivers of ill health apply equally to men, boys, trans and non-binary people. Adolescent deaths

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<sup>4</sup> UN Women (2017) Progress of the World's Women 2015- 2016 Chapter 1 UN Women (2017) Facts and Figures: Economic Empowerment

<sup>5</sup> ILO (2020) "A Gender-Responsive Employment Recovery: Building Back Fairer." ILO Policy Brief, July. ILO, Geneva.

<sup>6</sup> UNFPA (2020) Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage

<sup>7</sup> UNICEF (2016) Female Genital Mutilation/Cutting: A Global Concern AND UNICEF (2017) Is Every Child Counted? Status of Data for Children in the SDGs

rates, for example, are higher for boys than girls, with boys and men having higher mortality related to interpersonal violence and road injuries.<sup>8</sup> A transgender woman is 49 times more likely to be living with HIV than other genders of reproductive age.<sup>9</sup> Prevention of the gender determinants of ill health lie largely outside the health sector and must be addressed by gender responsive health systems in their context for successful implementation of UHC.

#### **5. UHC includes prevention and health promotion which are driven by both gender and sex**

The most fundamental example of health prevention based on biological sex is the impact of the health of a mother on the health of the foetus, particularly in the ‘first 1,000 days’. Health is a human right for women, as it is for all other people but in addition, investment in better health for girls and women of reproductive age will impact positively on the health of children they bear. Many, including the Elders<sup>10</sup> argue that UHC therefore must start with primary care services aimed at the poorest women, children and adolescents. And beyond sex, different genders play different roles in health promotion and prevention within their families and communities. Mothers, for example, can be important decision makers in the nutrition of their families. Women may also play a critical role in health promotion, often informal or as volunteers, in their communities. Decision makers implementing UHC need to understand how sex and gender roles impact on health prevention and promotion.

#### **6. UHC applies to all people everywhere including those affected by conflict and emergencies**

All genders have different roles and unique health and security needs in emergencies. Men are more likely to be injured or die during armed conflict as combatants, whereas women are more likely to experience the harm and lasting trauma of sexual violence and unwanted pregnancy. Vulnerability continues for women and girls even when they reach the ‘safety’ of refugee camps. Pregnant women in forced migrations are particularly vulnerable to unsafe delivery and maternal death. There are also gendered differences in non-conflict related emergencies with more women than men, for example, dying in floods because they have not been taught how to swim.

#### **7. Women are the majority of the global health workforce but men hold the majority of senior roles**

Globally, women in the health workforce provide healthcare for over 5 billion people. To achieve UHC and SDGs projections estimate around 40 million new health and social care jobs globally will be needed by 2030, and an additional 18 million health workers will be needed, primarily in low income countries. A 2019 report *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce*<sup>11</sup> produced by WHO Gender Equity Hub, (co

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<sup>8</sup> WHO (2017) <http://apps.who.int/adolescent/seconddecade/section3/page2/mortality.html>

<sup>9</sup> WHO (2017) <http://www.who.int/hiv/topics/transgender/en/>

<sup>10</sup> The Elders Foundation (2016) Universal Health Coverage position paper. May 2016

<sup>11</sup> <https://www.who.int/hrh/resources/health-observer24/en/>

chaired by WHO, and Women in Global Health) confirms that women hold around 70% of jobs in the health sector but hold only 25% senior and decision-making roles and are over-represented in lower ranking, less well paid jobs and sectors. UHC will be delivered by women and an investment in UHC means an investment in women in the health workforce.

The COVID-19 pandemic has further highlighted the frontline role of women health workers, with estimates from WHO of between 80,000 and 180,000 health workers deaths from the virus between January 2020 and May 2021. It has also shown, once again, how women health workers are differently affected by health emergencies, with Personal Protective Equipment designed for the male body, exposing women health workers to COVID-19 infections and other adverse health outcomes. Governments must ensure decent working conditions, particularly for frontline women health workers at community level, who are the backbone of the health system but often underpaid and marginalized within it. Priority must be given to ensuring safe conditions for health workers and to working conditions that enable all health workers, regardless of gender, to achieve work-life integration. Effective health systems will ensure gender parity at all levels of decision making to harness women's perspectives and talent. Women must be fully recognized as drivers of change in global health, and not only as beneficiaries.

#### **8. Women provide the majority of unpaid care globally**

The Women and Health Lancet Commission noted that “Women provide over \$3 trillion in care with nearly half of that as uncompensated care each year to their families and communities”.<sup>12</sup> Much of this care for children, the disabled, older people and community members is unrecorded. We have no clear picture of women's unpaid contribution to health care globally. The burden of this care may fall on girls and interrupt their schooling and future economic opportunities. Similarly, this burden of unpaid care work can keep women in poverty because they are unable to take paid work. Countries implementing UHC must recognize and address the unpaid health care work performed by all genders. Women's unpaid work in health must be recorded, redistributed and rewarded. Unpaid work impacts upon the lives of individuals and also has major negative impacts for the economy and economic growth.

#### **9. UHC is a political decision but only 25.5% of parliamentarians are women**

UHC in itself is no guarantee of quality care or gender equity. Who has access to health coverage and the package of services offered will be politically driven by decisions taken in parliaments. Currently, women hold less than one quarter of seats in parliaments globally,<sup>13</sup> ranging from 61.3% in Rwanda to 0% in Papua New Guinea, Vanuatu and Micronesia. In the majority of the world therefore life and death decisions about UHC and the health coverage of all genders are being decided overwhelmingly by men. This is a pattern that continues and has been repeated during the pandemic, with WGH research finding that 85% national COVID-19

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<sup>12</sup> Langer A, Meleis A, Knaul FM, Atun R, Aran M, Arreola-Ornelas H et al. Women and health: the key for sustainable development. *Lancet*. 2015;386(9999):1165–210.

<sup>13</sup> Inter Parliamentary Union (2021) Women in Parliament 1st January 2021

task forces had majority male membership.<sup>14</sup> This is not only inequitable, it is very likely to bias the coverage offered and who it reaches. It can be assumed that diverse, gender equal parliaments and pandemic task forces would make different decisions on UHC if all voices were equal. The voices of women are needed in health decision making at all levels, from planning and monitoring at community level to parliaments.

## **10. UHC brings major social change**

UHC, when introduced effectively, will even up life chances between genders, between rich and poor women in the same society, and between people living in rich and poor countries. The clearest example will be elimination of the scandalously high and preventable maternal deaths in some countries. UHC may also strengthen social cohesion, by providing formal sector employment for the unemployed, underemployed and unpaid; thereby decreasing social and economic inequalities and contributing to greater political and social stability. Investment in decent work for women in the health workforce should have positive social and economic multipliers upon the status of women, gender equality and wider development. Where effectively and equitably implemented, UHC will have a particularly positive impact on the health and lives of the most vulnerable women and girls, and contribute to building peaceful and inclusive societies. UHC will be an essential building block in future resilience, equity and global health security after the current pandemic.

## **The 2023 UN High Level Meeting on Universal Health Coverage (UHC)**

### **Background on the HLM**

The one-day UN HLM on UHC will take place in September 2023 at UN Headquarters in New York, one day prior to the opening session of the high-level UN General Assembly Debate. The format and outline agenda of the HLM is set out in the Modalities Resolution (A/RES/73/131) agreed by UN member states. The Modalities Resolution specifies at all stages that speakers and participants will be chosen for the HLM with 'due regard to gender equality' and geography

### **Co-Chairs**

Two countries will be selected as the UN HLM co-facilitators. They have a critical role in the UN HLM preparations and will chair key discussions and steer negotiations.

### **Group of Friends of UHC**

A group of UN member states in New York has got together as the Group of Friends of UHC serving as an informal platform for supporting and advocating for the achievement of UHC by 2030. The group is open to all Member States, and co-convened by Japan, Brazil, France,

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<sup>14</sup> van Daalen KR et al (2020) Symptoms of a broken system: the gender gaps in COVID-19 decision-making. *BMJ Glob Health*. 2020 Oct;5(10):e003549.

Ghana, Hungary, South Africa and Thailand.

### **Participation in the UN HLM**

The Modalities Resolution requests member states to participate at the highest levels, specifically at the Head of State level. The President of the UN General Assembly will invite parliamentarians, local governments, the heads or senior representatives of relevant United Nations entities, including the World Bank, development partners, civil society, the private sector, academia, medical associations, indigenous leadership and community organizations to serve as speakers on the two multi stakeholder panels. Statements by speakers will be limited to 3-5 minutes each.

### **Outcome of the UN HLM**

The upcoming High Level Meeting in 2023 is an up on an important moment to align efforts and translate political commitment into true action. This will be a major political moment with the pandemic having devastated health systems and economies throughout the world and put particular strain on the health workforce, the majority of whom are women. The [Political Declaration](#) drafted in 2019, which contains strong commitments to gender equality, will be revised and heads of state and government will have the opportunity to reaffirm commitments made, reflect on what has been achieved so far and reconsider steps needed to achieve UHC by the target date of 2030.

### **Civil Society Engagement**

In 2019, member states mandated the participation of civil society and the private sector including agreement to hold a UN HLM Multi stakeholder Hearing (MSM) in New York, on 29 April, before the September UN HLM. The Modalities Resolution states that a similar meeting will take place before the end of June 2023 to contribute to the September 2023 HLM. Member states have also encouraged inclusion of civil society and private sector in member state delegations, as eminent speakers in the opening segment, and agreed to invite non-ECOSOC accredited organizations to the UN HLM. The Civil Society Engagement Mechanism for UHC2030 (CSEM) is the civil society constituent of UHC2030, the global movement to build stronger health systems for universal health coverage (UHC). It also plays a key role in ensuring civil society is engaged in the UHC2030 process.

### **How Women in Global Health will engage in the HLM**

#### **WGH Global will:**

- Work with partners to advocate for gender equality and women's rights in UHC
- Produce Key Asks and draft language to support negotiations on the UHC UN HLM Political Declaration
- Produce knowledge products including toolkits, policy briefs, webinars, standard letters to support the WGH community
- Gather evidence, data, good practice on gender equality, women's rights and UHC



- Raise awareness and build support through social media
- Send delegations to critical meetings, make statements, run side events, meet with delegates to raise WGH Key Asks
- Mobilize the wider WGH community to link global and national level advocacy
- Create a steering committee made up of chapter representatives who will support WGH's actions around the HLM2023

In particular, WGH will take a twin track approach, working as the WGH movement but also working as one of the co-convenors of **Alliance for Gender Equality and UHC**, formed in March 2019 by WGH, Women Deliver and International Women's Health Coalition to convene like minded NGOs to advocate for gender equality and women's rights in UHC. The Alliance, which now has around 200 NGO members, campaigned very effectively in 2019 at the 2019 UHC HLM and has continued to advocate for the rights of women and girls (especially SRHR) and gender equality in UHC. The Alliance is currently co-convened by WGH, Women Deliver, Sama India and SPECTRA Rwanda.

**Women in Global Health launched two key policy documents for the UHC UN HLM 2019:**

1. March 2019: the '*WGH Call to Action: Gender Equality and Women's Rights in UHC Drive Better Health for All. This is Everybody's Business*' (in Arabic, English, French, Mandarin Chinese, Russian, Spanish) covering WGH Key Asks in three areas:
  - a. Gender equality and women's as central to the design and delivery of UHC
  - b. The female health workforce as central to design and delivery of UHC
  - c. Women's voice and leadership as critical to the UN HLM process
2. April 2019 The 7th Ask Gender Equality and Women's Rights as Drivers of Health. The 7th Ask aims to complement the 6 Asks Moving Together to Build a Healthier World Key Asks from the UHC Movement UN HLM on UHC by UHC2030.

WGH is advocating for inclusion of Key Asks in the HLM 2023 discussions, with the overall objective of strengthening global health and UHC through inclusion of gender equality and women's rights.

- To this end, Women in Global Health's policy team will be **working closely with like-minded organizations**, as well as governments and other partners, focusing particularly on gender equality, women's rights and the female health workforce, as well as women's voice and leadership throughout the HLM process.
- WGH is a **signatory to the UHC2030 Global Compact** and a **member of the UHC2030 network** along with a number of governments, multilateral organisations, NGOs, philanthropic and private sector organisations, all committed to accelerating UHC.
- WGH also engages with the HLM through **UHC2030's Civil Society Engagement Mechanism (CSEM)**.
- WGH is a co-convenor of the **Alliance for Gender Equality and UHC**, formed in 2019.

## What the Women in Global Health Community Can Do

The UHC UNHLM is a global process but the most important decisions will be driven at country level by governments. The 193 UN Member States will collectively decide how to move forward towards UHC2030, at the HLM2023, but more importantly, how those agreements will be translated into UHC design and delivery at country level. Parliaments will be critical in deciding budgets and coverage of UHC. The September 2023 UHC HLM will be a critical landmark for UHC which has an end-date of 2030 in the SDGs. The HLM Political Declaration drafted in 2019, contains commitments to be reviewed at the HLM in 2023.

### Key Milestones & Opportunities for Involvement

#### Ongoing chapter involvement

Keep WGH Global informed on

1. National positions on WGH key messages in relation to UHC
2. Positions of any political and regional blocs your country may be part of (e.g. EU, African Union, etc.)
3. Examples of good practice on gender equality/women's rights and UHC from local context
4. Events that chapters are hosting around UHC messaging
5. Work with other UHC advocacy groups, especially NGO members of the Alliance for Gender Equality and UHC
6. Form alliances with NGOs in the alliance for Global Action on Men's Health (GAMH) who are also advocating for gender responsive UHC

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### UHC Day 2021

**Date: 12 December 2021**

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#### How will WGH Global be involved?

1. Co-hosting event on GEHCWI with WHO and Gov. of France
  - a. Date: 17 December
  - b. Time: 9:30 am ET
  - c. Registration link will follow
2. Op-ed on importance of health workforce in achieving UHC
  - a. Date: 12 December (stay tuned)
3. Active social media engagement using [these graphics and hashtags](#)
4. WGH team members will attend UHC Day events

### How can chapters be involved?

1. Create UHC stakeholder map<sup>15</sup> and enter your findings [here](#)
  - a. Connect with local NGOs and individuals working towards UHC
2. Attend WGH's event
3. Attend other UHC Day events (check the WGH December newsletter)
4. Host an event addressing UHC in local context (in line with WGH [messaging](#))
5. Publish an op-ed or blog in local context (in line with WGH [messaging](#))
6. Nominate a chapter member to be on the WGH UHC [Steering Committee](#)<sup>16</sup>
7. Engage on social media (using messages from [toolkit](#))
8. Join the Civil Society Engagement Mechanism UHC2030 [listserv](#) to follow the process and connect with NGOs in your country
9. Send us any research, reports, articles etc on gender equality, women's rights and female health workforce and UHC

### Desired outcomes

1. WGH global [database](#) of key actors working on UHC in all countries across the world
2. Op-eds, blogs, policy briefs on UHC and the health workforce
3. Engagement from wider community with the importance of gender equality and UHC
4. Solidarity at global and national levels with NGOs advocating for the rights of women and girls, gender equality and gender responsive UHC.

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<sup>15</sup> Who is working on UHC in the chapter's local context? At this moment, the focus should be on NGOs and civil society organizations working on this topic. The stakeholder map will be uploaded to a WGH database alongside all other chapters, to create a global map of those working in UHC.

<sup>16</sup> The WGH UHC Steering Committee will be launched during UHC Day 2021 and will include WGH team members, chapter members and other interested volunteers from the wider WGH community. It will run from 12 December 2021 until the HLM in September 2023 and will play a vital role in advancing WGH's advocacy campaign.

## Appendix 1 - Steering Committee for UHC HLM 2023

In order to give chapters and the wider WGH community a chance to participate more actively in the UHC2023 lead up to the HLM 2023, WGH will be setting up a Steering Committee. Chapter members can nominate someone to sit on this committee and ensure that local and national issues are raised and incorporated into WGH's campaign and advocacy strategy. It provides a unique opportunity to play an active role in the advocacy work that will occur in the lead up to the HLM 2023.

### Members of the steering committee will be expected to

1. Participate in monthly meetings to work on the campaign and advocacy strategy
2. Support with amplification of key messages
3. Relay WGH Global campaign information back to chapter for further engagement
4. Relay information on UHC from local context back to WGH Global
5. Lead advocacy strategy for local context (stakeholder mapping, engaging stakeholders through social media, op-eds, direct contact, etc.)
6. Support WGH Global's advocacy efforts

## Appendix 2 - WGH UHC messaging for HLM 2023

### Key messages

1. Governments must recommit to the promises made at UHC HLM 2019
2. Gender equality and women's and girl's rights are central to the design and delivery of UHC
3. Gender responsive UHC addresses the needs of women and all genders
4. Women health workers are central to design and delivery of UHC
5. Gender equity will strengthen the role of women health and care workers in the design and delivery of UHC
6. Women's voice and leadership are critical to the UN HLM process
7. Gender equal UHC will drive global health security

### Governments must recommit to the promises made at UHC HLM 2019

- The UHC HLM Political Declaration, agreed upon by governments, includes a number of important gender considerations that governments must continue working towards.
  - "Recognize that universal health coverage is fundamental for achieving the Sustainable Development Goals related not only to health and well-being [but also] achieve gender equality and women's empowerment, provide decent work..." (p. 1)
  - "Implement most effective, high impact, quality-assured, people-centred, gender- and disability responsive, and evidence-based interventions to meet the health needs of all throughout the life course..." (p. 4)

- “Mainstream a gender perspective on a systems-wide basis when designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls, with a view to achieving gender equality and the empowerment of women in health policies and health systems delivery and the realization of their human rights, consistent with national legislations and in conformity with universally recognized international human rights, acknowledging that the human rights of women include their right to have control over and decide freely and responsibly on all matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence” (p.9)
- “Recognize that people’s engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders is one of the core components of health system governance...” (p. 3)
- “Express concern of the global shortfall of 18 million health workers, primarily in low- and middle income countries, and recognize the need to train, build and retain a skilled health workforce, 4 including nurses, midwives and community health workers, who are an important element of strong and resilient health systems, and further recognize that increased investment in a more effective and socially accountable health workforce can unleash significant socio-economic gains and contribute to the eradication of poverty in all its forms and dimensions, empowerment of all women and girls and reduction of inequality” (p. 4)
- “Provide better opportunities and working environment for women to ensure their role and leadership in the health sector, with a view to increasing the meaningful representation, engagement, participation and empowerment of all women in the workforce, addressing inequalities and 9 eliminating biases against women, including unequal remuneration while noting that women, who currently form 70% of the health and social workforce, still often face significant barriers in taking leadership and decision making roles” (p. 8)

### Gender equality and women’s rights are central to design and delivery of UHC

- The ‘Universal’ in UHC means that it must reach everyone regardless of gender, ethnicity, caste, race, class, disability, age, sexuality, income etc. In many countries, women and girls from marginalized social groups have the least access to health services and will be the hardest to reach.
- Women are the majority of the world’s poor and therefore less able to afford health services than men. UHC will bring major change to the world’s poorest women, levelling up life chances, reducing premature death and suffering, and removing catastrophic health costs that mean many women currently do not get the health services they need.
- UHC is based on the principle that people should receive health services according to their health needs. UHC delivery must factor in different health needs of women, men and all genders throughout the lifecourse, the most significant being women’s greater need for health services related to pregnancy and childbirth.

- Gender-based determinants of health drive risk and ill health based on socially assigned gender roles. Women in some contexts are subject to damaging traditional practices such as Female Genital Mutilation and women everywhere are at higher risk of gender-based violence than men. Equally, gender roles put men at higher risk of death and disease related to tobacco use and suicide, and increase the risk of violence for trans people. Prevention of gender-based drivers of ill health lie largely outside the health sector and must be addressed in context for successful implementation of UHC
- Political decisions determine the funding and scope of UHC at the country level. Globally, only 25.5% of parliamentarians are female so women do not have an equal say in national political decisions on UHC. Gender-balanced parliaments would give greater priority to health services and health-related issues that impact on women's health. The voices of women are critical in health decision making at all levels, from community to national and global, and ensure UHC meets the needs and priorities of all genders.
- UHC is based on the principle of leaving no one behind but to achieve this it must be grounded in respect for the human rights of girls and women, especially their sexual and reproductive health and rights.
- In 2017 60% of 140 global health organisations surveyed<sup>17</sup> failed to cite gender equality as a priority in their programme or strategy documents. There can be no assumption that gender equality and women's rights will automatically be given due priority in the UHC HLM process. Targeted action will be needed to ensure gender equality and women's rights are not left behind in the UHC HLM process.

#### Gender responsive UHC addresses the needs of women and all genders

- UHC design and delivery must address the gender determinants of health that drive risk and ill health based on socially assigned gender roles for all genders (women/girls, men/boys, trans, non-binary).
- The policy evidence base for UHC depends on sex and gender disaggregated data. Only a minority of countries reported sex disaggregated data on mortality and infection, especially for health workers, in the pandemic.
- A gender transformative approach to national health workforce planning is critical with gender analysis integral to labor market analysis.

#### Women health workers central to design and delivery of UHC

- Women comprise around 70% of the global health workforce and are therefore central to delivery of UHC but the majority of female health workers are in lower status, low paid roles and sectors, often on insecure conditions. Ensuring female health workers have safe, decent and equal work is central to the delivery of UHC.
- An estimated 18 million health worker jobs must be created in low income countries by 2030 to reach UHC. Investment in the female health workforce taking a gender-transformative approach is essential to fill those jobs. The resulting expansion of

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<sup>17</sup> <https://globalhealth5050.org/gh5050-summary-findings-on-leadership-and-parity/>

formal sector jobs for women will have wider benefits for gender equality, social development and economic growth.

- Although women are the majority of the health workforce, men hold the majority (75%) of senior leadership roles in the health sector. Women in leadership positions in health expand the agenda, giving greater priority to health-related drivers such as sexual and reproductive health and rights (SRHR) which apply to all genders, but where absent, have the most negative impacts on women's health.
- Lack of gender balance in health leadership means global health loses female talent, perspectives and knowledge. The women who deliver global health do not have an equal say in its design and delivery. This must be addressed if UHC is to succeed.
- Women's work in health contributes an estimated US\$3 trillion to global GDP but around half is unpaid. Women provide unpaid care in the absence of UHC and skilled care workers. Strong global health and UHC delivery rest on bringing women's unpaid work into the formal labor market as decent work and ending the subsidy the poorest women make to health systems through their unpaid work.

#### Gender equity will strengthen the role of women health and care workers in design and delivery of UHC

- The role of women as 70% of the health and care workforce in delivery of UHC is central. Women are drivers of health and agents of change, in addition to being consumers of health services. Women have held the majority of patient-facing health worker roles and delivered the majority of health services in the pandemic.
- Investment in education and training is essential to expand the number of women health workers and fill the 18 million health worker jobs in LMICs essential to achieving UHC. Health workers have died in the pandemic and millions have been infected by COVID-19 and will have long term health impacts, deepening the global health worker shortage.
- Addressing gender inequity in the health and care workforce, especially gender gaps in leadership, pay and career advancement, and occupational segregation by gender, will enable women health workers to do their jobs unhindered. The pandemic highlighted women's essential unpaid and grossly underpaid work in health systems.
- When governments ratify ILO Convention 190 on Violence and Harassment at work they help ensure a safe work environment free from violence and harassment for all health workers, especially women. Violence and harassment of health workers increased in the pandemic.
- Vaccine Equity, with women health workers as priority recipients of vaccines, will protect their health which is critical since they will deliver the majority of vaccines..

#### Women's voice and leadership are critical to the UN HLM process

- Women are in the minority in global health decision making at the World Health Assembly. In 2018, only 31% of health ministries were headed by women and only 25% of Member State Chief Delegates to the World Health Assembly 2015-2018 were

female[2]. Global health decision making on UHC is lacking women's perspectives, particularly women from the Global South.

- Women hold a minority of decision making posts in leading global health organizations. In 2017, 69% of executive heads and 71% of Board Chairs of 140 global health organizations were male[3]. Women's voices are therefore not represented equally in the leadership of the global health organizations that control significant resources and will support UHC design and delivery.
- Women's limited opportunity to enter leadership roles in health is compounded by the intersection with other factors such as race, religion, caste, class, transgender status and ethnicity which can further disadvantage women with a marginalised identity. UHC must take an intersectional approach to include perspectives from diverse groups of women, especially from low and middle income countries.
- The current gender gaps in health leadership result from power imbalances, gender stereotyping, discrimination and structures that create pathways for one gender to excel while others remain segregated in subordinated roles. When one gender has a greater say than other genders, health systems' priorities become distorted in favor of more powerful groups and UHC is diminished.
- The persistent absence of female talent from leadership positions is a significant barrier to the rapid scaling up of the global health and social care workforce needed to achieve the SDGs, including UHC.

#### Gender equal UHC will drive global health security

- Governments should recommit to deliver UHC by the agreed target date of 2030 but only gender responsive UHC will reach the most marginalized women and girls.
- Governments should recommit to '*Apply a systems-wide approach to mainstream gender perspective when designing and monitoring health policies, taking into account the specific needs of women and girls, with a view to reducing gender-related inequities*' as agreed by member states in the Political Declaration to the 2019 UHC HLM.
- In addition, governments should commit to a new social contract for women health and care workers with safe, decent and equal work to reverse 'the Great Resignation' of women health workers, burnt out by the pandemic. Recruitment and retention of women health workers will address the shortage of 18 million health workers needed to achieve UHC.