REPORT
FEBRUARY 2023

ADVANCING OUR COMMON AGENDA

A feminist approach to women and health to inform the UN Secretary-General's Summit of the Future

Sarah Hawkes | Kent Buse

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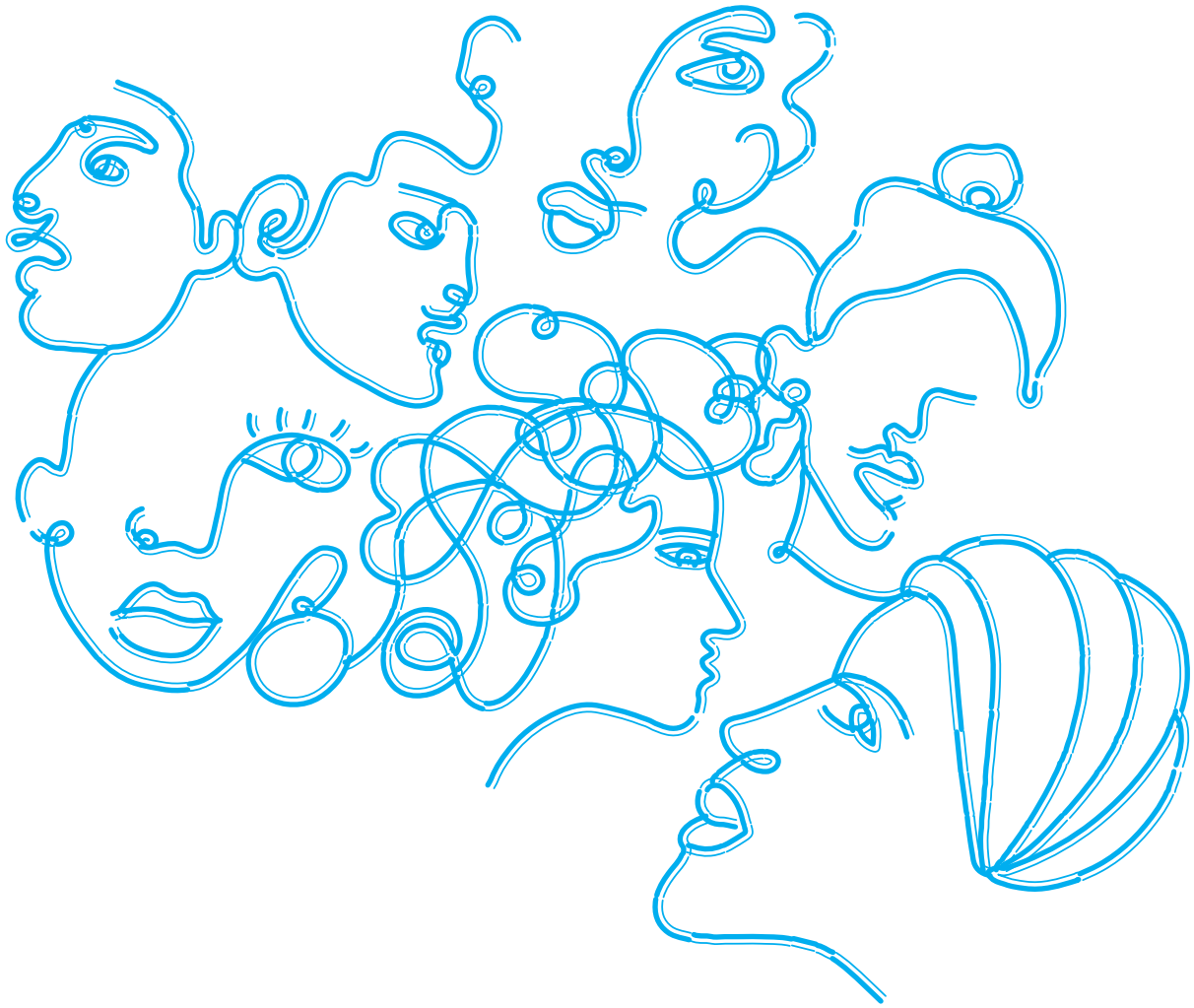

Global Governance Innovation Network

COALITION for the UN WE NEED

Bahá'í International Community

MESSAGE TO READERS

At GWL Voices, our advocacy pushes for the inclusion of women's voices in all spheres of society, particularly in peace and security, global governance, human rights, gender issues, international peace and security, environmental diplomacy, global health, and sustainable development.

Hence, as a collective voice of women's leadership, backed by the support of our partners, this report reflects our stance on an issue whose time is long overdue.

In the wake of unending global challenges, improving outcomes for women's health and upholding healthy societies are critical to advancing the UN Secretary General's Our Common Agenda Report.

We want to thank our partners, GGIN, C4UN, Bahá'í International, and the International Alliance of Women, whose foresight and support have enabled us to carry out this critical work.

Here's to elevating our voices for change and inclusion while advancing the issues we care about most.

#GWL VOICES FOR CHANGE & INCLUSION

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1. STATUS OF THE GLOBAL AGENDA ON WOMEN AND HEALTH

The global agenda on women and health encompasses three linked domains, namely health outcomes, their determinants and women's participation and leadership in the health workforce. Each of these domains is to some extent recognized in the multilateral agenda but the root causes are inadequately addressed.

Women's health and wellbeing outcomes

The COVID-19 pandemic illustrated vast inequalities experienced by different population groups in realising their right to health in the face of a threat to global health security. This was not an "equal opportunities" pandemic, and there were (and continue to be) markedly different experiences and outcomes across genders, races, ages, economic classes, geographies and other social groups. In terms of gender, data[1] from the beginning of the pandemic showed that men are more likely to suffer severe infections, be admitted to intensive care units and about 30% more likely to die compared to women. Women, however, are more likely to suffer the social consequences and secondary health impacts of the pandemic including gender-based violence and reduced access to sexual and reproductive health care services. UNFPA estimates that an additional 1.4 million unintended pregnancies occurred in 2020 owing to disruptions to family planning services[2].

Health status is driven by a mixture of biology and social determinants - encompassing the environments in which people are born, grow, live, work, and age, as well as the structural arrangements, including the economic, commercial and legal policies and institutions which drive these social environments.

COVID-19 is not unique in its sex-difference health impacts. In general, women live longer than men, but conversely spend more of their lives in ill-health. Broad global averages hide differences by both economic status of countries and the status of gender equality in countries– with the

1 Global Health 50/50: The Sex, Gender and COVID-19 Project: https://globalhealth5050.org/the-sex-gender-and-covid-19-project/

2 UNFPA: The impact of COVID-19 on family planning.zhttps://www.unfpa.org/sites/default/files/resource-pdf/COVID_Impact_FP_V5.pdf

gap in healthy life expectancy between men and women recently increasing in low-income countries (LIC) but decreasing in the high-income countries (HIC)[3], while differences in mortality due to COVID-19 varied by a country's position on the UNDP gender inequality index[1]. The causes of illness, disability and death have changed significantly for people of all genders in the past two decades. The non-communicable diseases (NCDs) such as cardiovascular disease, respiratory disease, diabetes, cancers, are the major cause of death including premature death (age 30-69 years) in women. Cardiovascular disease alone is estimated to account for over one third of all deaths in women, and although mortality rates improved from the 1990s onwards, this decline has recently "slowed down markedly"[4] – driven by a range of under-addressed risk factors. Understanding the full picture of the relationship between sex, gender and health is hampered by inconsistent, incomplete and inadequate reporting systems that frequently fail, at a minimum, to disaggregate health data by sex.

An opportunity to improve population health status while also making progress on gender equality requires/ demands a more comprehensive view of women's health and wellbeing: protecting and upholding sexual and reproductive health while also addressing women's health status across the life-course, and tackling the gendered determinants of health and wellbeing across all areas of health.

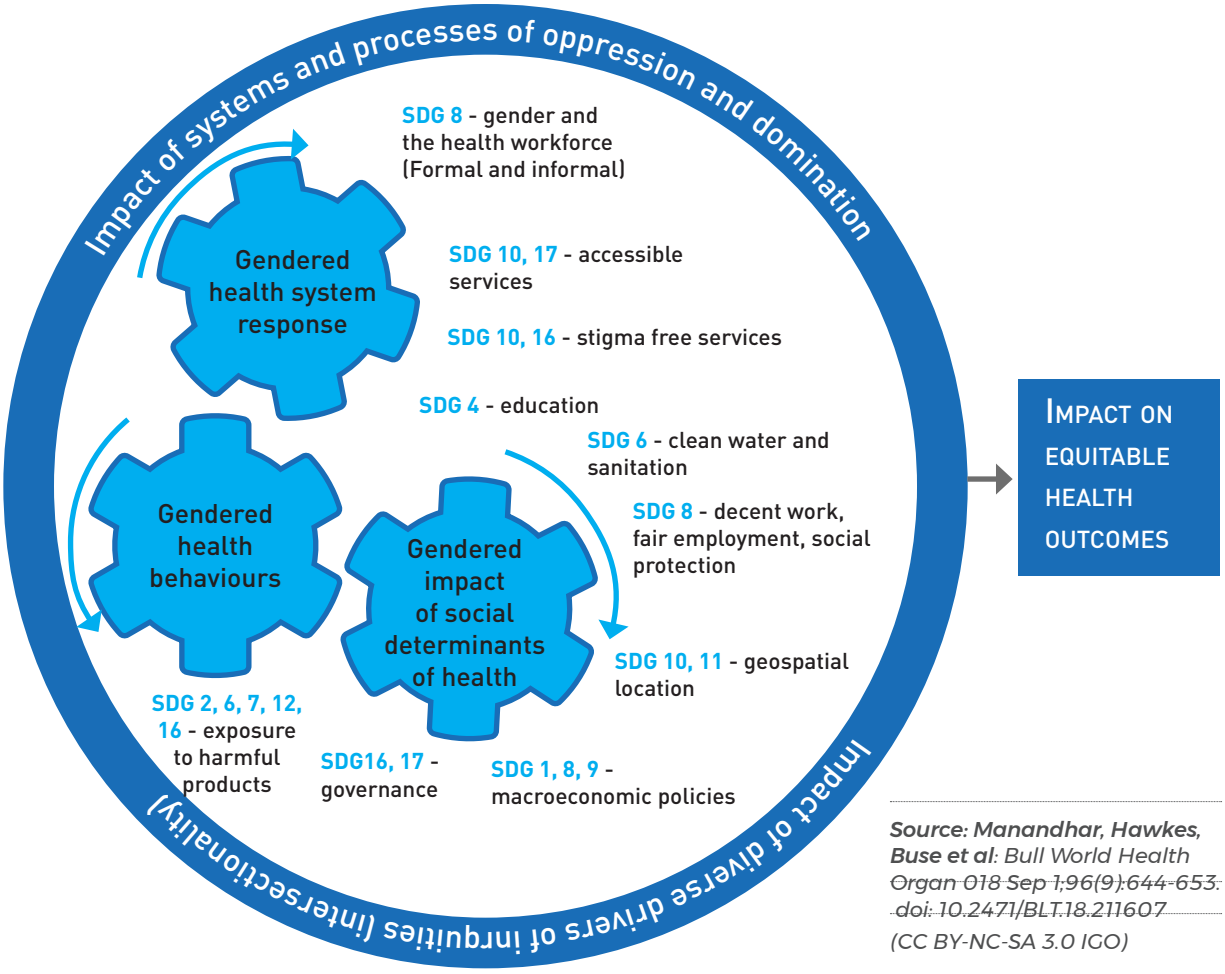
Determinants of women's health status

Health status is driven by a mixture of biology and social determinants - encompassing the environments in which people are born, grow, live, work, and age, as well as the structural arrangements, including the economic, commercial and legal policies and institutions which drive these social environments. Figure 1 illustrates how the determinants of health equity and gender inequality are interlinked across all SDGs. Access to health care systems plays a minor but essential role in population level health status. Realising the right to health means ensuring not only that people have access to health care but that their right to a healthy environment is upheld. Monitoring the relationship between health determinants and health status is hampered by uncoordinated systems of accountability that exist within silos and lack coherence across sectors.

3 WHO. The Global Health Observatory. https://www.who.int/data/gho/publications/world-health-statistics

4 Vogel, B. et al. The Lancet women and cardiovascular disease Commission: reducing the global burden by 2030. The Lancet 2021;397:2385-38. DOI:10.1016/S0140-6736(21)00684-X

Figure 1: Framework shows interactions between sustainable development goals 3 (health) and 5 (gender) with other global goals across three domains of gender and health



Source: Manandhar, Hawkes, Buse et al: Bull World Health Organ 018 Sep 1;96(9):644-653. doi: 10.2471/BLT.18.211607
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EXAMPLE 1. Commercial determinants of health: Major contributors to rates of non-communicable diseases and premature mortality include alcohol and tobacco. Worryingly there is evidence of a closing of the gender gap in tobacco and alcohol use in many settings – in the case of alcohol this is predominantly driven by increasing use of alcohol by young women5, and similar concerns have been raised for tobacco use, including the use of e-cigarettes and vaping[4] particularly since these products may carry a higher risk of cardiovascular disease in women compared to men. Other increasing risks to women's health due to commercial determinants include the global rise in obesity and diabetes associated under-regulated markets in ultra-processed foods leading to widespread changes in patterns of diet and low rates of physical in-activity accompanying urbanization that has insufficiently gender-responsive urban planning that addresses women's physical safety including while using public transport or exercising. Women with diabetes may be at higher risk of health complications than men with the same condition[4].

5 Slade T, et al. Birth cohort trends in the global epidemiology of alcohol use and alcohol-related harms in men and women: systematic review and metaregression. BMJ Open 2016. https://bmjopen.bmj.com/content/6/10/e011827

EXAMPLE 2. Global heating and health: Global heating carries a range of health impacts, both direct and indirect, such as risks of vector-borne disease, food insecurity, air pollution and poor air quality. Women's health is at particular risk: anemia rates rise during food insecurity; air pollution has a negative impact on birth outcomes; women's risk of violence (sexual, physical, domestic) increase during climate-associated humanitarian disasters[6].

Women working and making decisions in health and social care systems

Women in the workforce: Health and social care are an important source of paid, formal employment for women in many countries. Yet, health and social care systems, like most institutions, are frequently sites where power and privilege are unequally distributed. ILO estimates that women make up 67% of all health and social care workers, but women earn approximately 20% less than men in the sector[7]. This gender pay gap is larger than seen in other sectors within the same economies. Moreover, this gap does not consider the many millions of women who deliver on-the-ground health services but are unpaid community health worker "volunteers"[8], nor the contribution of women's unpaid labour to social and domestic care underpinning most economies.

Addressing these shifts in political and social norms is made more complex by the associated rise in scepticism towards the role/importance of and universal values of the multilateral system - including its role in upholding support for gender equality.

Women in positions of decision-making power: Five years of data[9] across 200 organisations in the global health system find that 70% of the leadership (Chief Executives and Board Chairs) are men, with 80% of them from high-income countries, while only 15 of over 2000 Board members are women from low-income countries – thus highlighting the intersectional challenges of gender, race and nationality faced by women from LMICs who seek to participate at senior levels in this 'global' system and the importance of disaggregated data for holding organisations and systems to account.

6 Sorenson C, et al. Climate change and women's health: impacts and policy directions. PLOS Medicine, 2018. https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1002603

7 ILO: Women in the health sector earn 24% less than men. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_850968/lang--en/index.htm

8 Perry HB. Health for the People: National community health worker programs from Afghanistan to Zimbabwe. https://www.exemplars.health/-/media/files/egh/resources/community-health-workers/partner-content/health-for-the-peoplenational-chw-case-studies2020.pdf

9 Global Health 50/50 https://globalhealth5050.org/

2. MOVING OUR COMMON AGENDA FORWARD FOR WOMEN AND HEALTH

The OCA report calls for a renewal of the social contract between people and institutions, a rebuilding of trust, a focus on global public goods, and the upholding of human rights. Addressing the challenges to the health and wellbeing of women, including women who work within health systems, requires an integrated, intersectoral, well-funded approach based on human rights principles to support and ensure accountability for healthy people and a healthy planet.

Right to health care: The COVID-19 pandemic highlighted that health systems are frequently overwhelmed, under-funded, fragmented (e.g. across public and private sectors), and lack capacity to provide comprehensive disaggregated surveillance data required to monitor progress towards the goal of Leaving No-One Behind (LNOB). Universal Health Coverage (UHC) is a core strategy within OCA for achieving the right to health care without risk of financial hardship, but challenges to health service coverage have been compounded by the pandemic, the recent global economic downturn/recession and a failure to ensure equitable taxation systems that provide sufficient revenue to support social sectors including health-care.

Realising the right to health means ensuring not only that people have access to health care but that their right to a healthy environment is upheld.

Right to a healthy environment: In July 2022 the UNGA passed a historic resolution recognizing everyone's right to a healthy environment – thus moving towards OCA's goal of achieving healthy people and planet. The wide-ranging approach to a healthy environment can be leveraged to ensure clean air and safe water supplies, and also to ensure access to healthy food, clean and safe physical spaces within which women and girls can live, travel, work, exercise, play[10].

Right to decent work and right to participation: OCA highlights the importance of decent work, women's economic inclusion and investment in the care economy. As noted, the global health sector is characterized by the unequal distribution of power and pay: men are more likely to be in positions of leadership, while women are over-represented in the lower-paid or unpaid positions. The right to participation is highlighted within the OCA – thus emphasizing the importance of ensuring, including through social and policy measures, womens' equal inclusion in sites of decision-making.

10 https://www.unep.org/news-and-stories/story/historic-move-un-declares-healthy-environment-human-right

3. OVERCOMING CHALLENGES AND IMPROVING OUTCOMES

The global health sector is characterized by the unequal distribution of power and pay: men are more likely to be in positions of leadership, while women are over-represented in the lower-paid or unpaid positions. The right to participation is highlighted within the OCA – thus emphasizing the importance of ensuring, including through social and policy measures, womens' equal inclusion in sites of decision-making.

Improving outcomes for women's health and wellbeing

An opportunity to improve population health status while also making progress on gender equality requires/demands a more comprehensive view of women's health and wellbeing: protecting and upholding sexual and reproductive health while also addressing women's health status across the life-course, and tackling the gendered determinants of health and wellbeing across all areas of health. However, there are significant challenges to such an approach:

POLITICAL AND IDEOLOGICAL SHIFTS: we are witnessing a resurgence of conservative values and movements, along with state-led concerns around demographic deficits, particularly in the face of ageing populations and associated future costs of care for older people. This has contributed to the rise of populist and traditionalist views of gender equality (including around roles and expectations) and of reproductive autonomy. The starkest examples are seen in those settings where women and girls no longer have their rights realised to a comprehensive range of sexual and reproductive health (SRH) services including family planning and safe abortion. Addressing these shifts in political and social norms is made more complex by the associated rise in scepticism towards the role/importance of and universal values of the multilateral system - including its role in upholding support for gender equality. Solutions: Promotion of UHC (including SRH services), along with finding solutions to demographic deficits, for example through the support through the development of innovative technologies or safe labour migration to overcome concerns around labour shortages, can help reframe challenges to the goal of gender equality.

ENVIRONMENTAL SHIFTS: climate disruption, pollution, urbanisation, consumption of health-harming products and loss of access to health-promoting spaces have a direct effect on the health of people and planet, with women and girls bearing disproportionate health and social impacts – including through the rise of non-communicable diseases, mental ill-health, and interpersonal violence. Solutions: recognition that: (i) health is determined across the life-course by a range of environmental, legal, political, commercial and economic institutions; (ii) gender inequality is embedded in the status quo of these institutions; (iii) addressing health inequity and gender equality as interlinked and inseparable will improve outcomes across SDG3 and SDG5 as well as other SDGs.

KNOWLEDGE SHIFTS: research in health and medicine has historically been conducted by and for the male body; women were excluded from clinical drug trials until very recently[11], half or less of public health and clinical studies report results in men and women separately[12], and the lack of action and coordination on disaggregated health data means that the impact of health determinants, policies, programmes and practices cannot be analysed by either sex or gender. Furthermore, calls to incorporate a gender lens into health policy and practice is often hampered by the lack of a comprehensive evidence base on the impact and effectiveness of such approaches. Solutions: Political, legal, academic, commercial and regulatory frameworks that drive the production of evidence for action in health and medicine must embed a sex and gender lens to address health inequities.

The non-communicable diseases (NCDs) such as cardiovascular disease, respiratory disease, diabetes, cancers, are the major cause of death including premature death (age 30-69 years) in women.

Women's full and equal participation in the health and social care workforce

Health and social care have become feminized occupations with attendant loss of market 'worth' (in comparison to other sectors), compounded by a culture of "volunteerism" and profound inequalities hampering women's career progression to seats of decision-making power. The challenge is less one of full participation in employment in this sector, and more one of equality of pay and opportunity. The OCA provides an opportunity to act on both legislative/policy levels to promote equality of pay/promotion, as well as addressing the cultural shifts required for societies to recognize health and social care as being a pre-requisite for functioning and sustainable societies. This calls for a gender/feminist lens to be placed at the core of alternative Wellbeing Economy approaches alluded to in the Summary of OCA.

11 National Institutes of Health. How to engage, recruit and retain women in clinical research https://orwh.od.nih.gov/toolkit/recruitment/history

12 Sugimoto CR, Ahn Y-Y , Smith E, Macaluso B, Larivière V **Factors affecting sex-related reporting in medical research: a cross-disciplinary bibliometric analysis.** Lancet. 2019; **393**: 550-559

4. IDENTIFYING ACTIONS TO ADVANCE OUR COMMON AGENDA ON WOMEN AND HEALTH

Actions for the United Nations

- In policy documents and approaches across health and gender sectors, ensure that these are seen as interconnected and indivisible from each other and from the wider environments within which people are born, live, work, play.
- Move away from current siloed accountability and monitoring systems through promotion of a single
- platform that hosts a co-ordinated presentation of multiple current systems of accountability - including those for gender equality, health equity and the social/ structural determinants of health.
- Encourage the existing human rights mechanisms to more systematically incorporate a gender lens within reporting on the right to health, a healthy environment and structural.social health determinants.
- Support the human rights machinery to counter anti-gender equality movements that are pushing back on women's reproductive and bodily autonomy.

Actions for Member States

- Support transparency and accountability mechanisms at the country level. This can be done through strengthening a gendered health focus in voluntary national reviews, reporting to HLPF, United Nations development assistance frameworks, and national health sector plans and programmes, building on the approach developed for example by Global Health 50/50
- Deliver UHC that includes comprehensive sexual and reproductive health services
- Incentivise health system to report sex-disaggregated data across all health determinants and health outcomes, accompanied by gender analysis for action – thus ensuring that promises to leave no-one behind can be monitored and acted upon

- Reforms of legal and policy environment, in line with World Bank recommendations, to achieve full range of legislative options to ensure women's economic empowerment and participation in the paid workforce[13]

- Acknowledge and act on the gendered nature of the health workforce. Formulate gender sensitive policies and health professional regulations through all levels of health governance to ensure gender parity, increased leadership roles for women and decent conditions of work for all

- Reform of tax and fiscal policy to ensure sustainable financing to ensure that all employees in health and social care systems are paid fair wages and have decent working conditions

Actions for the private sector

- Commitment to principles and practice of ESG (Environmental, Social and Governance) to ensure positive impact on society, environment and equality

- Develop, implement and uphold organizational policies to promote equality of career opportunity and an inclusive and diverse leadership

- Close gender pay gaps in health and social sectors

- For private sector involved in product development, R&D, innovation: ensure that sex and gender are taken into account from 'bench to bedside to delivery'

Actions for civil society, including trade unions

- Coordination and collaboration between gender-focused and health-focused civil society movements

- Support to accountability mechanisms at the country level building on the approach developed for example by Global Health 50/50, and designed to hold both Government and private sector to account for commiments and action on gender equality, health equity and decent work/equal pay

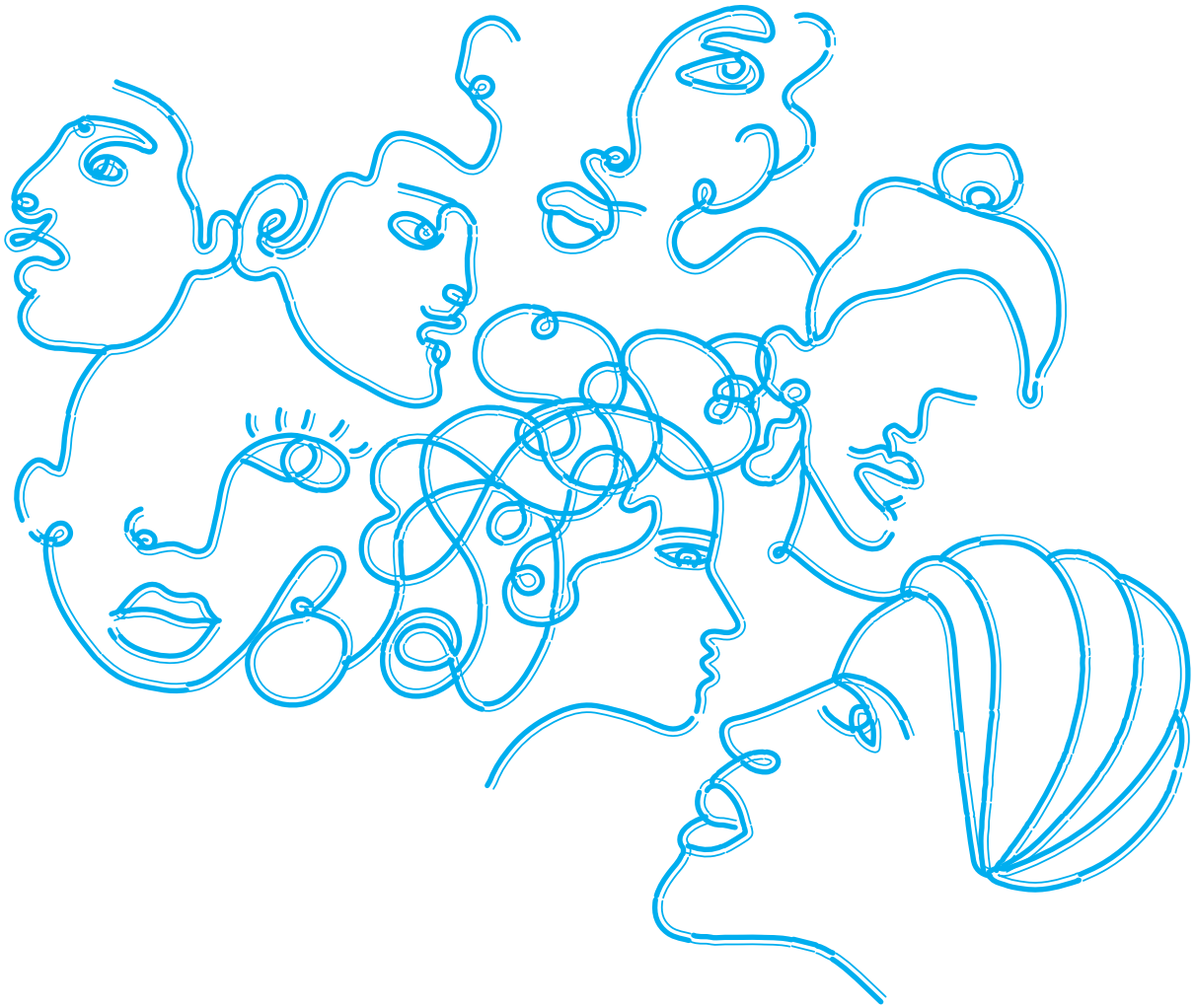
13 See here for examples: https://wbl.worldbank.org/en/wbl

5. COMMITMENTS TO ADVANCE OUR COMMON AGENDA ON WOMEN AND HEALTH – NEED TO BE BACKED BY IMPROVED MONITORING

Climate disruption, pollution, urbanisation, consumption of health-harming products and loss of access to health-promoting spaces have a direct effect on the health of people and planet, with women and girls bearing disproportionate health and social impacts – including through the rise of non-communicable diseases, mental ill-health, and interpersonal violence.

A range of existing commitments are in place for accountability to advance the agenda on women, gender equality and health. The Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, the UN Committee on Economic, Social and Cultural Rights outline obligations on the right to health – emphasizing that this goes beyond the right to health care to also include the right to health-promoting environments, which would include gender equality. In addition, Article 12 of Convention on the Elimination of All Forms of Discrimination against Women outlines the responsibility of states to ensure women's equal access to health care. However, reviews of health accountability mechanisms find that they are generally weak on gender commitments. Moreover, few countries have national legislation that combines the right to health with language on gender equality. Therefore, while global commitments are in place, specific accountability mechanisms[14] and national level commitments require strengthening if we are to see a world that achieves both gender equality and health equity.

14 Global Health 50/50 is one such example of a global monitoring mechanism that advances accountability for gender equality within the global health sector – annually reviewing both commitments and progress in gender-inclusive career pathways as well as commitments and delivery of gender-responsive health policies and programmes.



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