

GENDER EQUALITY IN THE HEALTH CARE SECTOR

CRB
project

Gender responsive
budgeting in Ukraine

 MINISTRY OF
FINANCE OF
UKRAINE

 Sweden
Sverige



Kyiv
2018

This publication was prepared within the framework of the **Project "Gender Budgeting in Ukraine"**. The project is implemented with the financial support of Sweden.

The publication is based on the results of the gender budget analysis of programs funded from the state and local budgets in the health care sector that was carried out by the Working groups on gender budgeting in Zhytomyr, Ivano-Frankivsk, Cherkasy, Vinnitsa, Sumy, Poltava, Zaporizhzhya, Zakarpattya, Kherson, Chernivtsi, Mykolaiv, Kyiv oblasts and Kyiv city.

GRB is a comprehensive gender approach in the fiscal policy and budget process at the state and local levels, which includes the allocation of budget funds on a gender-responsive basis.

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1. Introduction

This report provides a review and critical analysis of gender equality issues in the health care sector that were disclosed in gender budget analysis of budget programs in Ukraine in the period 2015-2017. It rests on the data presented in reports of the Working groups that consist of public officials from Oblast State Administrations, health care institutions, regional statistics departments and the State Statistics Service of Ukraine. The publication also is based on research data, government documents and other sources. Gender budget analysis was done under leadership of the Ministry of Finance of Ukraine, under comprehensive reform to introduce gender budgeting in Ukraine. Gender budget analysis was performed by civil servants, led by Financial Departments of the Oblast State Administrations, and with support of gender budgeting experts of the “Gender Budgeting in Ukraine” Project funded by Swedish Government.

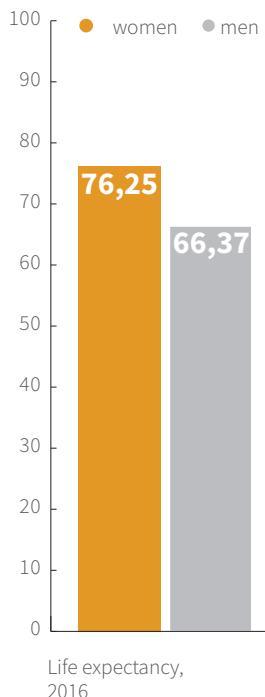
The report considers the role of state policy and budget programs in the elimination of gender issues and challenges. The progress achieved and the measures already implemented by the government to address these issues are highlighted. Besides, the report contains recommendations on how the government can ensure efficiency of its policy and public services in its further work for elimination of the gender gaps identified and for achievement of equality.

The report is designed to provide summary information on de-facto gender gaps found in budget programs, as input to decision-makers in Ukraine (Cabinet of Ministers, Verhovna Rada and other authorities), as well as public officials in the health care sector. It will help in providing reforms to improve effectiveness and efficiency of the health care public service delivery.

2. Overview of gender issues and challenges in the sector

The health sector is characterized by gender issues in many aspects. As regards the status of health in Ukraine there are important challenges from gender equality perspectives. Taking these into account regarding the situation and challenges for women and men in their diversity as well as in health services will help address health issues and deliver health policies in a better way. This chapter highlights key gender equality issues in health.

The average life expectancy in Ukraine is among the lowest in Europe. There are very distinct patterns in life expectancy according to gender. The important gender gap in life expectancy at birth has been only slightly reduced over the last 15 years with women living about 10 years longer than men. In 2016 life expectancy for Ukrainian women was 76,25 years while for men – 66,37 years (Ministry of Health Ukraine, 2017). There are also differences between urban and rural areas as well as between Western and Eastern Ukraine for both women and men, and for men these differences are more pronounced. A relatively favorable situation with longer average lives prevails in the western regions of Ukraine, where there are less differences between men and women, urban and rural populations. In most regions of southern and eastern Ukraine, the life expectancy of the population remains extremely unfavorable. Here, the life expectancy is lower than in the whole of Ukraine; the differences in this indicator by sex are the most significant, and the proportion of those who reach old age

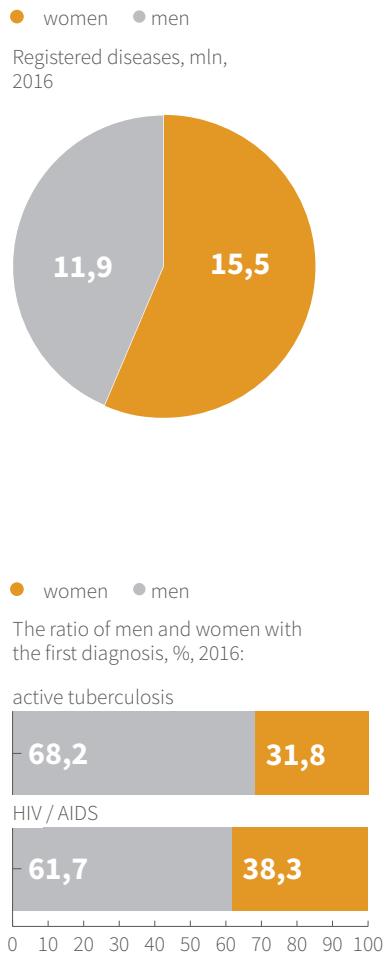


remains the smallest (Ministry of Health Ukraine, 2017). So, in Zhytomyr oblast, life expectancy for men is 64 years, and for women - 75.42 years.

The gender gap in mortality is very high to the disadvantage of men, it is largest during working age. The differences in the factors determining health status and diseases of men and women stem not only from biological but also from gender differences. The causes of higher death rates among men are related to preventable causes, such as injury, alcohol and suicide. Social norms and risky behavior are important factors for men's shorter life expectancy, but also a lower tendency to consult health care and dangerous working environments. Social norms can put pressure on men as the primary earners of their families, and can induce unhealthy behavior in eating and abuse of alcohol, tobacco or drugs which is considerably higher among men.

The prevalence of diseases in Ukraine shows gender differences as well: the prevalence of morbidity among women is higher than among men. In 2016 there were 15.5 million registered women with diseases and 11.9 million men, thus, the official level of men's morbidity is lower by 23.5% (State Statistics Service, Ukraine, 2017). To a large extent, this gender difference can be explained both by longer women's life expectancy (elderly people have more health problems) and women's more frequent medical examinations.

At the same time there are specific diseases that prevail to a higher degree among men



than among women, for example, virus hepatitis, tuberculosis and HIV/Aids. In 2016 in Ukraine, the ratio of men and women with the first diagnosis of active tuberculosis was: 68.2% to 31.8%, respectively; HIV / AIDS - 61.7% to 38.3%, respectively. (State Statistics Service of Ukraine, 2017).

Men have not only a higher rate of tuberculosis, but also a greater percentage of relapses and high rates of multi-drug resistant TB because of gendered differences in behavior, e.g. interruptions in drug intake (GRB Project 2016, 37-38).

Also tuberculosis-HIV/Aids co-infection rates, which are a serious health concern in Ukraine are especially high among men. In 2015 in Ivano-Frankivsk oblast the number of new co-infections among the rural population increased twofold, from 21.7% to 45.6%. The growth was caused by the 2.5-times increase in the number of sick men from rural areas (GRB Project 2016, 37).

HIV/Aids is affecting both women and men, but men to a somewhat higher degree. Especially people who inject drugs are a high risk group. Among those women have higher rates of HIV infection (USAID 2017, 83). Also female sex workers are highly at risk. As in many areas, it is very important to understand intersections between gender inequality, gender-based violence and women's vulnerability to HIV infections and reflect it in health policies.

Gender-determined reasons for viral hepatitis infection are generally related to lifestyle, gender stereotypes of beauty, especially typical for women (manicure, pedicure, piercing, etc.), as well as

masculinity standards, which are commonly found in men (risky behavior, drug abuse, frequent change of sexual partners, etc.).

As regards oncological diseases, they are prevalent both among men and women, but with different localization: while men experience considerably more labial tumors, mouth cavity, throat and respiratory tumors, tumors in the breast, genital and thyroid gland tumors considerably prevail in women. The disease becomes greatly prevalent among both sexes after 40 years of age, and progresses with age. Oncological diseases are the second cause of mortality among Ukrainian population. Although the rate of cancer morbidity among men is almost half, they have higher rate of cancer mortality that is caused by late diagnostics (State Statistics Service, Ukraine, 2017, 15).

As regards reproductive health, the needs of women in reproductive health might be more obvious, but still a lot needs to be done to address the different needs adequately and to address both women and men as being equally responsible.

Gender medicine is an emerging but very important field of research and practice, contributing to gain knowledge about the intersection of biological and socio-economic factors which influence health and disease patterns among women and men.

As the rate of women being victims of domestic and sexual violence is very high, 27% of women have experienced violence in childhood and 33% of women since adulthood (Wave 2012), special attention is needed to women victims of violence in the health care sector for protection and treatment, protecting them from new provocations and conflicts during treatment (Ministry of Social Policy 2014) and providing for adequate places and shelters for all affected girls and women.

Also, with regard to access to health care, availability of affordable health care and barriers to access it is important to consider gender issues. Men might be more reluctant to use preventive health care services or to consult a doctor in early stages of a disease. One of the reason is existence of gender stereotypes about male strength, courage and endurance. At the same time women and girls might have limited access, especially in rural areas, due to lack of resources, child care and housework or the need to get the husband's permission. Certain groups, especially elderly people often suffer from the inability to pay, e.g. for medications, medical supplies, hospital treatment or to conduct vital operations. In particular, deprivation in healthcare is perhaps the most common type of discrimination suffered by the elderly, especially women. In this case, the most vulnerable are mature

women living alone (Ministry of Social Policy 2014).

Care work, both paid work in the health sector – public, private and in the NGO sector – as well as unpaid care work at home and in the community are thoroughly gendered with mostly women at the working level. A lot remains to be done to promote equality in employment and employment conditions, management and a more equal distribution of care work at home. Health policies need to take into account the role of – mostly female – cares, and also address their specific needs.

3. Overview of gender equality issues in Budget Programs

To address gender issues in the health care services and make budgeting as well as program implementation more effective and efficient, 11 health care budget programs were analyzed from gender perspective in 12 oblasts and Kyiv city in 2015-2017. Those programs cover issues on counteracting tuberculosis, HIV/AIDS, oncological diseases, viral hepatitis, health and social protection of orphaned children, medical-obstetric aid to pregnant women, new mothers, and newborn babies, etc. The geography of the GRB analysis: Zhytomyr, Ivano-Frankivsk, Cherkasy, Vinnitsa, Sumy, Poltava, Zaporizhzhya, Zakarpattya, Kherson, Chernivtsi, Mykolaiv, Kyiv oblasts and Kyiv city.

The gender budget analysis aims to evaluate the extent to which program planned activities meet the needs of various groups of women and men, how sectoral and/or budget policy impacts gender equality, whether the program activities and budget expenditures allocated for their implementation strengthen or weaken gender equality.

The general findings of the gender budget analysis are:

Gender gaps have been identified in each health care program;

Gender roles and stereotypes and gender differences in behavior influence morbidity and course of disease;

Duration and cost of treatment depend on gender differences in behavior;

Health care programs are lacking attention to gender specific needs;

Addressing gender differences in disease prevention and treatment will increase efficiency of health care budgeting;

Access to health care services depends on place of residence (urban/rural area) and on social and economic status of patients;

Women constitute more than 80% of health care personnel and very often work under hard working conditions;

The salary in the health sector is one of the lowest among all sectors (149 Euro for women and 166 Euro for men per month in 2017);

The gender wage gap also was one of the lowest and constituted about 10% in 2017 (while in arts, sports, entertainment and recreation it is 39%);

Women are the main unpaid caregivers for diseased and disabled children, parents and relatives in households, and have very little support from the state health care institutions.

Detailed findings and key issues to be addressed to increase efficiency of the budget programs can be found in the Annex.

4. Recommendations

Gender budget analysis resulted in recommendations to close gender gaps within the programs (for measures/services), as well as improve planning and budgeting with regard to gender equality.

It is recommended:

- to assess the on-going health sector reform from gender perspectives;
- to fully integrate gender perspectives in planning and implementation of all programs and activities in the health sector, including in the setting of gender equality objectives;
- to continue to extend gender budget analysis – taking into account different intersections of inequalities – to all programs in the sector;
- to analyze the impact of socio-economic inequalities on health differences between women and men as a basis for further planning;
- to analyze access and barriers to access to health care and medical services of different groups of women and men;
- to continue collection of sex-disaggregated and gender statistics, and develop appropriate performance indicators;
- to promote gender medicine and integrate gender dimensions in the curricula of health care and duties of medical personnel;
- to focus attention on supporting– mostly female – unpaid care work, attending to their needs, and reducing the work load where possible;

- to increase salary in the health care sector and improve working conditions for health care personnel;
- to take into account gender patterns in all awareness raising and sensitization activities related to healthy life styles, prevention of risky behavior, preventive health check-ups and access to care services;
- to focus on providing special care, adequate services and attention to the needs of survivors of sexual violence.

5. Outlook on further work

As a result of gender budget analysis of health care programs gender gaps were identified and recommendations were given to the Ministry of Health of Ukraine to decrease these gaps. The changes should be introduced in programs and budget documents in accordance with recommendations provided. The GRB Project is planning to monitor changes in programs and budget documents and evaluate the impacts on the life of women and men.

While a lot of changes can already be done based on the current knowledge and findings, some issues need to be further explored:

- Needs of different groups of women and men with diseases;
- Further exploring affordability of health services and different barriers of access to as well as level of satisfaction with health services among different groups of women and men;
- Situation of girls and boys with tuberculosis, viral hepatitis and HIV/AIDS;
- Reasons of upward trend in the number of HIV-infected women and female AIDS patients and ways to reverse this trend;
- Gender issues in transmission channels of diseases;
- Reasons of higher rate of adoption of girls than boys;
- Demand for partner deliveries in maternity hospitals and perinatal centers;

Reasons of gender pay gap of health care personnel;

Ways to provide social and medical support for sick people, especially those with chronic diseases at home to decrease female work load;

Continued gender analysis of budget allocations and of the use of budget funds throughout the health sector.

Overall, the Gender Budgeting analysis, its findings and recommendations provide a broad range of information and guidance for improving efficiency and effectiveness in the health care sector. They point to promising avenues of improving public spending and service delivery in health care.

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Annex

Table: Overview of gender equality issues identified in Gender Budget Analysis of Budget Programs in health care

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Counteracting Tuberculosis — Zhytomyr, Ivano Frankivsk, Cherkasy oblasts

Higher incidence of tuberculosis among men (66-69%).

Among men, majority of patients is at working age.

Among women, the disease is most prevalent 65 years and older.

Incidence among children is growing, with a larger share of girls.

High growth rates of incidence of tuberculosis combined with HIV/AIDS, especially among men.

Male tuberculosis patients feature a higher percentage of relapses (11% of the total number of male patients); for women, this figure is 7%.

Gendered differences in behavior, e.g. interruptions in drug intake; thus very high share of men among drug-resistance complicated cases.

Cost of treatment is higher for men than for women (32% higher, Ivano-Frankivsk) because they are in a majority among patients with multidrug-resistant tuberculosis, treatment of which is very expensive.

Target group specific sensitization measures and awareness raising activities (for male and female) patients and different high risk groups among the population.

Increased resources in vaccination for children to reach all children.

Activities to reduce treatment interruptions (especially addressed to men).

Gender and age specific care services

Support to those caring for patients at home.

Provide health and social support for male and female patients after treatment.

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Counteracting oncological diseases – Zhytomyr, Kyiv Oblasts

Higher share of malignant tumor cases among women (52.6%) than men (47.4%).

Growth rates of incidence of malignant tumor is more than 4 times higher among men than among women.

Different localization of malignant tumors determined both by biological factors (hormonal changes, etc.) and social factors and lifestyle (men – smoking, abuse of alcohol, risky behavior; women – uncontrolled exposure to the sun while working in agricultural areas, suntan, cosmetics, household chemicals, etc.).

The mortality rate among male oncological patients is higher than among female ones.

The higher mortality rates among male oncological patients are generally caused by the fact that the disease is diagnosed in late stages, which is directly connected with men lacking of health culture (annual medical examinations, visiting doctors when the first signs of disease appear, etc.).

The percentage of malignant tumors detected in early stages is higher among women than among men.

Creation of Oblast-level register of oncological patients based on gender-disaggregated data.

Raising of public awareness on matters related to cancer and prevention of malignant tumors with account to gender specifics in disease prevalence.

Improvement of timely and early diagnostics of cancer with account to gender specifics in disease prevalence, and improving for this purpose the skills of health care professionals in terms of early disease detection in women and men, ensuring treatment of cancer patients in specialized cancer facilities.

Organizing cancer care, diagnostics, treatment and rehabilitation of oncological patients regarding gender specifics in disease prevalence.

Involvement of mass media, educational institutions and non-governmental organizations in raising public awareness regarding preventive measures, early detection and effective treatment of oncological diseases in women and men.

Designing and publishing of reminders for women and men on oncological disease risks, and for women and men with oncological diseases on recovering opportunities.

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Prevention, diagnostics and treatment of viral hepatitis — Vinnitsa, Kyiv Oblasts

Higher rate of men with virus hepatitis (64,6%) than women ones (35,4%).

Gender-determined reasons for viral hepatitis infection are generally related to lifestyle, gender stereotypes of beauty, especially typical for women (manicure, pedicure, piercing, etc.), as well as masculinity standards, which are commonly found in men (risky behavior, drug abuse, frequent change of sexual partners, etc.).

Advanced hepatic fibrosis prevails in men (56%).

Duration and cost of treatment of patients with advanced hepatic fibrosis (cirrhosis) increase two times.

Enhance awareness raising among women and men on the ways of viral hepatitis spread.

Enhance awareness raising on the need for hepatitis B vaccination of newborns and at-risk individuals as well as for timely medical examination.

Design a Ukrainian Viral Hepatitis Register regarding gender-specific problems of viral hepatitis prevention, diagnostics and treatment, and include sex-disaggregated indicators into the Register.

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Health and social protection of orphaned children and children deprived of parental care — Kyiv city, Poltava oblast

Higher share of boys among inmates of Kyiv city orphanages – 56% (average annual number).

The percentage of adoptions of young girls (5 from 10 girls) is substantially higher than the percentage of adoptions of boys (2 from 10 boys). It can be connected with parents' gender stereotypes as regards upbringing of children.

Women prevail in all staff categories in Kyiv city orphanages.

The wage gender gap of managers constitutes 25,4%. The wage rate of male managers is higher due to increments for length of service and for having a health professional category.

Popularize among male health workers and teachers the job placement in orphanages.

Improve the system of early detection and timely medical rehabilitation of girls and boys with developmental disorders.

Expand the list of services provided to girls and boys in orphanages, for example develop alternative forms of round-the-clock care for girls and boys with disabilities, etc.

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Medical-obstetric aid to pregnant women, new mothers, and newborn babies – Kyiv city

The services provided by Kyiv city maternity hospitals and perinatal centers are designed solely for women (pregnant women, women in labor, and new mothers).

These facilities do not provide for services for men being delivery partners, do not maintain statistics of partner deliveries, and do not record demand and requests for such services.

Women are in a quantitative majority in all staff categories of Kyiv city maternity hospitals and perinatal centers.

A gender wage gap constitutes 7,4 - 9,4% in the same occupational categories.

Expand the list of services provided to women, newborns and male partners in Kyiv city maternity hospitals and perinatal centers (e.g. pre-delivery training, partner deliveries, etc.);

Consider gender specifics of the functioning and funding of the system of medical-obstetric aid to pregnant women, new mothers, and newborn babies in future programs.

Gender Issues

Key issues to be addressed in planning, service delivery and budgeting

Counteracting HIV/AIDS — Cherkasy, Vinnitsa, Sumy oblasts

The share of men (54%) among HIV-infected persons subject to regular medical check-up at health care facilities is higher than women's one (46%); the share of men diagnosed with AIDS is 65%, women - 35% (Cherkasy oblast).

Among new registered cases of HIV infection in Cherkasy Oblast in 2015: 43% — women, 57% - men), as well as newly diagnosed AIDS cases: 41% - women, 59% - men.

The high HIV/AIDS incidence among men usually results from the men's low health culture (risky behavior, drug injection, unprotected sexual relations, etc.) that is also underpinned by gender stereotypes (polygamous relations, tolerance to adultery, failure to use condoms, etc.). Besides, men usually agree to undergo examination and treatment in late disease stages.

There is a clear upward trend in the number of HIV-infected women and female AIDS patients; so-called 'feminization' of the infection is taking place.

The HIV/AIDS spread among women because of sexual violence (rape), coercion to unprotected (no-condom) sexual relations, sex for money, etc.

Sexual transmission is the main route of HIV-infection transmission in the clinical

Conduct gender-sensitive awareness-raising activities to eradicate stigma and discrimination against HIV-infected women and men and members of groups at risk of HIV infection.

Design, produce and disseminate the social advertising materials, educational programs focused on healthy lifestyle of the general population with due account of the gender component.

Ensure a gender-sensitive approach to the women and men from groups at high risk of HIV infection to participate in prevention programs.

Ensure unimpeded access of women and men to free HIV counseling and testing.

stage I (75%) while the parenteral route accounts for 25% (Cherkasy oblast).

HIV-infection transmission through sexual contacts is typical for 58% of women and 42% of men.

With regard to parenteral transmission the ratio of women and men is 7% to 93% respectively (Cherkasy oblast). That is, women are most often infected through unprotected sexual relations, while drug injection is the most frequent infection route among men.

The growing share of the sexual infection route also indicates an adverse tendency in the epidemic development and increase in the number of infected pregnant women and children born to them.

In 2015, among the total number of people who received pre-test counseling in Cherkasy Oblast 61% were women, and 39% - men); among those who gave consents to undergo HIV testing 61% were women, and 39% - men); and among those who received post-test counseling 64% were women, and 36% - men).

A major proportion of women undertake HIV testing as part of general health examination during pregnancy.

