This chapter focuses on questions of gendered governance in health. The chapter looks at how policy processes are shaped at both the global and macro levels and how policy impacts are mediated by meso-level institutions. Policy legacy debates have highlighted how interest groups are created at different points in the evolution of health systems and how policy feedback occurs which plays a role in shaping the outcome of subsequent reforms. The chapter highlights how these processes are gendered and how deeply embedded norms and assumptions around gender roles reinforce the exclusion of women from policy processes. After an exploration of these issues within the Latin American context, the chapter provides a detailed analysis of the Chilean case.

The chapter starts by defining governance in health and then provides an overview of the changing context of health sector governance in Latin America. Particular attention is given to the rise of participatory governance in health and the chapter highlights how gendered norms embedded in the development of the health system establish who has a “voice” in health policy debates. It then examines the contribution of feminist critiques and the development of gendered governance structures in a Latin American context. The final section of the chapter provides a detailed case study analysis of Chile and looks at the micro-meso interface within the health sector. The analysis seeks to identify the potential entry points for gender interests in the health sector and considers the constraints to bringing about more long-term, gender-equitable change. The discussion focuses on three key areas where gender advocates have pushed for change: first, recognition of the role of household-based unpaid care work in health; second, access to reproductive and sexual rights; and finally access to decision-making processes and a recognition of women’s knowledge in health.
Governance for Health

In the context of globalization, new governance challenges have emerged in the health sector since the early 2000s—these include the incorporation of new actors as a result of privatization and deregulation and encompass a broad array of actors, ranging from transnational corporations to civil society groups. New organizations and networks have been formed to address global health issues, new financing arrangements, new international agreements and previously unprecedented levels of funding have been mobilized—some from unconventional sources (Buse et al., 2009; Kickbusch et al., 2010).

“Contemporary global health governance . . . has become a complex web of state and non-state actors, and it is defined by the interplay of different institutional forms and actors at many different levels” (Kickbusch et al., 2010: 559).

Governance has come to include regulation by state (nation states, intergovernmental organizations [IGOs]), by private regulation (private sector and civil society) and forms of hybrid regulation (cooperation between states/IGOs, private sector and/or civil society) (Hein and Kohlmorgen, 2008: 84). The World Health Organization (WHO) differentiates between two interrelated spheres of governance in the health sector. The first, referred to as “health governance” incorporates the “governance of the health system and health systems strengthening,” while the second, referred to as “governance for health” addresses “the joint actions of health and non-health sectors, of public and private sectors and of citizens for a common interest” (WHO, 2011: vii). It is this second definition that has particular resonance for the discussion in this chapter.

Yet despite this growing interest in health governance, very little attention has been given to the gendered dimension of these processes or sought to identify potential entry points for gender issues. As shown in previous chapters, a gendered political economy analysis reveals the gendered assumptions that operate at the meso level and mediate the ways in which macro-level policies impact on the micro level and how households respond to policy shifts. One important element of this type of analysis is to understand how gendered institutional norms shape access to decision-making processes and can work to exclude the voices of different sectors of society in policy debates. It is therefore important to assess how far it is possible to challenge these assumptions and ensure gendered policy legacies are not repeated—for example by acknowledging the importance of women’s health knowledge or by creating spaces for women to define their own health needs.