

Palestinian National Policy for Women's Health

**Recommendations Presented by:
The Palestinian Coalition for Women's Health
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The creation of the Coalition for Palestinian Women's Health is a testimony to the benefits of coordination and cooperation among institutions and sectors involved in providing basic health services in the West Bank and Gaza Strip. The challenge facing the Palestinian nation is enormous. On the one hand, the nation is just beginning to emerge out of 27 years of military rule, during which time distortions in the medical and health care system and dependence on Israeli medical care reduced services to an inadequate level. Yet, despite these seriously constrained conditions, Palestinians succeeded to build a sizeable health services infrastructure, in addition to substantial experience in operating medical and health care facilities against all odds. On the other hand, this is the phase of national rehabilitation and construction. During this period, Palestinians are expected to rehabilitate their various systems quickly and efficiently. However, this must not be achieved at the expense of longer term development objectives. In this context, it is crucial that any upgrading of existing health care facilities takes into consideration longer term goals and people's aspirations. This is precisely why it is so important now to adopt policies that are compatible with future sustainable development, and not only immediate rehabilitation needs.

For women, the principle concern is ultimately the receipt of services that are compatible with their needs, the rapid change in their roles in the public sphere, and their socio-economic and cultural context. The rehabilitation of health services must not take place without including these elements into overall policy formulation and planning. This is a requirement for the future development of the health care system as women compose 50% of the Palestinian people, and because by and large, their needs and aspirations are often forgotten, except for their roles as biological reproducers.

Women are biologically more at risk of getting sick and dying than the rest of the population, mainly because of childbearing and lactation. Furthermore, women at all ages are at higher risk of getting ill because they are socially, economically, legally, culturally and politically excluded. At the same time, and because of the demographic and epidemiological transition that Palestinian society is going through, women also are beginning to live longer, requiring increasing attention and health care service provision in older age. Yet, despite these influences that can contribute to the presence and exacerbation of different diseases, and not only those related to maternal health, health care services in this country today continue to be primarily shaped by the health needs of women as mothers - prenatal or maternal and child care - to the exclusion of other important aspects of service provision that women need in order to achieve the healthy

state.

The following collectively delineated policy recommendations hope to bring out the need to upgrade women's health services by first rethinking women and their roles in society as more than just biological reproducers, and consequently re-defining their health needs and aspiration in realistic and satisfactory ways . It is only then that the Palestinian medical and health care system would have the possibility of truly fulfilling women's health needs.

Fundamental Principles

- X It is crucial that **health is defined as the sum total of the physical, mental, psychological and environmental well being of all people**. It is also crucial to define **women's health as the sum total of all these above factors, and related to the general socio-economic and environmental context within which women live**. Furthermore, women's health must be viewed from the **life cycle perspective**, and not just in terms of women as biological reproducers. This definition allows for the integration of the health needs of women, beginning with childhood all the way to old age, and in relation to their life experience, and their physical, mental, social and environmental needs.
- X Palestinian health policy should be based on the **principle that people's and women's good health and quality health care are fundamental human rights for all, as opposed to health care to alleviate poverty, or health care only for specific 'disadvantaged' groups within the population**.

Policy Decisions

Several key policy decisions and programme implementation procedures must be adopted together in order to ensure the upgrading of the present health care system in ways that can fulfil women's health needs. Those include:

- X General health policy that recognizes health as a social construction and not only a biological phenomenon.
- X Specific health policy that defines women's health in relation to women's comprehensive role in society, and not only as biological reproducers.
- X Policies and implementation procedures to translate these principles into new programmes for women's health and upgrade old ones.
- X Legal policies that can guarantee the implementation of national level health

objectives.

- X Policies to guarantee the inclusion of women's views and aspirations into the decision making and managerial structures, increasing access of women health professionals to decision making, policy, and managerial positions within the health services and related areas.
- X Policies to improve the technical and managerial skills of women working in the health sector.

Accordingly, specific health policy recommendations include:

- X In order that specific entitlements for health care would include a broad and more adequate range of women's needs, and not just maternal and child health care, **plans must be developed to implement health care projects that cater to the needs of women at different stages of their life cycle.**
- X In order to ensure that women's health policies are operationalized through the different spheres of life and implemented effectively and with quality¹, **forging the needed linkages between the health sector and the other sectors, such as the legal, educational, employment, housing, entertainment and recreation, social entitlements, and environmental sectors** . It must be recognized that health care is not limited to the boundaries of the clinic and the hospital. Therefore, linkages with other sectors are important in order to ensure that women's needs are taken into consideration, especially during the development phase taking place in this country, and also in the longer term.
- X **National health care insurance and social security benefits must include women working within the domestic sphere and women whose work is non-remunerated, irrespective of the work of their husbands or their marital status, and as a matter of their fundamental human right.** This requires an acknowledgement of the value of the work of women within the home.
- X **Reviewing and enforcing good medical standards, as those relate to quality women's health care delivery,** through the collective and participatory development of standards, protocols and quality control mechanisms reaching especially the private sector.
- X Through the collective and participatory development of a rational drug policy and rational drug list for the country, **regulating medication administration to women,**

¹ Quality health care is defined as health care that is accessible, affordable, scientifically and technically skillful and administered with dignity.

especially dangerous medications such as hormonal therapy, anti-depressants and medications used for family planning with potentially dangerous side effects.

- X To ensure that developed plans and implemented health projects reflect national health policies and regulations vis a vis women's health, and women's rights within and outside the workplace, **generating collectively an effective monitoring and evaluation systems for health care delivery.**
- X In order to inform future development of health policies, and to update existing policies and plans, **regularly conducting research and investigations in the area of women's health.**
- X **Developing the policies and implementation procedures to require that any research or investigation would include de-aggregated data elaborating the differences between men and women,** not only in health research and investigation, but also all other statistical data bases or research conducted by the authorities.
- X Developing the policies that require the Unions to participate fully in mechanisms of quality control relating to women's health.

At the programme level:

- X **Institutionalizing the development of specific quality care programmes for women's health,** including care of infants, teenage health, pre and post natal care, women's health care in adult life, menopausal care, post menopausal and older women's health care.
- X **Developing specific programmes, especially within the primary health care sector, for mental health, home visiting, health education, life cycle education and counselling as a component in all these programmes.**
- X **The notion of dignity for women and the understanding of their needs during the provision of health care should inform the entire health care delivery process.**
- X To adequately deal with battering, abuse and harassment of women **developing the support systems and linkages among the health, legal and social spheres at all the levels of health care - primary, secondary and tertiary .**
- X Given that family planning is a social responsibility, and not only the responsibility of women, **institutionalizing the development of family planning services, including fertility care, at all the levels of health care, especially the primary care level.** This also requires the development of the needed system for referrals.

At the legal level:

- X In line with the definition of physical and mental maturity allowing for the right to elect at age 18, **developing laws which aim at banning all marriages under the age of 18 for both men and women.**
- X **Developing laws which aim at banning discrimination against married women and women with children in the workplace, in health care institutions and within professional unions.** Discrimination against women is found in the Jordanian law as well as professional union laws and regulations. This should include the right for women health care workers to receive the same benefits for themselves and their families, as men do through their workplace. Such benefits include child support, health care insurance etc.
- X **Developing the laws and regulations needed to allow for gradual and well planned nation wide development, urban and rural, with the perspective of preserving the environment.**
- X **Developing the laws, documentation procedures and legal and institutional regulations to ensure professional dealings and**
- X **Supporting legal institutions and to support women's issues in health related matters.**

At the level of developing and integrating women as equals at all levels of health care delivery, including the decision making level:

- X **Establishing policies of equal pay for equal work, regardless of gender, for all the levels of government and its activities,** encouraging non-governmental organizations and international aid agencies to do the same.
- X **Developing national level policies and programmes to encourage women health professionals to reach decision making and policy levels especially within the health care sector.** This should be achieved through the generation of specific programmes of upgrading, training, equal opportunity and support, in addition to the development of specific equal opportunity policies for the employment of women in ministries and all governmental health institutions, and the encouragement of non-governmental organizations, and UN and other international organizations working in the country to follow suit.
- X **Introducing educational and financial policies and programmes to encourage women to study medical and health related subjects, and not only those traditionally expected from women.** This includes working closely with the

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educational authorities to encourage women to think of careers in medical and health care provision.

- X **Introducing specific programmes that would encourage women health professionals to specialize and upgrade their knowledge and skills in health related subjects.**
- X **Encouraging women health professionals to work within the health sector by offering opportunities that are compatible with motherhood.** Such encouragement would include mandating 3 month maternity leaves, provision of time during work for breast feeding, job sharing, flexible and part time employment, and especially the provision of child care facilities within health care institutions.
- X **Developing a system of positive incentives to encourage employers to hire women at all levels, including decision making and managerial ones.** Such incentives include tax breaks, financial and technical support including scholarship provision and preference in contractual agreements.
- X In order to absorb the emerging need for women's quality health care, through financial, educational and programmatic schemes, **promote the training of new and/or needed types of human resources, especially midwives, women physicians and counsellors.**

