

Comments presented by  
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on  
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## Key points from Dr Schofield's paper

- Women's health policy is now located within broader public discussions about gender and health
- Organisational structures tend to marginalise women's interests in relation to men's
- Mainstreaming gender in health policy is crucial to improving women's health
- Gender and health is a problem associated with democratic governance and its relationship to health policy making and the distribution of public resources

# POLICY IMPLICATIONS

- 1. Urgent need to accelerate cultural change to democratise mainstream health**
  - AHMAC be asked to lead a national, broadly based consultation process
  - benefits of change could be illustrated by policy issues which are high on AHMAC agenda. eg scenarios around the cessation of practice by obstetricians.

# National AHMAC led consultation process

- Contents of proposed Consultation Paper broad principles and a set of strategies for comment by a wide range of stakeholders

## Possible strategies

- use of gender-based analysis (GBA) as encouraged by UN and used in Canada. eg mental health
- fostering more realistic expectations of the health system

## 2. The Women's Health Program can contribute to cultural change

- WHP should provide a strong evidence base to support the need to democratise mainstream health
- Lots of anecdotal evidence of how women's health services have influenced mainstream services.

## 2. The Women's Health Program can contribute to cultural change(cont)

- effectiveness evaluation of both WHP services and the mainstream health services women use This would:
  - provide an objective comparative analysis in terms of both costs and health outcomes
  - show the extent to which women's health services are a model for more co-ordinated, responsive and accountable health care systems.

### **3. Contributing to UN / WHO policy and tools development**

- Australia can both learn from and contribute to UN/WHO policy and tools development
- WHO and other agencies are putting a big effort into the use of gender-based analysis and gender sensitising mainstream health indicators.

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- Considerable international interest already in La Trobe Consortium 2003 evaluation of indicators using Health Information Framework covering health status, health determinants and systems performance
- If AHMAC proceeds with suggested Cultural Change Project this would be of interest internationally, especially in developed countries