



141st IPU Assembly

Belgrade (Serbia)
13-17 October 2019



Forum of Women Parliamentarians
Item 5

FEM/30/5-Inf.1
11 September 2019

Contributing to the work of the 141st IPU Assembly from a gender perspective

Sunday, 13 October 2019
11.30 a.m.–1 p.m.

Information Note

I. Arrangements for the debate

Participants will be invited to discuss the draft resolution on the agenda of the 141st IPU Assembly. They will discuss the topic from a gender perspective and issue recommendations on amendments to be submitted by the Forum of Women Parliamentarians to the Standing Committee on Democracy and Human Rights.

To that end, after a brief presentation on the resolution, the Forum will split into two working groups from 11.45 a.m. to 1 p.m. to discuss one of two suggested topics:

Group 1 – Ensuring universal health coverage is responsive to the needs of women and girls	<i>Amphitheatre (ground floor), Building B</i>
Group 2 – Lifting legal, social, economic and financial barriers to women's and girls' access to health-care services	<i>Hall 3/0 (ground floor), Building A</i>

The Forum will designate a chair and a rapporteur for each group based on the recommendations of its Bureau.

At the end of the discussion, each working group will agree on the key areas that its rapporteur will then present at the afternoon plenary sitting of the Forum of Women Parliamentarians.

II. Focus of the debate

The draft resolution focuses on universal health coverage (UHC), which is one of the targets under Sustainable Development Goal 3. UHC implies ensuring everyone has effective access to high-quality essential health services. Such services include health promotion, prevention, treatment, rehabilitation and palliative care. Particular focus is placed on the ongoing process leading up to the UN High-Level Meeting, *Universal Health Coverage: Moving Together to Build a Healthier World*, to be held at the UN General Assembly in September 2019. In this vein, the draft resolution aims to provide guidance to parliaments on specific actions they may take in terms of legislation, budget allocation, accountability and advocacy to achieve UHC.

Group 1 – Ensuring universal health coverage is responsive to the needs of women and girls

According to the World Health Organization, half of the world's population still lacks full coverage of their essential health needs. Women and girls are at particular risk of not receiving essential health services fully and adequately, especially with respect to sexual and reproductive health. In addition, everywhere in the world, gender-based violence leads many women and girls to seek assistance from health services. These survivors need care and support, including confidential, effective and woman-centred health services – that is, organized around women's and girls' health needs and perspectives.

UHC provides an immense opportunity to fill gender gaps and fulfil the unmet health needs of women and girls. In order to fulfil the promise of universality, UHC policies and interventions must be gender-responsive in their scope, design, budgeting, monitoring, staffing and service delivery.

- *What role can women play in UHC governance, design and monitoring?*
- *What are the existing good practices that secure effective access to adequate, high-quality sexual and reproductive health care for all women and adolescent girls, including through adequate educational and preventive measures?*
- *What are the existing good practices that ensure health systems adequately respond to the specific needs of women and girl survivors of gender-based violence, such as sexual abuse, domestic violence and female genital mutilation?*
- *How can parliaments best put in place accountability mechanisms to deliver gender equality in access to health services through UHC?*

Group 2 – Lifting legal, social, economic and financial barriers to women's and girls' access to health-care services

Women's and girls' access to health care is often hampered by gender inequalities, such as women's limited access to resources, legal and de facto discrimination within their families and communities, restricted freedom of movement, and fear of retaliation if they seek redress for violence that has been inflicted on them.

If they are to leave no one behind, health policies must be inter-sectoral, take into account existing gender-related barriers and seek ways to lift them. Health policies must also acknowledge and support the work of community health providers, most of whom are women, so they can effectively provide essential health services to all women and girls.

- *What are the existing good practices that ensure UHC addresses the legal, social and economic barriers to women's and girls' access to health care?*
- *How can health policies best ensure no woman or girl is prevented from accessing health services due to financial factors, in particular when it comes to sexual and reproductive health? How can parliaments promote such policies?*
- *How can health workers, especially community health providers, be best equipped to address the social and cultural obstacles to women's and girls' access to health services, including in the area of prevention?*
- *How can the role of women in the health workforce best be strengthened so as to meet the health-related needs of women and girls?*