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Statement submitted by International Federation of Medical Students’ Associations, 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.



Statement

The International Federation of Medical Students' Association acknowledges and applauds the current efforts being done across sectors to address the impacts of poverty on the health of women and girls, as well as funding programs and running institutions with a gendered perspective. However, the reality is that we are still far short in all three of these areas. Poverty continues to disproportionately harm the health of women and girls, leaving them significantly more vulnerable than men. Furthermore, there is an extreme lack of funding and resources directed to matters that disproportionately affect women and girls such as combating harmful traditional practices, providing sustained education, access to safe abortions, and healthcare screening programs. There also exists significant institutional inequities within healthcare research and academia, with a substantial underrepresentation of women in high-level leadership positions and a prevalent gender wage gap within the healthcare sector at large. Ultimately, the International Federation of Medical Students' Association calls for specific measures to address each of these three key areas as a means of empowering the health and the livelihoods of women and girls worldwide.

Firstly, health outcomes have been proven to be closely correlated with one's socioeconomic status - with worse financial resources comes barriers to access decent nutrition, dignified living environments, and adequate healthcare when needed. Women and girls who are in poverty often have poorer health outcomes due to multiple and intersecting reasons. They often cannot afford preventive services such as breast cancer screening and human papillomavirus vaccines and treatments for advanced diseases. Additionally, they are more likely to be subjected to gender-based violence, especially harmful traditional practices such as child marriage and female genital mutilations. Many harmful traditional practices are rooted in social norms and often exacerbated by poverty with 40 per cent of women in countries with the world's lowest income being child brides, according to UNICEF. Last but not least, worsened poverty often limits women and girls' access to education, which further impacts their health literacy and understanding of self-care.

Furthermore, we need to ask ourselves whether the development of our health system, particularly its funding, adequately considers and addresses the specific needs of different genders. Today, 10 per cent of menstruating youth are missing school due to the lack of access to menstrual products; unsafe abortions constitute 14 per cent of abortions in Africa, and out of 2 million unsafe abortions performed in Indonesia every year, 30 per cent are performed on adolescent girls; 16 years after the introduction of the human papillomavirus vaccine, more than 80 per cent of women and girls around the world are still not vaccinated against human papillomavirus. This lack of financial commitment to provide and sustain reproductive cancer care such as human papillomavirus vaccination, screening measures, and treatment has detrimental impact on breast and cervical cancer mortality, morbidity, and expenditure. The heavy health and economic toll of gender-based violence, period poverty, obstetric violence, and unsafe abortion are far-reaching and unacceptable. The brutal data behind every single inequity shows us how inefficient all the previous societal interventions have been at directing funding and resources to optimize the health of women and girls and the care they receive. Hence, the International Federation of Medical Students' Associations reaffirms that an intersectional approach that's gender-responsive and gender-sensitive to Universal Health Coverage.

Over the past few years, we have also learned how systemic inequities can be exacerbated by public health emergencies. During the COVID-19 pandemic, gender-blind responses put into place disempowered women, placing them in a more

vulnerable state to unemployment and gender-based violence and making them arguably the group most affected by the crises. Times of crises have always disproportionately affected impoverished women and girls. Thus, the International Federation of Medical Students' Associations reiterates that incorporating gender perspective in strengthening institutions and financing within the overall health emergencies preparedness and response as an essential measure to minimize the health, social, and economic impact of any crisis on gender minorities. We need to ensure out-of-pocket expenditure for healthcare of women and gender minorities is kept at a minimum for both emergency and essential services by allocating substantial sufficient and sustainable domestic financing and building a transparent platform for international aid through direct donation and development assistance.

Gender disparities in professional leadership are a further issue that needs to be addressed, particularly within the healthcare sector. When analyzing the presence of women in the leadership structures of scientific societies and healthcare professional associations, it is observed that, despite governments enacting laws aimed at achieving gender equality, the so-called 'glass ceiling' in the healthcare sector persists. Even though women make up to 50 per cent of these scientific societies, only 5.4 per cent of them hold positions on the board of directors. Furthermore, public health emergencies like the COVID-19 pandemic have led to a deterioration of working conditions for healthcare professions, which are predominantly women, exacerbating these inequalities on a societal level.

Understanding the healthcare sector as including health centers, clinics, and hospitals, 67 per cent of the positions are occupied by women. However, according to data provided by the World Health Organization, women earn around 20 per cent less than men, and it is recognized that the gender-based wage gap is even greater in the healthcare sector compared to other fields. Not only just in the healthcare sector, in our own communities, women have contributed to the overall health of our society as they take on 75 per cent of unpaid domestic work. However, many people remain oblivious to their contribution and fail to direct to them the resources and support they are entitled to.

Therefore, the International Federation of Medical Students' Associations calls for:

Member State Governments:

- To expand and strengthen Universal Health Coverage legislation and regulations, setting clear targets responsive to the needs of gender diverse people.
- To emphasize gender equity, redress gender power dynamics and ensure women's and girls' rights as foundational principles for Universal Health Coverage.
- To increase fundings to healthcare services such breast cancer and cervical cancer screening and human papillomavirus vaccines.
- To prioritize implementing universal antenatal sexually transmitted disease screening and treatment by funding increased laboratory capacity and securing antibiotic and antiretroviral drug supply chains.
- To adopt gender-sensitive laws and policies on access to healthcare services and discrimination based on gender in healthcare settings.
- To allocate funds to the menstrual health program and recognize that menstrual products are essential commodities worthy of tax exemption.
- To implement women-friendly policies in the workplace, such as granting both parents equal and adequate parental leave and childcare services.

- To ensure government employees receive equal remuneration for equal work, irrespective of gender, and moreover promote equal pay in all non-governmental sectors
- To mandate employers to implement sexual harassment prevention policies.
- To create laws that enable the compatibility of work and motherhood without the risk of exclusion.
- Address the glass ceiling as a real and structural difference present in our society and stimulate post-pandemic recovery for the working environments of women

Civil Societies and All International Agencies:

- To provide technical support to governments in incorporating gender lens within national Universal Health Coverage strategies and implementation.
- To coordinate international cooperation and dissemination of best practices in incorporation of gender perspectives in Universal Health Coverage implementation.
- To advocate for and work alongside women and non-cisgender people when developing and implementing policies, programs and research.
- To advocate for wage and working conditions equality for women in the healthcare sector, encompassing awareness-building efforts and support for organizations and actions aimed at eliminating existing disparities.
- To direct humanitarian aid to women and girls during public health emergencies and crises to ensure their safety and health.

The Health Sector:

- To provide women and girls with care and services that are gender sensitive and establish a welcoming environment for all patients.
- To assist women and girls in poverty struggling to obtain care to seek financial assistance from public and private means.
- To actively seek training and self-educations on recognizing signs of gender-based violence, including intimate partner violence, female genital mutilation, and child marriage.
- To increase research and data collection to better understand the health needs of women and girls from socio-economic groups and share the results with healthcare providers.
- Conduct studies that depict the reality of the gender wage gap and working conditions disparity existing between men and women in the healthcare sector, and develop strategies led by women to address these differences.
- To understand the effects COVID-19 has on the employment of women and support women workers on mitigating the challenges they face in their workplace and communities related to COVID-19.