



A BOLD AND INDEPENDENT VOICE FOR THE RIGHTS OF WOMEN AND GIRLS

IWHC on Universal Health Coverage at WHA72

May 20-28, 2019

Alliance for Gender Equality and UHC: Statement on WHA72
Agenda Item 11.5, Preparation for the high-level meeting of the
United Nations General Assembly on universal health coverage.

Delivered by Shannon Kowalski, Director of Advocacy and Policy,
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Thank you Chair. We co-convene, with Women in Global Health and Women Deliver, the 35-member Alliance for Gender Equality and UHC with members in 23 countries. The Alliance produced a 7th Ask adding to the 6 Asks from UHC2030. The headline calls for governments—and all stakeholders—to Commit to Gender Equality and Women's Rights in UHC—in design, financing and delivery. But to fulfill the right to the highest attainable standard of health for all, it is more than an Ask, it is a necessity.

First, ensuring comprehensive health services for all in UHC must unequivocally include comprehensive sexual and reproductive health services provided without stigma, discrimination, coercion and violence. The services must be integrated, high quality, affordable, accessible, and acceptable.

Second, the shared goal of leaving no one behind in UHC requires using an intersectional lens to address the discrimination and inequalities - often based on race, ethnicity, age, ability, migrant status, gender identity or expression, indigeneity, health condition, class, and caste—that are persistent barriers to the right to health for all, particularly for women and girls and the most marginalized.

Third, UHC must address gender-related determinants of health throughout the lifecourse, including punitive and discriminatory laws, harmful traditional and cultural norms and practices.

Fourth, a well-paid and well-trained health workforce is critical to UHC success. It is crucial to invest in decent work that protects fundamental rights and promotes leadership, especially for women who make up 70% of healthworkers—often in low status or unpaid and informal positions.

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Finally, public health financing mechanisms and budgets must be gender-responsive, equitable, participatory and accessible in order to reduce gender inequalities and the greater burden of out-of-pocket payments women face over their lifetime, including for SHR services and non-communicable diseases.

UHC can change the lives of over a billion people who lack access to quality, affordable health services. Prioritizing gender equality and women and girls' rights is essential.

Members of the Alliance include:

Action for Global Health Network UK, Alliance for Reproductive Health Rights, Amref Health Africa, ARROW - Asian Pacific Resource and Research Centre for Women, Balance, DAWN - Development Alternatives with Women for a New Era, Diabetes Eswatini Organization, DSW - Deutsche Stiftung Weltbevölkerung, Education as a Vaccine, Global Health Disrupted, International Federation of Medical Students Associations, Ipas, IPPF - International Planned Parenthood Federation, IWHC - International Women's Health Coalition, KMET, Latin American and Caribbean Women's Health Network, Management Sciences for Health, Marie Stopes International, NCD Alliance, Pakachere Institute of Health and Development Communications, PAI, Partnership for Maternal, Newborn and Child Health, Pathfinder International, Plan International UK, Promundo, RESURJ, RFSU, IPPF Sweden, Sama Resource Group for Women and Health, SPECTRA, United Nations Foundation, Vision Spring Initiatives, Women Deliver, Women in Global Health, Young Women For Change, and Youth Coalition for Sexual and Reproductive Rights

Alliance for Gender Equality and UHC: Statement on Community Health Workers at WHA 72

Delivered by Eleanor Blomstrom, Program Officer—International Policy, International Women's Health Coalition

Thank you chair.

The International Women's Health Coalition works to further the sexual and reproductive health and rights of women and girls all over the world. Through our work, we know the value of community health workers in meeting the needs of those most often left behind, particularly women, girls and marginalized groups. WHO's own evidence is clear that community health workers are particularly effective in delivering sexual and reproductive health services, information and education to communities in ways that best meet their needs. In this regard, they should be empowered and equipped to provide a full range of modern contraceptives, abortion services and basic antenatal care.

Despite their effectiveness, community health workers, most of whom are women, continue to face barriers in carrying out their work. Community health workers must be integrated into national health systems, paid living wages and provided with the training, education, and resources they need in order to deliver health services in a gender-

responsive, nonjudgmental and nondiscriminatory manner. Governments must also develop and implement labor laws that support the right to decent work of community health workers, especially women, who often face violations of their rights through discrimination, violence, and harassment.

We are encouraged that the resolution to be adopted at this WHA recognizes many of these elements, but governments must go further. Community health workers are crucial to achieving UHC. They must be fully empowered and supported to play this role.