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HEALTH SYSTEMS REPORTER: focus on health systems and gender

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produced by the [IDS Health and Development Information](#) team in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [health systems and gender](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

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Feature: health systems and gender

Gender, the socially and culturally constructed roles and relationships between women and men, shape the ways in which health systems are planned, delivered, and experienced by users. Male biases in service provision have resulted in health services which are not necessarily designed to address the full range of health needs and rights of women. Health status is currently being defined more broadly than in the past by international bodies such as the World Health Organization, to include issues previously overlooked - most notably, the physical and psychological injuries caused by gender-based violence, and harmful traditional practices such as female genital mutilation. Increased participation of women as health service providers and planners increases the likelihood that services meet women's needs and rights. To promote accountability and service responsiveness there is also a need to create opportunities for health "users" - different groups of women and men - to feed into the planning and delivery of health services.

The health system itself is a gendered structure. For example from a human resources perspective, gender can affect who is employed, at what level of an institutional hierarchy, their work experiences, their chances of experiencing gender based violence, their degree of job satisfaction, and their chances of promotion. These are important equity issues in themselves and also influence

the quality and appropriateness of services provided for women and men. Mainstreaming gender in health system delivery requires action at multiple levels: defining health services in ways that meet women's and men's multiple health needs; addressing gender imbalances in human resources for health; and integrating gender concerns in health financing strategies and global health initiatives, such as the Global Fund, Sector Wide Approaches, donor harmonisation approaches, and multi-sectoral approaches.

This introduction was written by Dr Sally Theobald, [Liverpool School of Tropical Medicine](#) for the Gender topic area of the Health Systems Resource Guide. Thanks to Hilary Standing, [Institute of Development Studies](#), for advice on this feature.

For more information see:

- The newly revised [Gender](#) topic area on the Health Systems Resource Guide
- The new [Gender](#) topic area on the Health Resource Guide
- [Gender and Health Equity Network](#)

Recommended readings on health systems and gender

What evidence is there about the effects of health care reforms on gender equity, particularly in health?

Authors: Ostlin, P.

Produced by: Health Evidence Network, WHO, 2005

This review article, published by the World Health Organization, assesses the impact of four key health care reforms – decentralisation, financing, privatisation and priority setting – on gender equity in health. It reports that, in many low income countries, rapid decentralisation has led to difficulties in providing affordable, accessible and equitable health services, and may also inadvertently support a more conservative reproductive health agenda. Other findings include that: taxes and social insurance schemes provide the most equitable basis for health care financing; privatisation may worsen gender equity; and some priority setting methods incorporate gender biases, and so underestimate the burden of disease on women.

The article argues that gender equity in health requires that men and women will be treated equally where they have common needs, and that their differences will be addressed in an equitable manner. This should be a consideration particularly in the planning and delivery of services at national, regional and local levels. Decentralisation should be accompanied by a corresponding devolution of authority and adequate human, institutional and financial resources. When health insurance schemes are introduced, they must adequately cover vulnerable and marginalised groups. Other recommendations include protecting the working conditions of health personnel – the majority of whom are female.

Available online at: <http://www.euro.who.int/Document/E87674.pdf>

Gendered health systems biased against maternal survival: preliminary findings from Koppal, Karnataka, India

Authors: George, A.; Iyer, A; Sen, G.

Produced by: Institute of Development Studies (IDS), Sussex, UK , 2005

This Institute of Development Studies working paper examines the persistently high levels of maternal mortality in India. The paper explores the context of pregnant women's lives and the plural health systems they encounter in Koppal, the most deprived district in the state of Karnataka. Findings show that a large number of maternal deaths are preventable. However, the authors argue that addressing the high levels of maternal mortality is not merely an issue of resolving the technical and managerial capacity constraints to ensuring emergency obstetric services. The health system needs to address gender biases which result in a lack of acknowledgement of, and accountability for, pregnant women's needs.

The authors outline how the invisibility and neglect of important women's health issues, such as anaemia, domestic violence, safe abortion and postnatal care, need to be addressed. Women's experiences must be acknowledged and responded to by families, health providers and managers. A network of individuals with gender and public health training needs to be nurtured to make pregnancy safer. Finally, the authors argue that the larger health system needs to be made more accountable. To do this, public concern needs to be aroused to challenge the inequitable ways that it is organised and financed. [adapted from author]

Available online at: <http://www.ids.ac.uk/ids/bookshop/wp/wp253.pdf>

WHO global study on domestic violence against women

Produced by: WHO / World Health Organization (WHO), 2005

This report by the World Health Organization presents a global perspective on domestic violence against women. Covering ten countries including Bangladesh, Peru and Tanzania, the document finds that violence against women is still widespread with far reaching health consequences.

The report covers violence against women in both partner and non-partner experiences. It offers a set of fifteen recommendations to strengthen national commitment and action on violence against women. These include:

- promoting gender equality and women's human rights, and compliance with international agreements
- enhancing the capacity for data collection to monitor violence against women, and the attitudes and beliefs that perpetuate it
- integrating responses to violence against women into existing programmes such as the prevention of HIV and AIDS and the promotion of adolescent health
- developing a comprehensive health sector response to the various impacts of violence against women.

The report concludes that the ultimate challenge is to prevent and eventually eliminate all forms of violence, including violence against women. The immediate task is to support and offer choices to those living in violent situations or who have suffered any form of violence. [adapted from the author]

Available online at: http://www.who.int/gender/violence/who_multicountry_study/en/index.html

The right reforms? Health sector reforms and sexual and reproductive health

Author(s): Sundari Ravindran, T. K.; de Pinho, H.

Produced by: Initiative for Sexual & Reproductive Rights in Health Reforms (School of Public Health, University of the Witwatersrand), 2005

This publication, from the Initiative for Sexual and Reproductive Rights in Health Reforms, pulls together available information on how health sector reform has impacted on sexual and reproductive health services (SRH), and identifies information gaps and advocacy issues. It draws on findings from Africa, Asia and Latin America on financing, public-private interaction, priority-setting, decentralisation, integration of services and accountability in health sector reform.

The authors argue that four principles need to be applied in response to the impact of neo-liberal health sector reform and to promote the provision of quality SRH services based on an equity and rights approach. These are: strengthening state legitimacy and reinforcing good governance; building political will and commitment to a discourse of equity and rights that ensure an inclusive health system; strengthening health systems through the provision of adequate resources and the capacity to manage these resources; and developing constructive accountability and participative mechanisms that facilitate meaningful involvement and advocacy from even the most vulnerable groups. The authors also highlight knowledge and research gaps that need to be addressed, including: context and actors in health sector reform and SRH services; assessing the impact of reform on health systems; and methods and tools for research. [adapted from author]

Available online at: <http://www.wits.ac.za/whp/rightsandreforms/globalvolume.htm>

Sector wide approaches: opportunities and challenges for gender equity in health

Authors: Theobald, S.; Tolhurst, R.; Eley, H.

Produced by: Liverpool School of Tropical Medicine (LSTM), 2002

This resource book, which is composed of papers presented at the Women's World Conference in 2002, explores the challenges that new Sector Wide Approaches (SWAPs) pose to health sector development. The pack is structured around three key questions:

- How can a facilitative institutional environment be created for gender mainstreaming in SWAPs?
- What are the key issues, opportunities and constraints in terms of the involvement of stakeholders in gender mainstreaming in SWAPs?
- What instruments and processes can be used to facilitate gender mainstreaming in SWAPs?

The pack also includes a list of relevant resources for gender, health and SWAPs, as well as two policy briefings which are intended for advocacy and information for a wide health sector audience.

Key lessons learned are identified. These include:

- Developing government ownership of the gender mainstreaming process takes time and a willingness to accept seemingly small steps forward
- There is a need for continual support and advocacy to staff who have received gender training to prevent the “evaporation” of new understanding. More innovative ways of supporting health workers and administrators in a continuous learning process, such as mentoring programmes, need to be explored
- Training needs to be adapted to the local context
- Careful consideration needs to be given to gender-sensitive data collection, both through routine sources and special studies.

Summary written in collaboration with BRIDGE and [Siyanda](#)

Available online at: <http://www.liv.ac.uk/lstm>

Gender: a missing dimension in human resource policy and planning for health reforms

Authors: Standing, H.

Produced by: Human Resources for Health Development Journal (HRDJ), Thailand, 2000

This article takes up the relatively neglected issue of gender in human resources policy and planning (HRPP), with particular reference to the health sector in developing countries. Current approaches to human resources lack any reference to gender issues. Meeting the health needs of women as major users and potential beneficiaries of health services is a key international concern.

This article argues that in order to do this, attention must also be paid to both equal opportunities and efficiency issues in the health sector workforce, given the highly gender segregated nature of occupations in the health sector and the potential for both gender inequity and inefficiency in the use of human resources which this poses. Taking gender seriously in HRPP entails developing appropriate methodologies for data collection, monitoring and evaluation. The paper suggests some basic ways of doing this and provides a framework for incorporating gender concerns in health reform processes. [adapted from author]

Available online at: <http://www.moph.go.th/ops/hrdj/hrdj9/pdf9/Gender41.pdf>

Summaries of other documents in the Health Systems Resource Guide

Priorities for research to take forward the health equity policy agenda

Author(s): WHO Task Force on Research Priorities for Equity in Health; WHO Equity Team

Produced by: Bulletin of the World Health Organization (WHO): the International Journal of Public Health, 2005

This article, from the Bulletin of the World Health Organization, outlines how health research needs to focus on promoting health equity. It argues that research and interventions focus only on the technical, clinical or financial dimensions of health interventions and systems and lose sight of the structural (political and economic) and social dimensions. Promoting health equity requires: integrated action to develop healthier environments; improved access to appropriate universal health systems; and priority interventions and programmes within health systems where the burden of disease is greatest.

The authors argue that there is a growing evidence base on health equity, but a lack of policy-relevant synthesis. In order to support

improvements in health equity, gaps need to be filled in five distinct but interrelated areas: global factors and processes that affect health equity and/or constrain what countries can do to address health inequities within their own borders; societal and political structures and relationships that differentially affect people's chances of being healthy within a given society; interrelationships between factors at the individual level and within the social context that increase or decrease the likelihood of achieving and maintaining good health; characteristics of the health care system that influence health equity; and effective policy interventions to reduce health inequity in the first four areas. [adapted from author]

Available online at: <http://www.who.int/bulletin/volumes/83/12/948.pdf>

Establishing human resource systems for health during postconflict reconstruction

Authors: Smith, J.; Kolehmainen-Aitken, R-L.

Produced by: Management Sciences for Health (MSH), 2006

This paper, from Management Sciences for Health, outlines the Human Resources for Health (HRH) issues during the period of reconstruction in post-conflict countries. The paper draws on examples from Afghanistan and Cambodia. The authors explore the issues of restoring a health workforce and outlines key HRH actions for workforce reconstruction. These include: identifying available staff; developing HRH management structures, systems and capacity; clarifying HRH roles and responsibilities; establishing health worker equivalencies and upgrading skills; supporting civil service reconstruction; and widely disseminating HRH information.

The authors conclude that a well planned HRH approach is necessary. Elements of this approach include: acknowledging the potential severe effects of conflict on the health workforce; prioritising HRH approaches and systems based on the most detailed available evidence; beginning registration of health workers and the establishment of equivalencies as early as possible; the senior political level must be made fully aware of the rationale behind HRH approaches as well as their implications for the health service; and the rationale for HRH approaches and how they will be implemented must also be clearly communicated to every level of national society. The authors also highlight the critical importance of sharing experiences and approaches in post-conflict countries. [adapted from author]

Available online at: http://www.msh.org/resources/publications/pdf/HRH_Postconflict.pdf

China: the intersections between poverty, health inequity, reproductive health and HIV/AIDS

Authors: Kaufman, J.

Produced by: Gender and Health Equity Network (GHEN), 2005

This article, featured on the GHEN (Gender, Health and Equity Network) website, outlines how the intersections between poverty, health inequity and reproductive health, including HIV, affect rural women in China. The author argues that chronic and long term underinvestment in the health sector has created a public health crisis in China today. The weakened health system intersects with poverty and gender inequity which erodes women's right to basic health services. At the same time, as family planning programmes move away from their historically coercive practices (one child per family policy), the health system is increasingly unable to maintain basic access to provide for maternal health or the new challenges to women's health posed by HIV.

The author outlines how in recent years, there has been a shift back towards social investment in health and education. However, despite acknowledgements of rural health inequities, efforts to overhaul the health insurance system have focused on financing for curative care and most attention in health reform has been focused on the "for profit" hospital system. Weaknesses in the public health system and prevention services continue to receive little attention. The author warns that this will not address the many health threats to poor, rural Chinese women. [adapted from author]

Available online at: <http://www.ids.ac.uk/ghen/resources/papers/KaufmanChinaHealthSystem.pdf>

Implementing a sector wide approach in health: the case of Mozambique

Authors: Martinez, J.

Produced by: HLSP Institute, UK , 2006

This paper, from HLSP Institute, explores the experience of sector wide approaches (SWAps) in Mozambique. The paper considers

how the key elements of the SWAp have been developed, how processes and mechanisms are working now, and what the successes and challenges are. Challenges include that the health strategy does not focus enough on sector priorities, is too broad and centralised, and lacks a coherent policy dialogue framework. Other issues include: fragmentation of health sector financing; a lack of systematic follow up to regular reviews; a lack of availability and poor quality of indicators; and the persistence of high transaction costs due to multiple disease interventions.

The paper concludes that while structures, processes and outputs linked to the SWAP need to be in place, they do not guarantee its successful implementation. Attention needs to be placed on: the quality of the policy dialogue; enabling the government to exercise leadership without overburdening it; and ensuring that all development partners play and abide by the same rules. The author emphasises that in a rapidly changing health policy and financing environment, leadership, drive, coordination and mutual accountability require constant efforts and renewed commitments from all parties.

See the complete list of new additions, announcements, job adverts at: www.eldis.org/healthsystems/

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- Health Resource Guide - www.eldis.org/health
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The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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