



MMS Bulletin #94

Wenn Frauen selbst bestimmen könnten...

Campaign on Women's Access to Health Health for All - Health for Women

Women have a right to health, which includes physical and social access to health services as well as "enabling conditions" that are essential for women to enjoy good health. International and national policies that result in greater poverty of populations and growing inequality between rich and poor, men and women, have a direct impact on women's possibilities to stay healthy and enjoy their sexuality. Women's rights to health cannot be fulfilled if sexual and reproductive rights are not addressed.

Reproductive rights are a series of rights that enable all women - without discrimination on the basis of nationality, class, ethnicity, race, age, religion, disability, sexuality or marital status to decide whether or not to have children. This includes the right of access to safe, legal abortion. Reproductive rights are basic rights.

Women's Global Network for Reproductive Rights (WGNRR) strives for women's right to self-determination in keeping with their freedom, dignity and personally held values. Transforming social, political and economic conditions are part of the reproductive rights agenda so that all women are able to fully enforce reproductive rights.

The Campaign

From 2003 to 2005 the WGNRR Coordination Office coordinates the Women's Access to Health Campaign, in close collaboration with the Peoples Health Movement (PHM). The campaign will focus on the specific objectives laid down in the Alma Ata Declaration of 1978 for the implementation of Health for All by the Year 2000 and show within that framework the missing themes vis-à-vis women's health. We will in this way not just highlight the failure of the implementation of the Alma Ata Declaration, but also show our solidarity with the concept of primary health care which is the larger theme taken up by the People's Health Movement for the next few years.

The campaign slogan is Health for All - Health for Women. The core demand is that primary health care be provided for all people and peoples everywhere, taking into account, in theory and practice, women's reproductive and sexual health needs.

Background

Health for All is really being pushed back by health sector reforms and privatisation with disastrous result in terms of women and children's lives. We therefore need to take up the call for the inclusion of a focus on women's health within the framework of primary health care. This is an important means to reach out to as many people as possible both rural and urban and the underprivileged everywhere who are currently excluded from any care at all.

Since 1993 the World Bank (WB) has taken a greater role in the development and the implementation of health policies for developing countries, whereas the role of the World Health Organisation (WHO) has been diminished. Government health policies, with the support of WHO and the WB, have been redirected to focus on privatisation, cost-effectiveness and the development of public-private partnerships in the provision of health care. This development has dramatically affected people's health in poor countries and specifically women's health. We find that under the prevailing circumstances governments have had little to say in protecting the needs and interests of their people since they are or claim to be dependent on the Bank for loans and hence have to agree to the conditions placed by this institution.

Over the years governments and religious fundamentalists have denied women's right to make decisions central to their lives. They have done this by implementing policies that are more in the interest of private businesses and cost-effectiveness and less in the interest of equity and quality for all. Religious fundamentalists have been able to influence policy makers with patriarchal attitudes related to women's sexual and reproductive lives. The right to health also eludes many women who because of deeply internalised subordination and the absence of enabling conditions, fail to claim this entitlement.

Women's right to health has to be addressed by comprehensive primary health care systems and comprehensive social and economic policies all over the world. Our campaign will focus on getting women's needs highlighted at all levels of health policymaking and programmes.

Focus on women's access to health

We have purposefully chosen to focus on the campaign on women's access to health i.e. not on health services. Although we find health services very essential, they cannot in and of themselves ensure women's health and reproductive and sexual rights. While we wish to address women's needs for basic services that include reproductive and sexual rights, we also want to address the enabling conditions that are essential for women to enjoy good health. International and national policies that result in greater poverty of populations and an ever-growing gap between the rich and the poor, as is currently the case, have a direct impact on women's possibilities to stay healthy or enjoy their reproductive and sexual rights.

Under the banner of reproductive and sexual rights there are several issues that interlink with women's status and affect their health detrimentally. For instance women are more likely to be infected with the HIV virus than men in sexual encounters; pregnant women are more exposed to the risk of domestic violence; women are less likely to demand and receive health care until they become seriously ill.

Some of the issues the women's movement has been demanding attention for over the years are: Violence against women; maternal mortality and morbidity; abortion rights and services; sexually transmitted diseases; HIV-AIDS and PHC; communicable diseases like TB and malaria; need for safe and effective, woman friendly contraceptives and policies not driven by population control. Some aspects of these problems and illnesses have received some attention within what existed as primary health care in many countries. For instance in Argentina and several other countries up until the mid-1990s pregnant women did have the possibility to have antenatal check ups during their pregnancy; a certain amount of maternal and child care was provided for by health care centres world-wide; free treatment for TB and malaria were offered and programmes were set up to distribute oral rehydration therapy in case of diarrhoea. Above all in many parts of the world free contraceptives were provided in the effort to reduce the birth rates, as part of population control programmes. In fact in the context of India and Bangladesh the complaint has been that primary health care centres often may not have antibiotics to offer clients but definitely have hormonal contraceptives that are highly questionable in terms of their effects on women's health.

Broadening the Campaign

We work with our members to develop the campaign and the related annual Calls for Action. We broaden the campaign to include other social movements that may not have women's health and reproductive and sexual rights as a central focus. We believe that including a wider range of groups will build solidarity and strengthen our demands of reversing inter(national) health and other policies that have a negative impact on women's reproductive and sexual health and rights and women's access to health and to health care. In particular we are linking with the Peoples Health Movement (www.phmovement.org) and co-ordinating a PHM working circle on the issue of women's access to health.

** The Women's Global Network for Reproductive Rights (WGNRR) is an autonomous network of groups and individuals in every continent who aim to achieve and support reproductive rights for women. This article is based on information on their website. Contact: www.wgnrr.org*

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