uhc2030
Taking action for universal health coverage

Advancing gender-responsive health systems for universal health coverage

UHC2030's strategic narrative to drive advocacy and action

Contents

Key terms

Universal health coverage (UHC): All people have access to the full range of quality health services they need, when and where they need them, without financial hardship. UHC covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care across the life course.[i]

Out-of-pocket health expenditure: Any direct payment by households, including gratuities and in-kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic appliances, and other goods and services.[ii] High out-of-pocket payments are strongly associated with catastrophic and impoverishing health spending.[iii]

Gender: The characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.[iv]

Sex: The different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs. Gender interacts with but is different from sex. The two terms are distinct and should not be used interchangeably.[v]

Gender equality: The equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same, but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not just a women's issue; it concerns, benefits and should fully engage men as well. Equality between women and men is a human rights issue as well as a precondition for, and indicator of, sustainable people-centered development.[vi]

Gender-diverse: An umbrella term for people whose gender identity, gender roles or gender expression do not conform to the norms and expectations traditionally associated with the sex assigned to them at birth.[vii]

Intersectionality: Recognizes that people's lives are shaped by their identities, relationships and social factors. These combine to create intersecting forms of privilege and oppression depending on a person's context and existing power structures such as patriarchy, ableism, colonialism, imperialism, homophobia and racism. It is important to remember the transformative potential of intersectionality, which extends beyond merely a focus on the impact of intersecting identities.[viii]

Gender responsiveness: An approach that reflects an understanding of gender roles and inequalities and encourages equal participation, including equal and fair distribution of benefits. Gender responsiveness is accomplished through gender analysis.[ix]

Making progress towards universal health coverage through gender-responsive health systems

Inequalities continue to be a fundamental challenge for progress on UHC. According to the latest evidence,[x] about 4.5 billion people are not fully covered by essential health services and 2 billion face financial hardship due to out-of-pocket health expenditure. Alarming as they are, these statistics alone do not present the full story. Aggregated figures disguise deep health inequalities between and within countries, with people in vulnerable and marginalized situations, particularly those living in low- and middle-income countries, being affected the most. Women and girls are disproportionately affected and face greater barriers to health services and financial protection. These challenges are further amplified in contexts of fragility, conflict and emergencies.[xi]

Gender equality, including equal rights and equal access to health services, is critical to achieving UHC and leaving no one behind. And yet the UHC2030's latest State of UHC Commitment review[xii] shows that UHC processes are still gender blind. A lack of commitment to increase women's representation in health and political leadership is also evident and is a barrier to equitable consideration of diverse gender issues. To address health inequities and make meaningful progress on health for all, countries must consider how gender impacts health equity and interacts with other areas of inequality.

The COVID-19 pandemic revealed how **gender inequality undermines the health, well-being and stability of our societies at large**.[xiii,xiv] As we reach the final stage of the 2030 Sustainable Development Agenda, the world has an opportunity to strengthen health systems through a primary health care approach that includes efforts to eliminate gender discrimination and inequalities in order to advance UHC and improve the health and well-being of all people. By incorporating a gender-responsive approach to health systems, governments and other stakeholders can **close disparities, advance gender equality and address the specific needs and vulnerabilities of all population groups**, including women, girls, men, boys and gender-diverse people, in crisis and calm. This is key to making meaningful progress towards UHC, which in turn contributes to progress on the entire 2030 Sustainable Development Agenda.

This strategic narrative spotlights some of the concrete actions decision-makers can take to contribute to the delivery of gender-responsive health systems that advance UHC. It is not intended to be an exhaustive list, but rather to propose actions where targeted advocacy can generate timely change and shift momentum across priority areas to unlock progress. The paper focuses on gender responsiveness as an essential and cross-cutting attribute of a well-functioning health system, while also recognizing that achieving UHC requires deliberate and sustained action to strengthen health systems across all core dimensions, including equity, quality, responsiveness, efficiency and resilience.

Together, let's build health systems that are gender responsive to address the needs of all people and advance health system strengthening for UHC and health security, gender equality, and the sustainable development goals.

Key advocacy messages to unlock progress towards gender-responsive health systems that advance UHC

Ensure that women are equally well represented in **health and political leadership** and that diverse voices and perspectives are elevated and equitably included in UHC decision-making processes at all levels.

Provide a comprehensive package of **essential health services** that ensures the health needs of all—including the sexual and reproductive health and rights of women and girls—are met throughout their life course.

Strengthen the **health and care workforce** to deliver quality, gender-responsive health services, by addressing gender inequality, creating safe, decent and equal work conditions, and remuneration for women who constitute the majority of formal and informal health and care workers. This includes ensuring equal pay for equal work of equal value

Build inclusive and comprehensive **information systems** with sex disaggregated and gender related disaggregated data to inform health decision-making at all levels and to monitor health inequities

Guarantee the availability, accessibility, affordability, safety, effectiveness, quality and rational use of **essential medicines and health products** by including a focus on sex and gender in research and guidelines, and on gender-related barriers and health needs in supply chains and monitoring.

Allocate more resources efficiently and equitably and prioritize investment opportunities that advance gender-responsive health systems by protecting against financial hardship (including that related to gender inequalities), eliminating discrimination, and removing gender barriers to ensure access to affordable quality health services for all.

Review and update all health policies, programmes and services across the health system to ensure they actively seeking to eliminate structural gender inequalities in the health system by redressing harmful gender norms.

Making health systems gender responsive: Translating advocacy messages into action

UHC means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. The WHO Constitution of 1946[xv] declares health as a fundamental human right.[xvi] UHC protects this right by covering the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.[xvii] Achieving UHC entails ensuring the highest attainable standard of health for all, regardless of race, religion, political belief and economic or social condition.

Target 3.8 of the 2030 Sustainable Development Goals (SDG) (Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective quality and affordable essential medicines and vaccines for all) is central to achieving all health-related targets (SDG 3). UHC also has the potential to serve as a transformative force for the entire SDG Agenda. UHC supports change beyond health targets by contributing to education, gender equality, development, economic growth, the eradication of poverty, and the advancement of healthy, peaceful and secure societies. Because UHC is based on the underlying principle of equity, it requires addressing gender inequalities and other drivers of inequality within and beyond health systems. In recognition of this, through the 2023 UN Political Declaration on UHC, Member States committed to establishing gender-responsive national health policies, plans and services.[xviii]

To effectively translate political commitments into action, governments must acknowledge and address inherent biases within health systems that perpetuate inequities. This requires integrating gender-responsive approaches at every level of health policy and implementation. By identifying and addressing gender biases, governments and organizations can better meet the specific needs of all individuals, making health systems more equitable and inclusive, in crisis and calm.

Decision-makers must recognize that health systems are not inherently gender neutral. Access to health services is not uniform and is influenced by intersecting, non-medical factors, such as socioeconomic status, geographic location and identity. These factors, known as determinants of health, can be further compounded by broader societal inequities. For instance, harmful gender norms perpetuate health inequalities, creating barriers to accessing services and exercising one's right to health. Building resilient and equitable health systems that are people-centered is best achieved through a primary health care approach and requires gender mainstreaming.

This narrative outlines priority actions to address some of the critical gaps and opportunities for gender-responsive health systems. The action areas offer an initial lens for understanding the breadth and complexity of gender-related issues embedded within different dimensions of health systems. While the actions outlined are vital, they are not exhaustive. It is also crucial to highlight the importance of adopting a system-wide approach to achieve gender-responsive health systems.

Sex and gender interact in complex ways to affect health outcomes. Sex can affect health risks, progression and outcomes, while gender norms, socialization, power relations, and other related factors contribute to differences such as susceptibilities to illness, health behaviors and access to and uptake of health services.

1. Leadership and governance

Gender inequalities in leadership and governance reinforce non-inclusive and discriminatory norms, policies, laws and regulations. The 2019 and 2023 UN High-Level Political Declarations on UHC emphasized the need for participatory, inclusive approaches to health governance. This entails creating strategic policy frameworks and ensuring effective oversight, coalition building, legislation, regulation, attention to system design and accountability.[xix]

Women are underrepresented in leadership roles. In 2020, 85% of national COVID-19 task forces had majority male membership.[xx] In 2022, only 22.8% of all ministerial portfolio positions and 26.5% of national parliamentarian positions were held by women globally.[xxi]

To advance gender equality through leadership and governance, and address gender inequalities within leadership and governance, decision-makers must:

- Create enabling legislative frameworks, policies, laws and regulations to implement UHC and health systems strengthening that guarantee gender equality and use a rights-based approach, including for sexual and reproductive health and rights and for gender-based violence.
- Promote gender parity in leadership at all levels of health governance, to ensure the integration of the experiences of women and girls in all their diversity.
- Create safe and enabling environments by identifying and addressing power imbalances and equitably including diverse and intersectional voices and perspectives in health decision-making, at all levels.
- Institutionalize inclusive health governance through social participation mechanisms involving all relevant stakeholders and fostering the engagement of women and girls in all their diversity. Implementing regular, sustained and meaningful social participation strengthens accountability and trust in health systems while ensuring that health policies and services are responsive, equitable and effective.

2. Health service delivery

Health interventions can exacerbate inequalities or create barriers to accessing affordable and acceptable services and care. Gender responsiveness in health service delivery involves addressing intersectional health needs and determinants as well as identifying harmful gender norms and unequal power dynamics in the ways in which services are planned, organized and delivered. Organizing and delivering health services to meet people's needs is best achieved through an integrated approach based on a primary health care (PHC) approach. When effectively implemented, PHC can provide up to 90% of essential interventions for UHC.[xxii] Efforts to eliminate gender discrimination and inequalities within a PHC-oriented health system are critical for advancing UHC, improving population health outcomes, and ensuring the health and well-being of all people.

DID YOU KNOW?

Women and girls still die of preventable causes due to lack of access to essential health services.[xxiii] In low-and middle-income countries in particular, preventable deaths in pregnancy and childbirth, lack of female autonomy, and inadequate or nonexistent access to modern contraception and safe, legal abortion are still prevalent.[xxiv] Men are also affected, as beliefs based on harmful gender norms and stereotypes might deter them from accessing the services they need or lead them to engage in at-risk behaviors.[xxv]

To ensure gender-responsive health service delivery, decision-makers must:

- Ensure the availability, accessibility, affordability, acceptability and quality of health services, which are sufficiently resourced to address the needs and care-seeking behaviors of people of all genders.
- Provide access to an affordable core package of essential health services, including quality medicines. The package should be comprehensive and address all health needs throughout the life course, including the sexual and reproductive health and rights of women and girls.
- Adapt the planning, organization and delivery of services to tackle gender-based barriers to effective use and quality of services. This should be done at all levels, including for national policy, sub-national planning and within health care facilities.
- Audit health services from a gender-responsive perspective to identify the distinct needs of all people related to both sex differences and gender inequalities and to address barriers and discrimination in the design and delivery of health policies and services.

3. Health workforce

Health workers are the cornerstone of resilient health systems, and their demand continues to increase as global health challenges become more complex and the world's population grows and ages. WHO estimates a projected shortfall of 11.1 million health workers by 2030,[xxvi] mostly in low- and lower-middle-income countries.[xxvii] This global shortage must be addressed so that adequate numbers of health workers are available in the right places, in alignment with population needs.[xxviii] Investment in the health and care workforce is also fundamental to guaranteeing equitable access to affordable and quality health services. This entails addressing gender inequality in the health and care sector, including in labor force participation, earnings and working conditions, and continuous learning, to strengthen the workforce and address shortages.[xxix]

DID YOU KNOW?

Women constitute the majority of health workers, holding globally 67% of health worker positions and over 85% of positions in nursing and midwifery[xxx]. Yet they occupy just 25% of leadership roles in the health sector[xxxi] and perform 76% of unpaid care work.[xxxii] They also experience a 24% pay gap compared to men in the health and care sector, a number that is wider than in other sectors.[xxxiii] Furthermore, gender-based discrimination, violence and harassment towards women health and care workers remains an ongoing concerns. Up to 62% of all health workers experience physical violence at some point in their careers.[xxxiv]

To address gender inequality in the health and care workforce, decision-makers must:

- Mainstream gender considerations in Health Labour Market Analyses (HLMA) and health workforce reform processes, including by applying technical guidance and frameworks such as the "WHO Working for Health 2022–2030 Action Plan" and the "ILO–OECD–WHO Working for Health Programme," to support the operationalization of gender-responsive workforce policy, planning and investment.
- Enact and strengthen national laws, policies and initiatives to recognize, reduce and redistribute unpaid care work, and reward and represent paid care work, including by prioritizing the collection and analysis of gender-disaggregated wage data to effectively monitor and address pay inequalities.
- Promote respect for fundamental principles and rights at work for all health and care workers, and support the prevention of violence, discrimination and harassment, including sexual harassment, against health and care workers by implementing safe and gender-responsive complaint, monitoring and reporting mechanisms.
- Align national laws, policies and reforms with WHO technical guidance, including the "Fair share for health and care: gender and the undervaluation of health and care work Global Report" and "Global Health and Care Worker Compact," to strengthen protections for health and care workers, promote gender equity, and ensure decent work across the sector.

4. Health information systems

Health information systems provide the foundation for decision-making through data generation, compilation, analysis, synthesis, communication and use. Quality disaggregated data is essential to understanding and addressing systematic disparities, ensuring access to quality health services, guaranteeing effective coverage, supporting the health and care workforce, improving health outcomes, and reducing financial burdens. Relying only on aggregated data can lead to false assumptions, such as the notion that people of different sexes and gender identities share the same experiences and receive the same benefits. It masks important sex and gender inequalities within and beyond health systems. When data is disaggregated by sex and gender identity, it enhances health information systems by fostering learning, informed decision-making and the design and monitoring of intersectional gender-responsive policies that address health determinants and needs.

DID YOU KNOW?

Presently, there is only 42% of the sex-disaggregated data needed to monitor both the sex- and gender-specific dimensions of the SDGs. At the current pace, it will take 22 more years for countries to make all SDG sex-disaggregated data available, well beyond the 2030 deadline for the SDGs.[xxxv] There's an even wider gap in access to data disaggregated by gender identity, with significant challenges to its collection, including political resistance, laws criminalizing and persecuting gender-diverse people, stigma and discrimination. There is also a lack of awareness and training for data collectors and respondents on gender definitions, gender-sensitive language, and confidentiality.[xxxvi]

To build gender-inclusive and comprehensive health information systems, decision-makers must:

- Collect and use data disaggregated by sex and gender identity to inform decision-making.
- Use data disaggregated by sex and gender identity to engage and effectively communicate with all relevant stakeholders, including civil society and communities, and ensure that the data is effectively used to understand and address gender inequalities in the health system.
- Address gaps and challenges to sex and gender identity disaggregated data through regular government-driven consultations with the public, including with civil society and communities, to close information gaps and understand the impact, or potential impact, of government policies, programmes and budgets on data collection.
- Raise awareness on the importance of disaggregated data and provide adequate training for respondents as well as for data collectors and analysts, including within ministries and statistical offices, to integrate gender perspectives into indicators and data collection efforts.

5. Access to essential medicines and health products

To make progress on UHC, quality and affordable essential medicines and other health products must be available in adequate amounts and in a timely manner. Barriers to medicines and health products at different levels, from individual to international, are interlinked with other health systems issues, leading to restricted, inequitable access.[xxxvii] Moreover, research and development of essential medicines and health products for women tend to be under-prioritized due to women's underrepresentation in decision-making at all levels of health systems. This leads to the unavailability of essential health products and worsened health outcomes. A lack of focus on sex and gender in research and development for medicines and health products increases the risk of unavailability, low quality and inefficacy, as well as the unaffordability of medicines and health products needed by women and girls across the life course.

Diseases and conditions that uniquely or disproportionately affect women receive less funding than male-dominant ones,[xxxviii] and women are frequently underrepresented in research and clinical trials on all conditions, diseases and interventions.[xxxix] This leads to an insufficient understanding of sex and gender differences in disease susceptibilities, drug efficacy and responses to treatments.[xl]

To ensure equitable access to essential medicines and health products, decision-makers must:

- Ensure a focus on sex and gender in research, clinical trials and development of medicines and health products, including by adequately funding research and development for conditions and diseases that uniquely and/or disproportionately affect women, to understand the needs and impact on men, women and gender-diverse individuals, following the Sex and Gender Equity in Research (SAGER)[xli] and the Guidelines for Accurate and Transparent Health Estimates Reporting (GATHER).[xlii]
- Establish and implement a comprehensive and evidence-based list of essential medicines and standard treatment guidelines, including how medical products address different sex- and gender-related needs.
- Build and strengthen supply chains through a whole-of-society approach to improve the availability, affordability and quality of gender-responsive medicines and health products, including for the most vulnerable and marginalized.
- Strengthen the capacity of national regulatory authorities by incorporating a gender-responsive approach when monitoring the availability, accessibility, affordability, safety, effectiveness, quality and rational use of medical products.

6. Health systems financing

UHC is hindered by the lack of gender-responsive health financing policies that protect people from impoverishing out-of-pocket health expenses. The main revenue sources for health systems include taxes, health insurance premiums and user fees. When these sources are not collected in a way that pays explicit attention to gender and other markers of exclusion and discrimination, mechanisms become inadequate, leading to inequitable and inefficient resource allocation, causing unmet health care needs, financial hardship and gender inequality in the health and care workforce, and perpetuating socioeconomic inequity in access to quality essential health services. Each function of health financing in public financial management, revenue raising, pooling, service purchase and benefits requires a gender-responsive approach.

DID YOU KNOW?

Despite similar levels of insurance coverage, women shoulder a higher burden of out-of-pocket health expenses for health services than men, largely due to a lack of or insufficient inclusion of sexual and reproductive health services in health benefit packages. Effective social protection coverage for mothers with newborns is low, only covering 44.9% of the group worldwide.[xliii] Moreover, service coverage of reproductive, maternal, newborn and child health interventions is at 58% among the poorest and 73% among the richest.[xliv] Women also tend to be excluded from insurance schemes linked to employment, contributing to their higher risk of falling into poverty, compared to men.

To ensure gender-responsive health financing, decision-makers must:

- Strengthen public financial management, incorporating a gender lens, including gender budgeting, to close gender gaps and meet the specific gender needs of all, as well as embedding assessments with a gender lens in the routine budget process.
- Increase public revenue sources, involving mandatory, pre-paid and pooled mechanisms to provide coverage for all populations, including women, girls and other vulnerable and marginalized groups.
- Use financial incentives to promote universal, equitable access to quality health services, addressing financial barriers to care for women, girls and other vulnerable and marginalized groups.

Appendix

About this strategic narrative

UHC2030, with support from Women in Global Health (WGH) as a co-convenor of the Alliance for Gender Equality and UHC, and the Partnership for Maternal, Newborn and Child Health (PMNCH), produced this advocacy narrative as a resource to drive advocacy efforts to accelerate progress towards achieving universal health coverage, gender equality and the Sustainable Development Goals by 2030. This paper does not provide normative or technical guidance. It serves as a tool to support advocates, government policy makers, civil society organizations and other stakeholders to push for the implementation of international commitments at the national level, through actions and sustained investments to strengthen gender-responsive health systems. The narrative is intended as an evolving resource, to be revisited over time, as needed, in response to progress and emerging technical guidance.

Development process

The development of this advocacy narrative involved comprehensive desk-based reviews, consultations and structured feedback from diverse stakeholders. WGH conducted a desk-review of academic and gray literature, synthesizing evidence and examples of good practices in building gender-responsive health systems. This research was complemented by three stakeholder consultations held between June and October 2023 to gather insights and feedback on key aspects of gender-responsive health systems.

The first consultation, held in June 2023, was a closed session to identify best practices and key resources. In July 2023, WGH and UHC2030 hosted a multi-stakeholder consultation at the Women Deliver Conference in Kigali, Rwanda, where over 50 participants, mainly from Africa, to discuss strategies for gender-responsive health systems. An online consultation from 25 September to 20 October 2023 gathered input from approximately 60 respondents across various countries and sectors. In 2024, additional rounds of consultations were conducted by UHC2030 with representatives from WHO, the World Bank, and the OECD to finalize the paper. This process also included targeted research, iterative redrafting, and a careful review of WHO technical guidance and internal feedback to ensure alignment with WHO's established positions and terminology.

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Additional resources

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