



ACCESS TO HEALTH SERVICES

CHAPTER 5

Women are receiving inferior treatment and unequal access to health care. Their specific needs (owing to both biological and cultural factors) have not been attended to, and the barriers that prevent them from accessing services have been left unchallenged. The problem of substandard and inadequate health care is perhaps most pronounced for rural women and other marginalized groups of women whose communities are already poorly served.

Gender inequality in health care is taking numerous forms in the pandemic. Women may not be perceived to be equally entitled to health care resources, and their needs may be made secondary to those of their male partners and children. Female controlled methods of prevention may not be available or affordable, drug trials may focus on men, and access to anti-retrovirals may be channeled primarily through formal sector employment. Proper diagnosis may be frustrated by the failure to recognize the symptoms most prevalent for women. If health care has been privatized or the State ceases to fund it adequately, family resources can be exhausted to pay for men's treatment, with nothing left when women fall sick, even for palliative care. Barriers may prevent women from accessing whatever health services the State does provide. Where HIV positive women are stigmatized, and where their privacy is not protected, they may be reluctant to seek testing and treatment. In countries where *purdah* is practiced, women may be excluded from public space and from contact with men outside their families, so that long distance travel and the dearth of female staff in medical facilities become insurmountable obstacles.

RESPONDING WITH CEDAW

The Convention's articles on access to health care services and on rural women address the elimination of inequality in these areas. The CEDAW Committee's General Recommendation on women and health has articulated a number of specific State obligations to realize women's right to health.

In addition to the broader measures needed to guarantee women's right to health, States parties to the Convention should consider specific measures relating to HIV/AIDS, including to ensure: greater availability of affordable female-controlled methods of prevention, such as female condoms and microbicides; availability of anti-retroviral drugs and treatment for opportunistic infections on an equal basis; elimination of cultural and other barriers so that services are more accessible; equitable financing of HIV/AIDS prevention, treatment and palliative care for both men and women; and the provision of adequate health care facilities and HIV/AIDS information and counselling to rural women.




WHAT THE CONVENTION SAYS

- Article 12 requires States parties to take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, **access to health care services, including those related to family planning.**
- Article 14 requires States parties to take the problems faced by rural women into account and, in particular, to **ensure rural women the right to have access to adequate health care facilities, including information, counselling and services in family planning.**
- In its General Recommendation on HIV/AIDS, the CEDAW Committee has recommended that **programmes to combat HIV/AIDS give special attention** to the factors relating to **women's reproductive role** and their **subordinate social position** which make them especially vulnerable to HIV infection.
- In its General Recommendation on women and health, the CEDAW Committee has recommended that States parties implement **comprehensive national strategies to promote women's health**, including interventions aimed at both the prevention and treatment of diseases and conditions affecting women, as well as responding to violence against women, and ensuring universal access to a full range of high-quality and affordable health care, including sexual and reproductive health services.
- In this General Recommendation the CEDAW Committee has recommended that States parties **allocate adequate budgetary, human and administrative resources** to ensure that women's health receives a share of the overall health budget comparable with that for men's health, **taking into account their different health needs.** The Committee has also expressed its concern about the transfer of health functions to private agencies, and has stated that States parties cannot absolve themselves of their responsibilities in relation to women's health by delegating these powers.



- In this General Recommendation the CEDAW Committee has recommended that States parties place a **gender perspective** at the centre of all policies and programmes affecting women's health and **involve women** in the planning, implementation and monitoring of such policies and programmes.
- In this General Recommendation the CEDAW Committee has requested States parties to report on the measures they have taken to **eliminate barriers that women face in gaining access to health care services**, and measures they have taken to ensure women timely and affordable access to such services. The barriers the Committee identified include requirements or conditions that prejudice women's access such as high fees for health care services, the requirement of preliminary authorization by a spouse, parent or hospital authorities, distance from health facilities and absence of convenient and affordable public transportation.
- In this General Recommendation the CEDAW Committee has requested States parties to report on policies and measures that address the health rights of women from the perspective of **factors that differ for women in comparison to men, such as the need for confidentiality**. The Committee notes that while lack of respect for confidentiality of patients will affect both men and women, it may deter women from seeking advice and treatment and thereby adversely affect their health and well-being. Women will be less willing, for that reason, to seek medical care for diseases of the genital tract, for contraception or for incomplete abortion, and in cases where they have suffered sexual or physical violence.
- In this General Recommendation the CEDAW Committee has requested States parties to report on measures taken to **ensure access to quality health care services, for example, by making them acceptable to women**. The Committee noted that acceptable services are those which are delivered in a way that ensures that a woman gives her **fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her**



needs and perspectives. States parties should not permit forms of **coercion**, such as non-consensual sterilization, mandatory testing for sexually transmitted diseases or mandatory pregnancy testing as a condition of employment that violate women's rights to informed consent and dignity.

- In this General Recommendation, the CEDAW Committee has stated that States parties must provide reliable **sex disaggregated data** on the incidence and severity of diseases and conditions hazardous to women's health and nutrition, and on the **availability and cost-effectiveness of preventative and curative measures**, in order to enable the Committee to evaluate the adequacy of measures taken in relation to women's health.