



**PAN-AMERICAN HEALTH ORGANIZATION  
HEALTH AND HUMAN DEVELOPMENT DIVISION  
WOMEN, HEALTH AND DEVELOPMENT PROGRAM**

**Mainstreaming Gender Equity in Health Sector Reform Policies in Latin America and the Caribbean**  
Women Health and Development Program/ PAHO/HDP  
Washington D.C., April 2000

*Executive Summary*

The following is a three-year initiative aimed at identifying and redressing gender inequities associated with current implementation of health sector reforms (HSR) in Latin America and the Caribbean. The project will be conducted regionally and in two selected countries of Latin America, by the Program on Women, Health and Development (WHD)/Division of Health and Human Development (HDP) of the Pan American Health Organization (PAHO). Funding for this project will be provided by Rockefeller and Ford Foundations.

**1. Justification and objectives**

Fragmentary evidence suggests that current health sector reforms are contributing to increase not only economic but also gender inequalities that adversely affect women as users and providers of care. Available data indicates that cost recovery measures and cuts in health expenditure tend to disproportionately affect women, **especially poor women**, because:

- Due particularly to their reproductive function, women **need more** health care services than men
- Policies that reduce the supply of health services increase the **informal burden of care** that falls predominantly on women.
- Women are over-represented among the poor and have **less access** than men to employment and income **resources** that allow them to buy care and/or participate in health insurance and social security schemes.
- Despite of delivering most of formal and informal health care, women are under-represented in the **power** structures that define priorities and assign resources to health.

In spite these alarming signs, gender equity considerations are not yet present neither in the public debate nor in the processes of formulation and evaluation of HSR undergone by countries. This project intends to address this policy gap by fostering project ownership and joint actions between government and civil society around the following three main **objectives**:

- **Documenting and analyzing** existing gender inequities in health status and health care and their relation to public policies.
- **Disseminating** this information to key stakeholders in government and civil society in order to inform policy makers, and empower equity advocates in the direction of influencing policy formulation and demanding accountability from public and private sectors.
- **Institutionalizing** the involvement of key stakeholders in decision making and monitoring, to guarantee gender equity and accountability from public and private sectors in the formulation and implementation of policies.

A central emphasis will be assigned to those health inequities associated with health sector's responses to **women's reproductive health needs**.

**2. The nature of the inequities to be addressed**

The focus of this project is on gender inequities in: health status, access to health care, and participation in decision making within the health system. This means targeting unnecessary, unfair and avoidable disparities between men and women in terms of:

- Probability of **survival** and enjoyment of **good health**
- **Access** to health care services according to need,

- **Payment** of health care services according to economic capacity
- **Decision-making power** in accordance with responsibility in health production.

The emphasis on gender does not obscure the importance of other sources of inequity. On the contrary, the approach taken underscores diversity and the need to see gender interacting with other inequalities defined by class, race, age and geographical region.

### 3. Organizational commitment to redressing inequities

This project is based on PAHO's two directing principles of technical cooperation: the **search for equity**, and the active and **joint participation** by the countries in formulating strategies to achieve health for all. The search for equity constitutes the central and distinctive element of the Organization's mandate. Consistent with this principle, the reduction of *unnecessary, unjust and avoidable* differences in health and human development has been declared the fundamental objective of PAHO technical cooperation. Within this context, one of the key values set forth is "*the incorporation of a gender perspective into health policies and strategies*". PAHO's strategic and programmatic orientations also stipulate that technical cooperation would place emphasis on "*developing the capacity to use the gender perspective as a tool for analyzing the impact of globalization on the development process and on structural, macroeconomic, and social policies, with special emphasis on their relation to health*"<sup>1</sup>.

PAHO's Program on Women, Health and Development (WHD), as part of the Division of Health and Human Development, will be responsible for conducting this project. In the course of the project it will also access the technical expertise of other relevant PAHO's units. For the last 3 years WHD has been moving conceptually and operationally toward incorporating a gender equity perspective into the contents and processes of HSR policies. Three related accomplishments are worth mentioning (1) In February 1999, a PAHO Directing Body, the Special Subcommittee on Women Health and Development of the Executive Committee, endorsed WHD's plan of action regarding HSR; this plan constitutes the basis of the present project. (2) In August 1999, the Research Coordination launched a Regional research competition on the subject of "Gender equity in the access and financing of health and social security systems". Sixty-four proposals were submitted from fourteen countries of Latin America and the Caribbean and six were selected to be funded and coordinated by WHD. (3) A methodological guide for monitoring gender equity in health has been designed and will be pilot tested in the coming months. Some of its indicators have already been integrated into PAHO's HSR monitoring instruments.

### 4. Stakeholders involvement

The project will be carried out at two different but interrelated levels: regional and national. PAHO maintains field offices in every country of the region, is conducting specific HSR technical cooperation projects in thirteen countries, and is in a significant position to influence Ministries of Health. WHD has a track record of effectively partnering with other government sectors, international agencies and NGOs for the development of programs.

At the **Regional level**, the project will foster dialogue and coordinate pro-gender-equity collaborative work among:

- PAHO's relevant units: Systems and Services, Research Coordination, Health Policy, Population and Family Health, Health Analysis, AIDS and sexually transmitted diseases; Non Communicable diseases
- Inter-country teams (as defined below),
- Multilateral and bilateral agencies, as well as research and advocacy groups dealing with equity, gender issues and public policies on health and social security.

At the **national level**, the project will support dialogue among stakeholders, and facilitate the articulation between technical teams and representatives of relevant government sectors and civil society. Concerted actions will revolve around the diagnosis of problems, the identification of priorities, the formulation of corrective measures, and the creation of mechanisms to institutionalize and monitor their implementation. Two types of groups will carry out these actions:

- **National Technical Teams (NTT)**: multidisciplinary teams of consultants in the areas of public health, economics and social sciences, statistics, and communication, hired by the project to lead and technically support data collection and analysis, information dissemination, policy formulation, and design of monitoring

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<sup>1</sup> PAHO, Strategic and Programmatic Orientations for the Panamerican Sanitary Bureau, 1999-2002. 25<sup>th</sup> Pan American Sanitary Conference, D.C., September 1998. CSP25/8, p.29

mechanisms and instruments.

- **Intersectoral Steering Committees (ISC):** constituted by representatives of the most relevant stakeholders from various ministries and government agencies, as well as representatives from gender equity advocacy groups. For example, representatives of the Ministry of Health and other ministries. Women's Bureaus, Statistical Bureaus, National Planning Bureaus, Social Security Agencies, other UN agencies, ECLAC and PAHO Field Offices, Worker's Unions, Health Professional Associations, Women's NGOs, etc.

## 5. Activities

At the **regional level**, work will be mainly geared to:

- construction and validation of conceptual and methodological tools to aid in the analysis and monitoring of gender equity in health;
- technical support and coordination of cross-national research;
- production and dissemination of relevant information in support of advocacy and planning
- Consultation and advocacy with other PAHO's technical units, other regional agencies, research and pro-equity advocacy organizations, statistics producing agencies, and women's networks.
- coordination of the work conducted in countries
- facilitation of information exchange workshops and regional fora to present findings and proposals

At the **national level**, the process will be the following

- Identify and contract an interdisciplinary national technical team (**NTT**) to work with stakeholders in government executing agencies and civil society to develop the situation analysis and integrate gender equity into policy planning and monitoring
- Set up an intersectoral steering committee (**ISC**) with representatives from the MOH and other relevant ministries, Women's Bureaus, Statistical Bureaus, Social Security, other UN agencies, PAHO's Field Offices, Women's NGOs, etc.
- NTTs in consultations with ISC and other relevant stakeholders: (1) Discuss and adapt conceptual and methodological tools. (2) Carry out situational analyses. (3) Identify information gaps and research priorities. (4) Identify policy priorities. (5) Indicate baseline information data needed for monitoring these priorities. (6) Develop strategy to meet information needs and disseminate findings.
- NTTs undertake capacity building for mainstreaming gender equity with relevant officials, and for strengthening negotiation skills with advocacy groups.
- NTTs drafts policy framework on identified priorities, discuss it with ISC and executing agencies and modify as required. ISC produces plan for monitoring policy framework implementation with assistance from NTT.
- NTTs work with ISC, executing agencies and key stakeholders to operationalize national action plan, including improving data collection systems
- NTTs support executing agencies to establish and operate monitoring systems

## 6. Expected outcomes

By the end of the three-year period, the project will have achieved the following results:

### *In production of information and knowledge*

- Data collection and analysis will have been systematized and research will have been generated regarding the identification of gender inequities in health, their interaction with socio-economic and geographic factors, and their association with HSR policies.

### *In advocacy and information dissemination*

- Access to this information by policy makers and advocates will have been provided and greater public awareness on gender and health equity issues will have been raised.
- Capacity of MOH and other executing agencies to integrate gender equity concerns into HSR policy, planning and evaluation will have been strengthened.
- Capacity for advocacy by different constituencies in the countries concerned — inside and outside the health sector -- in support of priority actions to reduce gender inequities in health will have been improved.

- Technical and organizational capacities of women's groups to participate in the formulation and monitoring of HSR policies will have been strengthened.

***In institutionalization***

- Intersectoral proposals to correct gender inequities defined as priorities will have been advanced
- Institutional mechanisms will have been identified to enable priorities to be mainstreamed into policy making.
- A gender sensitive monitoring system will be in place and functioning with participation of key stakeholders.