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Statement submitted by Women's Health and Education Center, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

Our initiatives for achieving Universal Health Coverage based on concepts of equity and reducing poverty – A Concept Note

Where there is an implicit logic that the Sustainable Development Goals (SDGs) interact with, and depend on each other, there is little consideration on how this works to support more coherent and effective decision-making to better facilitate monitoring, evaluation and evidence-informed action. It has been estimated that at least half of the world's 7.3 billion people do not receive the essential health services they need, with sustainable unmet need for a range of specific interventions. SDG target 3.8 on achieving Universal Health Coverage (UHC) aims to ensure that all people have access to quality health services, while also protecting against exposure to financial hardship. Financed by domestic public sources, UHC is a key strategic priority for strengthening health systems, and for the equitable and effective provision of needed, available, affordable and gender-sensitive health and social care. The Women's Health and Education Center's (WHEC's) advocacy programs focus mainly on Sustainable Development Goals (SDGs) 3, 4, 5, 10 and 17.

Health-systems themselves are not gender-neutral. The role of gender within health systems relates to concepts of UHC, pathways of acre including impact of gender stereotypes and gender-related stigma that drive inequalities, principles of accountability and inclusivity, and the gendered experience of health workforce itself. However, there are concerns that decision-makers in the global health system are not well-prepared to understand, and effectively respond to, the structural, social, commercial and frequently gendered determinants of the major emerging burdens of disease. This is especially true of those determinants associated with environmental degradation, poor urban planning and unstainable patterns of consumption.

The Women's Health and Education Center (WHEC) promotes these gender-transformative approaches in SDGs to improve health:

1. Move beyond equating gender with women. Global, national and local health policy needs to take account of how the roles, behaviors, activities, attributes and opportunities of males and females are based on different levels of power.

2. Adopt a holistic approach to analysis and action on gender. This approach will intersect with three domains of health: social determinants; health-seeking behavior, and service delivery and health-system responses, and hence across the 2030 agenda for sustainable development.

3. Invest in more gender analysis of sex-disaggregated data, alongside other stratifies of social and health inequality. Global health journals should encourage authors, writers, and editors to include a gender analysis of sex-disaggregated data, including how the social construction of masculinities and femininities shape men's and women's health.

4. 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 of ensure gender parity, increased leadership roles for women and decent conditions of work for all.

5. Break down the isolated policy structures between different government sectors and programme areas and build a broad multi-stakeholder coalition for gender of global health. Such a coalition will aim to transcend narrow disease-focused approaches and engage more with civil society and with policymakers beyond ministries of health.

6. Support transparency and accountability mechanisms at the country level. This can be done through strengthening a gendered health focus in voluntary national reviews, United Nations development assistance frameworks, and national health sector plans and programs, building on the approach developed by Global Health 50/50.

Realizing the right to health and well-being of all people by acting on existing gender inequalities and their complex determinants is challenging. There is a tendency for government departments and development partners to take ownership of particular goals. We all at WHEC believe, adopting this agenda will accelerate progress for all people, in all their diversities, to realize to their fullest potential, their right to health and well-being across their life course.

Efforts of WHEC in the provision of Integrated e-Health Care

Key Initiatives

- Demographic change, rising incidence of chronic disease and unmet needs for more personalized care are trends that demand a new, integrated approach to health and social care. Professionals must work across sections as a team with common goals and resources to deliver a coordinated response to each individual's care requirements. Advanced information and communication technology (ICT) provide a major new opportunity to realize care integration, superseding today's chain of disjoint responses to discrete threats to health.
- Telehealth, the provision of care at a distance, is a key component in future integrated care. Today's segregated telehealth applications still require linking into more comprehensive e-Health strategies, in which clinical pathways and service delivery processes are fully coordinated and data safety shared. An increasingly solid evidence base is emerging indicating that telehealth can be used effectively to respond to the growing call for improved care, in particular for those with chronic conditions. Mainstreaming remains a challenge; market forces alone are likely to remain sufficient.
- Making the case for investment in telehealth applications requires better marshalling of existing evidence, not only to show that telehealth works, but also to show where – in what organized context – it will work. Evidence from large-scale pilots and few mainstream implementations requires careful synthesis, taking particular account not only of clinical dimensions but also of indicators relating to successful deployment in normal care; change management, human resources, organizational interfaces, financing requirements, technology integration and ethics for everyday practice.
- Financial flows in health systems must be critically assessed for their ability to act as incentives or disincentives for telehealth provision, acknowledging that the "business case" for telehealth is often very different for different players. Medico-legal and regulatory regimes can also pose critical barriers to the exploitation of telehealth. The various regimes should be compared to identify best practice and opportunities for regulatory and legislative reform, so as to facilitate better integrated care through the use of telehealth.
- The use of telehealth, as a tool to help support better integrated care, can be helped through initiatives that bring policy responsibilities together. This could include setting up financial and organization vehicles (joint budgets, joint ventures) to support partnership across sectors.
- To bring about change, mechanisms should be put in place to foster dialogue, thereby instilling a sense of partnership in reform and reducing resistance to change. Process innovation driven by clear health policy priorities should

precede telehealth design – technology on its own cannot be expected to deliver. Change management must fully engage all involved participants. Full attention to ethical issues should be mandatory and the usability and interoperability of today's ICT systems can, and should be, much improved.

Join the initiatives!

We welcome everyone.