

**Women's Studies Institute of China &
Shaanxi Research Association for Women and Family**

The Shadow Report of Chinese Women's NGOs
on the Combined Seventh and Eighth Periodic Report
Submitted by China under Article 18 of the *Convention on
the Elimination of All Forms of Discrimination against
Women*

**Equal Access to Healthcare
(Article 12)**

(For public information)

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Equal Access to Healthcare (Article 12)

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I. Efforts and Progress

Government authorities have taken a series of measures to equalize healthcare services and improve women's health. For instance, the Ministry of Health, the NWCCW and other departments jointly launched the Chinese Women's Health Initiative; and the relevant government departments urged by the ACWF carried out checks on “two cancers” (breast cancer and cervical cancer) for rural women and provided funds to address treatment costs for poor women. To reduce maternal and neonatal mortality, as of 2008, the Chinese government extended the project for the reduction of maternal mortality and the elimination of neonatal tetanus to 1,200 counties in central and western China, under which more than 2 billion Yuan was invested in total by the central and local governments. In 2003, the “Mother Health Express” program, co-sponsored by the ACWF and the NWCCW and hosted by the China Women's Development Foundation, started to provide medical assistance to women of childbearing age and during maternal period as well as infants in poor areas. By the end of 2013, 2,023 vehicles had been dispatched under the program, covering 30 provinces (autonomous regions and municipalities). Face-to-face AIDS publicity and educational campaigns has been conducted since 2002, which has been fully rolled out across the demonstration sites of AIDS prevention and control in 31 provincial-level jurisdictions.

Supported by the Government, non-governmental organizations have made active trials in both theory and practice regarding women's health rights and interests. The China Family Planning Association has targeted the youth in universities, colleges, secondary and high schools as well as migrant adolescents nationwide, to carry out assorted STD and HIV/AIDS prevention and control programs mainly in the form of peer education. In May 2009, the China Women's Development Foundation officially launched the Chinese Women's Health Care Fund to provide women with health education. The Maternal and Child Health Care of China Association followed the core principle of One Law and Two Outlines, assisting the Government to improve the service quality and profession management of the sector. The Chinese Medical Doctor Association launched the Project for Chinese Women's Health Promotion in December 2006 to enhance Chinese women's health well-being; Yunnan Health and Development Research Society conducted a series of women-centered reproductive health programs; and Shaanxi launched a women's health school scheme; Besides, the Maple Women's Psychological Counseling Center Beijing, the Anti-Domestic Violence Network, the Beijing Zhongze Women's Legal Consulting Services Center, the Home of Female Migrant Workers and other NGOs also play to their strengths, providing hotline counseling and related studies and interventions in line with policy advocacy, enriching the

content and enlarging the coverage of women's health services.

II. Gaps and Challenges

Rural women are still lagging behind urban women in utilizing the health and healthcare services, and migrant women's access to health services whittled down. In 2011, the maternal mortality rate in eastern, central and western China respectively reached 18.6, 22.5 and 39.6 persons in every 100,000 people, suggesting more than two times difference between east and west. 43.4% of rural women in central and western areas have not received any gynecological examination during the past three years, respectively 25.6 and 4.3 percentage points higher than that of rural women in three municipalities of Beijing, Tianjin and Shanghai and the eastern regions.

Service-providing skills and management of rural health care facilities cannot meet the growing demand for women's health care. There is a severe shortage of funding for maternal and child health in rural areas. Since 2006, per capita health expenditure of rural residents has only accounted for about 1/4 of that of urban residents. Maternal and child health is especially troublesome in poor, remote mountainous and ethnic minority areas, with inadequate accessibility and utilization being outstanding concerns.

Threat of some diseases to women's health has been worsened. From 2005 to 2011, detection of gynecological diseases rose from 27.5% to 28.8%. Gynecological malignancies were in the constant rise, with cervical and breast cancer victims reaching 15.1 and 10.1 persons in every 100,000 people by 2010. Besides, the number of women infected with HIV / AIDS and STD was also increasing: in 2005 there were 36,614 reported cases, of which female victims accounted for 26.9%, compared to the 48,249 cases and 29.6% in 2010. Lack of sensitivity of the negative impacts of marketization, commercialization and globalization on Chinese women's health has exposed women to increased health risks, such as the climbing cesarean section rate, the falling breastfeeding rate, cosmetic and plastic surgery, menopausal hormone replacement therapy and so on. And women's health risks brought about by climate and environment changes are not fully considered from a gender-sensitive perspective, while studies on women's health policy have not been satisfactorily valued.

There is a vacancy of effective regulatory measures for the enforcement of laws and policies in this regard. Laws and regulations addressing maternal and child healthcare are not yet fully executed, adding the ineffective oversight, calling for the standardization and institutionalization of maternal and child health service as well as reproductive service. Technical services and practitioner permit systems also need to be improved on an ongoing basis, further cracking down upon unqualified medical practicing, illegal sonographic gender identification, illegal termination of pregnancy, illegal delivery and other violations.

III. Suggestions in Response

State laws and policies on women's health should be bettered. The gender perspective should be introduced into government health decisions to accelerate gender mainstreaming in the health sector. Efforts should be made to strengthen the enforcement and monitoring of laws and regulations on maternal and children health towards standardization and institutionalization. Urban and rural basic medical insurance and assistance systems should be consolidated, building up a system to

ensure women, especially poor urban women and rural women, of full access to healthcare services with improved ability to resist disease exposures. The scope of reimbursement should be expanded under the new rural cooperative system and the basic medical insurance scheme.

Measures and actions should be strengthened across all sectors concerned, striving for a fundamental change in the health service-providing concepts and service models towards a people-oriented and care-centered way, offering women with adequate public health services. Women's health and family planning services should be standardized under a well-organized structure, endowing grassroots healthcare teams with service capacity, quality and efficiency. Attention should be paid to the demand of migrant women and other vulnerable women groups for maternity services, as well as the physical and mental health of women from different groups and at different life stages, meeting the health needs of both adolescent girls and elder women. Informed choice of contraception should be disseminated to increase the proportion of males assuming the contraceptive responsibility. Prevention and control should be intensified to curb MTCT of HIV, while health policy research and the collection and analysis of gender-disaggregated information need to be redoubled.

Community mobilization and social publicity should be carried out to create a supportive environment for women's health protection. It is essential to strengthen dissemination and education of maternal and infant healthcare laws and regulations, organize community health training for useful knowledge and behavioral habits of reproductive health, enhance women's awareness and ability of self-care, better community cultural development and media management, and promote advanced fertility culture and health concepts with respect for the social value of women and girls.

Appendix

Catalog of the Organizations

Women's Studies Institute of China

The Women's Studies Institute of China, founded in January 1991 and sponsored by the All-China Women's Federation, is a national institution specializing in comprehensive studies on women and gender issues. The Institute has conducted studies on women-related theories, history, empiricism, and laws and regulations. It has also made comparisons of domestic and foreign theories from a multidisciplinary perspective, sparing no efforts to promote women's development and gender equality.

Website: <http://www.wsic.ac.cn>

Shaanxi Research Association for Women and Family

The Shaanxi Research Association for Women and Family, founded in 1986, is a non-profit civil society organization of women. Carrying on the principle of equal-footing research and practice, the Association takes different perspectives to highlight women issues and adopt a multi-faceted approach to improve women's status in the social transformation, focusing on the development of rural women, legal assistance, domestic violence, gender training, NGOs structuring and other aspects.

Website: <http://www.westwomen.org>