

Advancing Gender Equity in Health: A Call to Action at UNGA78

As the 78th United Nations General Assembly (UNGA78) rapidly approaches, it offers a significant opportunity for advancing gender equity in health.

The upcoming UNGA will set the future course of global health since, exceptionally, three health-related High-Level Meetings (HLMs) of heads of state and government will take place during the General Assembly week, focusing on Universal Health Coverage (UHC); Pandemic Prevention, Preparedness, Response, and Recovery (PPRR); and Tuberculosis.

With just days to go before those HLMs, member states would normally have agreed by now on the draft Political Declarations to be adopted at those meetings. Currently, however, member-state negotiations on the three Political Declarations are continuing. Drafts have been proposed and then challenged. With women making up 70% of the health workforce, it is essential that member states not only reaffirm their commitment to protecting health workers but also expand recognition and support for women in the sector and restate their commitment generally to the rights of women and girls.

Regrettably, it is reported that one of the sticking points in negotiations in the Political Declarations is sexual and reproductive health and rights (SRHR). The pandemic demonstrated that SRH services must be treated as essential health services in emergencies and that women and girls suffer and lose their lives when safe maternity and legal abortion services are disrupted. This does not only apply to emergencies. SRH rights and services must be central to all health systems, or they will not meet the health needs of women and adolescent girls, especially.

In the face of a severe global shortage of health workers, intensified by the COVID-19 pandemic, we present a series of key advocacy messages and a call to action aimed at decision makers during UNGA78 to champion gender equity in health, empower women health workers, and ensure the health and well-being of all women and girls. If we get this right, it can have a huge multiplier effect leading to the delivery of the triple gender dividend - better health outcomes, economic empowerment for women, and gender equality.

Universal Health Coverage

Women health workers make up 70% of health workers and 90% nurses and midwives. Without the full participation of women health workers, UHC cannot be achieved and health systems cannot be resilient. However, despite being the majority of the health workforce, women have just 25% of leadership roles. They suffer from a significant gender pay gap as women are paid 24% less on average than their male counterparts, they are subjected to high rates of violence and sexual abuse, exploitation and harassment at work and many face unsafe working conditions with lack of adequate infection control or fit for purpose personal protective equipment. Urgent improvement in pay and conditions is needed for Community Health Workers, the majority of whom are women, who form the foundation for primary health care in many countries but are often unpaid and not in formal employment roles.



Key advocacy asks:

- Ensuring gender equality in health systems leadership and decision-making at all levels, including use of quotas, targets, and all-women shortlists for selection until gender parity is achieved - pay particular attention to geographical diversity
 - Retaining and recruiting women health workers by ending gender inequities in health workforce career opportunities and pay, ending unpaid work in health systems, ensuring all health workers have safe, fairly paid work free from violence and sexual harassment and protecting the physical and mental health of all health workers
 - Designing, properly resourcing and delivering health systems based on gender-responsive policies and health services, ensuring the elimination of gender inequality and discrimination
 - Resourcing and delivering universal access to sexual and reproductive health services as essential services and mainstreaming them in national health policy frameworks
 - Monitoring and evaluating progress towards universal health coverage in data and analyses disaggregated by sex, gender identity and other relevant stratifiers
 - Incorporating Community Health Workers (CHWs) into the formal health sector and paying them fairly as a matter of economic justice for women health workers and to strengthen the capacity of health systems
 - Fully delivering on all commitments to gender equality and the rights of women and girls in the High-Level Political Declaration on UHC made at the UN General Assembly in 2019
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Pandemic Prevention, Preparedness, Response, and Recovery

Data taken prior to the pandemic shows a 2030 global shortfall of at least 10 million health workers. Since COVID-19, a significant number of health workers are leaving or signaling intent to leave and there are increased strikes and protests about working conditions. Women, as the majority of health workers, suffer disproportionately from being underpaid or unpaid. PPE for infection prevention and control is generally designed for men's bodies and physiological needs and often ordered in a single large size. The significant resignation and migration of health workers is reaching crisis levels in some countries and must be addressed to safeguard health systems and global health security. Data shows that safe maternity and Sexual and Reproductive Health services were severely disrupted during emergencies in some countries resulting in increased maternal deaths, unwanted pregnancies, unsafe abortions and/or increased harm to women and girls. These services must be listed as essential services in pandemic response and recovery.



Key advocacy asks:

- Ensuring gender parity in leadership for women health workers, in governance and decision-making bodies and advisory committees related to pandemic preparedness and response and health emergencies - ensure these bodies are representative from a geographical and diversity perspective
- Allocating budgets for health systems which ensure frontline and Community Health Workers are properly paid and there is capacity to resource surge efforts and services
- Committing to provide safe and decent work environments for women health workers, including the provision of medical countermeasures, sanitation, infection control, and fit-for-purpose personal protective equipment (PPE)
- Addressing the mental health needs of health workers, especially women, who manage heavy workloads during pandemics while delivering additional and unpaid domestic responsibilities. Provide measures, such as childcare, to support health workers in managing family demands and long hours during a pandemic
- Ensuring quality safe maternity, sexual and reproductive health services and child health services are treated as essential services to be maintained during the pandemic response
- Putting laws, policies and accountability systems in place to prevent and respond to sexual exploitation, abuse and harassment, especially of women and children

Sustainable Development Goals (SDGs)

The year 2023 marks the halfway point of the Sustainable Development Goals, which were agreed to unanimously by Member States in 2015. The 17 goals set out an ambitious agenda to advance on the most pressing issues facing the world, such as climate change, health and gender inequality. Despite progress made, considerable gender inequalities still plague countries across the globe. Women are still underrepresented in decision-making, holding only 27% of parliamentary seats globally and a mere 61% of working-age women participate in the formal workforce, compared to 91% of working-age men, with significant regional and national differences.

Additionally, each year an estimated 250 million women and girls experience physical and/or sexual violence and 67 countries still lack laws that protect women from direct and indirect discrimination. The COVID-19 pandemic severely affected progress made on gender equality, especially around health and education. Maternal mortality increased in many countries across the world, as reproductive health services were stalled, the advances made towards achieving universal health coverage were impacted as political attention was diverted to tackling the pandemic, and many girls that were not able to attend school due to lockdowns, have not returned.



Key advocacy asks:

- Equal representation of women in national, regional and global decision-making bodies, by enacting quotas and targets as needed
- Governments to ratify relevant international conventions that protect the rights of women in the workforce, to ensure they have safe and decent working conditions free from violence
- Equal pay for men and women for work of equal value across all sectors in society from public to private
- Robust prevention and reporting mechanisms at institutional and national level to respond to cases of sexual violence against women and girls
- Priority for family planning and reproductive health services at primary health care level, to ensure population-wide access, paying particular attention to women and girls in rural and hard-to-reach communities
- Funding for women's movements working at national and local levels

As the fast-growing women-led movement challenging power and privilege in health, we urge decision-makers at UNGA78 to take concrete actions to advance gender equity in health by implementing these key messages. By prioritizing the needs and rights of women health workers and ensuring gender-responsive policies, we can build resilient health systems that promote equality and provide quality care for all. The time to act is now, and together we can create a healthier and more equitable world. We invite people from around the globe to join us in this critical endeavor by sharing our key advocacy asks with member states and using our [social media toolkit](#) to advocate for change. Together, we can make a difference.

Join us in advancing gender equity in health!