Game-changing priorities for UHC

Universal health coverage can be a global game changer for economics, equality and inclusion, but only when gender equality and women's rights are prioritised

By Françoise Girard, president of the International Women's Health Coalition

Katja Iversen, president and CEO of Women Deliver

Roopa Dhatt, executive director and co-founder of Women in Global Health, and

Kim van Daalen, Women in Global Health

Health is a human right. Universal health coverage is the potential catalyst to help realise the right to health for all.

But to ensure universal health coverage is actually universal, the design, decision making and implementation must prioritise gender equality and girls and women's health and rights, including in the health workforce. This will not happen without strong political leadership.

Since the Sustainable Development Goals were adopted in 2015, political movements globally have amplified opposition to girls and women's health and rights – not least to their sexual and reproductive rights. This is a significant impediment to health for all.

To galvanise political will to withstand these challenges, the International Women's Health Coalition, Women Deliver and Women in Global Health, have co-convened the Alliance for Gender Equality and UHC. The alliance is calling on governments to prioritise gender equality and girls' and women's health and human rights during September's landmark United Nations High Level Meeting of Heads of State and Government on Universal Health Coverage – and beyond. Together, our 35 member organisations from 24 countries are using our

collective voice to ensure universal health coverage responds to girls' and women's specific health needs and truly leaves no one behind.

The alliance has proposed that UHC2030 mainstream gender in its six key asks from the UHC movement. We are also advancing a seventh ask: urging governments to commit to gender equality and women's rights in universal health coverage. ▶

> **We are urging governments and health decision makers to take five critical actions in designing and delivering universal health coverage"**

CALL ON GOVERNMENTS

We are urging governments and health decision makers to take five critical actions in designing and delivering universal health coverage.

First, put human rights and gender equality at the centre of universal health coverage, and take a gender-responsive approach to health that promotes and upholds equality and equity. Women are diverse: leaving no one behind requires recognising how multiple and intersecting forms of discrimination based on race, ethnicity, age, ability, migrant status, sexual orientation, gender identity or expression, indigeneity, health condition, class and caste, influence access to services and health results.

Second, address the needs of girls, women, adolescents and marginalised groups throughout the life course – including but not limited to their sexual and reproductive health and rights. This requires incorporating comprehensive sexual and reproductive services in universal health coverage, including contraceptives, abortion, comprehensive maternity care, diagnosis and treatment of sexually transmissible infections, reproductive cancers and infertility, as well as services to prevent and respond to gender-based violence.

It also requires fully recognising and responding to the specific barriers, risk factors and health needs experienced by girls and women.

FRANÇOISE GIRARD

President, International Women's Health Coalition

Françoise Girard is president of the International Women's Health Coalition. A lawyer by training, she is a long-time advocate and expert on women's health, human rights, sexuality and HIV/AIDS. She has held a variety of positions, including senior programme officer for international policy at IWHC; consultant for the International Planned Parenthood Federation and DAWN, a network of women's rights activists from the global South; and director of the public health programme at Open Society Foundations.

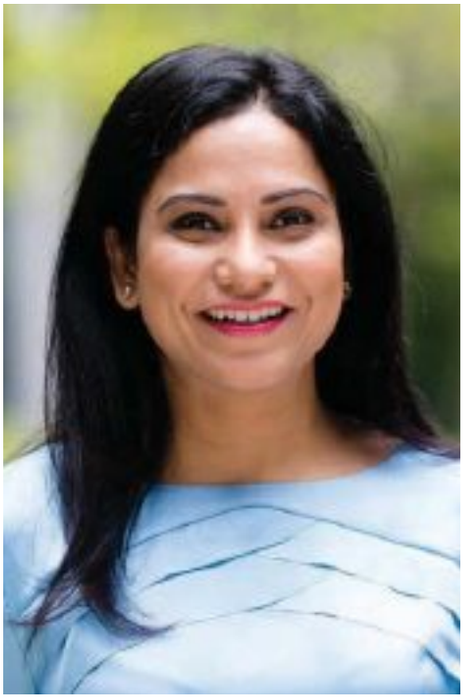
@FrancoiseGirard
iwhc.org

KATJA IVERSEN

President and CEO, Women Deliver

Katja Iversen is president and CEO of Women Deliver, a leading global advocate for investment in gender equality and the health and rights of girls and women, with a specific focus on maternal, sexual and reproductive health and rights. She has more than 25 years of experience working in non-governmental organisations, corporations and United Nation agencies. She is a member of President Emmanuel Macron's G7 Gender Equality Advisory Council, the Unilever Sustainability Advisory Council, the MIT Women & Technology Solve Leadership Group, and an international gender champion.

@Katja_Iversen
Womendeliver.org



35

Member organisations from

24

Countries around the world, are calling for...

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Key asks from the UHC movement

ROOPA DHATT

Executive director and co-founder, Women in Global Health

Roopa Dhatt is a physician by training and executive director and co-founder of Women in Global Health. She serves on the Research in Gender and Ethics Advisory Board, Strategic Advisory Committee for the Global Health Workforce Network, the Women Leaders in Global Health Conference Steering Committee, the Global Health 50/50 Advisory Council of the Global Health Council and the GlobeMed Advisory Board. She is also an internist providing primary care in Washington DC at Kaiser Permanente.

@RoopaDhatt
womeningh.org

KIM VAN DAALEN

Women in Global Health

Kim van Daalen is a Gates Scholar and PhD student in global public health at the University of Cambridge, Newnham College. She is active in a variety of global health non-governmental organisations and initiatives including Women in Global Health.

@DaalenKim

Third, address health workforce dynamics that affect how women can leverage their role in health delivery, leadership and decision making, including the predominance of women in unpaid and informal health care. This includes ensuring decent work that protects fundamental rights, a fair income and a safe work environment, as well as integrating women's unpaid health and social care labour into the formal sector. It includes an enabling environment with leadership pathways and accountability for discriminatory labour practices to equitably engage women from diverse groups in the health workforce, achieving parity in universal health coverage design, decision making and monitoring at all levels.

Fourth, develop and implement health financing mechanisms that reduce gender and other inequalities. This includes gender-responsive public finance, budgeting, programming, monitoring and evaluation, and auditing. It should ensure that all women, including those in the informal sector, can access and benefit from insurance programmes and financial risk protection, and minimise the greater burden of out-of-pocket payments faced by women over their life course for all healthcare needs – especially for comprehensive sexual and reproductive healthcare services and non-communicable diseases.

Fifth, commit to data collection, systematisation, analysis and dissemination that promote equity in health service design, delivery and access, while upholding the privacy and confidentiality of all. This includes mandating and funding data disaggregated by gender, age, sex, caste, ethnicity, geographical location and income level to ensure inclusive, appropriate health service delivery and to promote accountability.

In committing to the SDGs, world leaders made the political decision to achieve universal health coverage by 2030. To do so, they must safeguard the rights of girls and women everywhere, particularly their sexual and reproductive rights. The High Level Meeting can be a powerful political moment to advance health for all and gender equality. Governments must make it one. ■