

Engendering Universal Health Care – *Experiences and Challenges*

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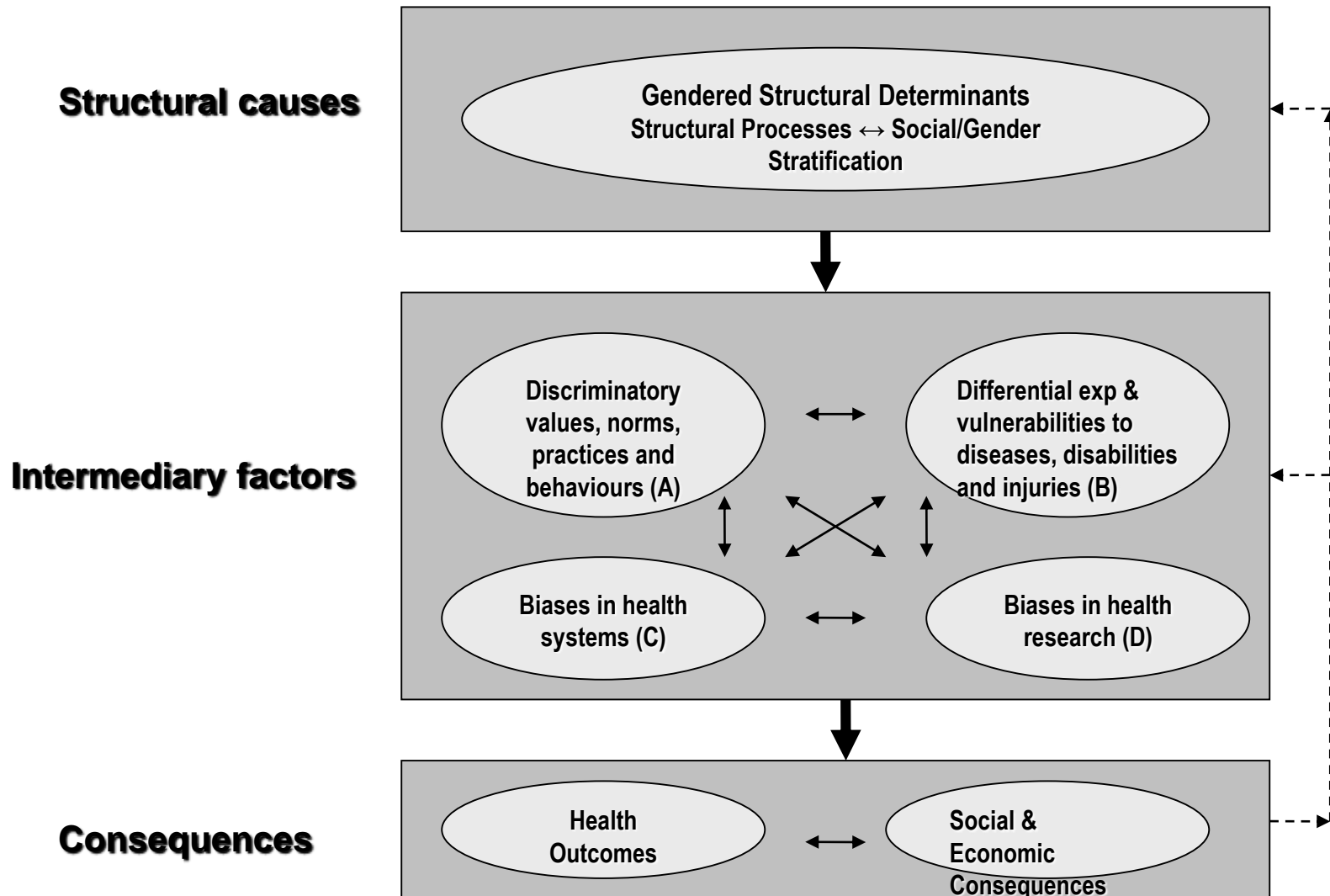
Why is this important now?

- UHC is at the centre of global debates on 'Health in the post 2015 Development Agenda' – Botswana meeting, March 2013
- Multiple health goals of MDGs may well be rolled into a single overarching goal, albeit with multiple targets
- Attention to UHC (by WHO, World Bank, UNICEF, others) much greater than ever before

Why is this important now? Contd.

- In these discussions, UHC is assumed by many to lead automatically to equity
- Or rather, equity is considered along the single dimension of income / wealth
- Uneven attention to gender in prior UHC discussion although some traditional aspects of women's health are not ignored, esp maternal health

Framework for the role of gender as a social determinant of health (Ref: Report of the Women and Gender Equity Knowledge Network of WHO Commission on Social Determinants of Health)



Note: The dashed lines represent feedback effects

What's the issue?

- 7 broad priorities of Knowledge Network on Women and Gender Equity (WGEKN) of WHO Commission on Social Determinants of Health:
 - Addressing key structural issues
 - Challenge gender norms and stereotypes
 - Tackle gendered exposures and vulnerabilities
 - Women as producers and consumer of health care
 - Engendering the evidence base
 - Mainstreaming requires supportive structures, incentives and accountability mechanisms
 - Support women's orgns as catalysts of change

From the UHC perspective

- How does focusing on gender help?
- What can we say about equity – Davidson Gwatkin's ongoing work (ref: recent presentation at Harvard conference on the ethics of UHC) – ambiguous effects
- Pathway to UHC matters – whose problems are addressed? How they are addressed?

Towards universal coverage

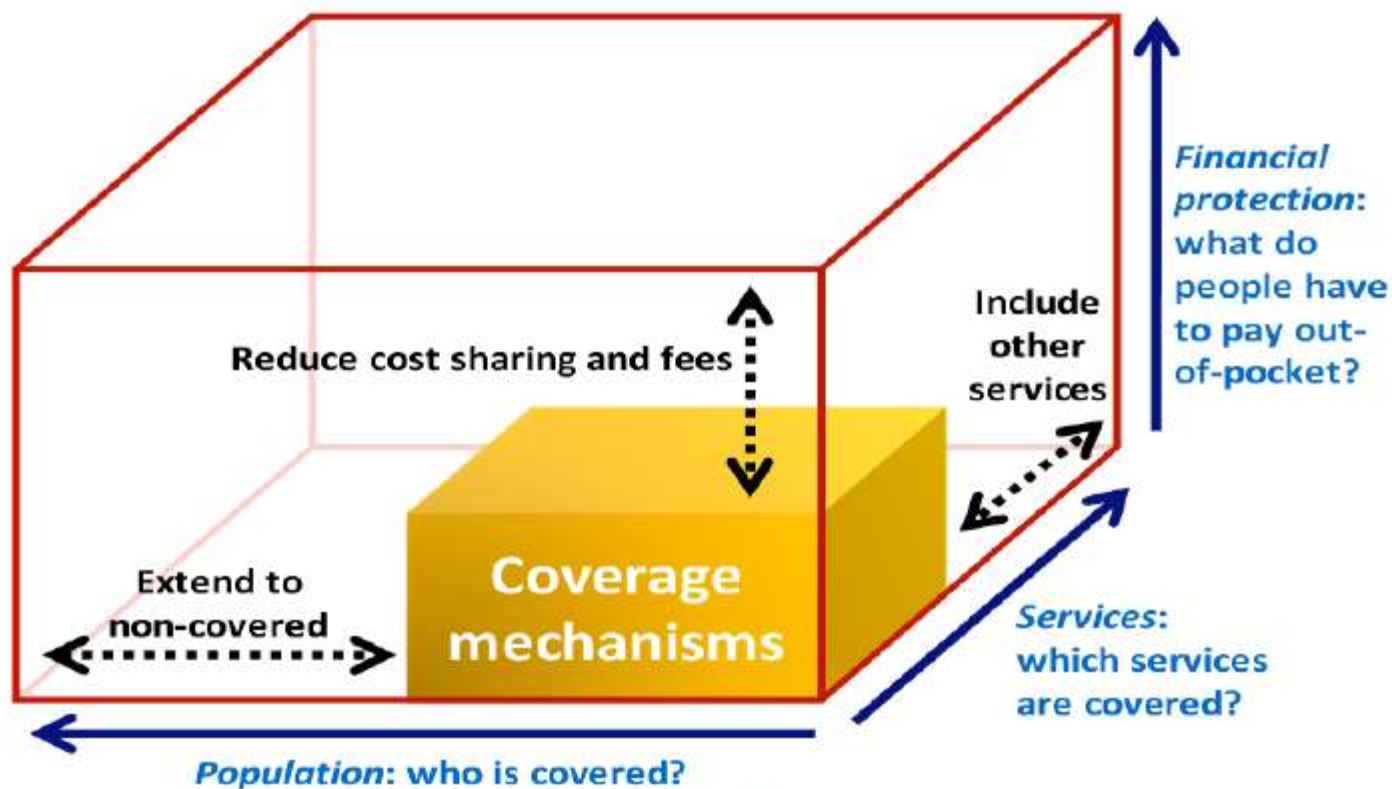


Figure 1. Source: World Health Report, 2010, page 12
Located at: www.who.int/whr/2010/en/index.html

Engendering the 'cube'

- Example of services: importance of
 - Location, timing
 - Ensuring acknowledgement – the demand side
 - Ensuring accountability – the supply side
 - Addressing issues of abuse, genuine consent
 - Access – privacy, confidentiality, permission requirements, conditionalities, non-discrimination, sensitivity of providers to signs of violence

Final word...

- Pathways matter...
- Politics matters also – imp of engagement in the post 2015 process; linking SRHR activists (energy of the movement) to the mainstream health discussions.