



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## **14th INTER-AMERICAN MEETING, AT THE MINISTERIAL LEVEL, ON HEALTH AND AGRICULTURE**

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**PROPOSED PAHO GENDER EQUALITY POLICY**



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## **21st SESSION OF THE SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT OF THE EXECUTIVE COMMITTEE**

*Washington, D.C., USA, 14-15 March 2005*

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### **PROPOSED PAHO GENDER EQUALITY POLICY**

#### **Background and Rationale**

1. PAHO's work is guided by the vision of being "the major catalyst for ensuring that all the peoples in the Americas enjoy optimal health and contribute to the well-being of their families and communities." The search for equity, the core value of this vision, is seen as the quest for "fairness and justice by eliminating differences that are unnecessary and avoidable." It is increasingly well recognized that there are systematic disparities between women and men's health that do not derive from biological sex traits but from the different positions that women and men occupy in society. This unequal positioning is reflected in dissimilar and often inequitable patterns of health risks and access to and control over health resources and services. It also translates into asymmetries in the way in which women and men contribute to the health of their families and communities, and are compensated for this contribution. The dynamics of gender in health are of profound importance and they have long been overlooked.<sup>1</sup>

2. Important gender equality mandates have emanated from global and inter-American conferences, where national governments committed themselves to promoting gender equality in the formulation of all public policies and programs. The most explicit of these global mandates include the Convention on the Elimination of All Forms of Discrimination against Women, CEDAW (1979), the Cairo Program of Action (1994), the Beijing Platform for Action (1995), and most recently, the

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<sup>1</sup> Beijing Platform of Action (Article 105) states that "In addressing inequalities in health status and unequal access to and inadequate health-care services between women and men, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes, so that, before decisions are taken, an analysis is made of the effects for women and men, respectively."

Millennium Development Goals (2001), which identified “gender equality and empowerment of women” as the third of eight goals and a condition for achieving the other seven. At the regional level, the most pertinent dictates come from the Convention of Belem do Pará on the Elimination of Violence against Women, and the Summits of the Americas, more specifically the gender equality goals from the Quebec Charter of the Summit of the Americas, 2002.

3. Considering the pervasive presence of gender inequalities in health, PAHO/WHO, responding to the above mandates, and in line with its long-standing commitment with health equity, will, as a matter of policy and good public health practice, integrate gender considerations in all facets of its work. This resolve is framed within the 2002 WHO Gender Policy, currently being adopted by all Regions. It is also in harmony with the decision, now being implemented across the United Nations system,<sup>2</sup> that integration of gender considerations, i.e., gender mainstreaming, must become standard practice in all policies and programs. It further responds to PASB’s Strategic Plan for 2003-2007, which states that “reducing the impact of poverty, gender, and ethnicity as determinants of inequities in the health situation and in access to health care needs to be integrated into all programs.”<sup>3</sup> This type of action will lead to increasing the coverage, effectiveness, efficiency, and impact of health interventions for society as a whole, while contributing to the achievement of the broader United Nations’ goal of social justice.

4. PAHO/WHO is also committed to advancing gender equality in its own work force, as well as in scientific and technical advisory bodies, and among temporary advisers and consultants. This commitment is in line with World Health Assembly Resolution WHA50.16 on the “Employment and Participation of Women in the Work of WHO”<sup>4</sup> and other resolutions of the World Health Assembly and the United Nations General Assembly.<sup>5</sup>

## **Principios orientadore**

### **Guiding Principles**

5. *Gender equality* in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities.

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<sup>2</sup> E/1997/L.30 adopted by ECOSOC 14. 7. 97

<sup>3</sup> Resolution WHA50.16 (1997) specifying 50% target for recruitment rate of females from professional and higher levels, subsequently increased to 60% by the Director-General in 1998, and 50% target for female representation on scientific and technical advisory bodies, as temporary advisers and consultants. The policy outlined in Cluster Note 99/10 supports the resolution to reach gender parity by the end of the decade.

<sup>4</sup> Resolution WHA50.15 Recruitment of International Staff in WHO on geographical representation (1997) and Resolution 55/69 Improvement of the status of women in the United Nations system, adopted by the UN General Assembly (A/RES/55/69, February 2001). The Medium-term Action Plan for Employment and Participation of Women in the Work of WHO (2000-2005) focuses on measures to improve the in-flow of women to WHO as well as their retention, with a view to attaining gender equity.

<sup>5</sup> Canadian International Development Agency. CIDA’s Policy on Gender Equality, Hull, Quebec, 1999.

6. *Gender equity* means fairness and justice in the distribution of benefits, power, resources, and responsibilities between women and men. The concept recognizes that women and men have different needs, access to, and control over resources, and that these differences should be addressed in a manner that rectifies the imbalance between the sexes. *Gender inequity in health* refers to those inequalities between women and men in health status, health care, and health work participation, which are unjust and avoidable. Gender equity strategies are used to eventually attain equality. Equity is the means, equality is the result.<sup>6</sup>

7. *Empowerment* is about women and men taking control over their lives: being able to perceive alternatives, make choices, and fulfill those choices. It is both a process and an outcome, and it is collective and individual. Women's empowerment is essential to achieving gender equality. Outsiders cannot empower women, only women can empower themselves. However, institutions can support empowering processes.

8. *Gender mainstreaming* is ". . . the process of assessing the implications for women and men of any planned action, including legislation, policies, or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality".<sup>7</sup> A mainstreaming strategy may include positive initiatives directed towards either women or men.

## **Goal and Objectives**

9. The goal of this policy is to contribute to the achievement of gender equality in health status and health development through research, policies, and programs which give due attention to gender differences in health and its determinants, and actively promote equality and equity between women and men. PAHO/WHO will integrate—and support the integration by its Member States of—a gender equality perspective in the planning, implementation, monitoring, and evaluation of policies, programs, projects, and research, in order to achieve the following objectives:

- attainment of optimal health status and well-being by women and men, throughout their life course and across socioeconomic and ethnic groups.
- equity in the allocation of resources that ensure women's and men's access to appropriate health care according to their specific needs.
- equal participation of women and men as decision-makers in matters related to their own health and the well-being of their families and communities.
- fair distribution among women and men of responsibilities and compensations associated with health development work, including informal unpaid work.

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<sup>6</sup> Canadian International Development Agency, CIDA's Policy on Gender Equality, Quebec, 1999.

<sup>7</sup> E/1997/L.30 Adopted by ECOSOC 14.7.97.

- empowerment of women both as an end in itself and as an essential condition to achieve gender equality and sustainable development.

10. The incorporation of a gender approach to health-related analysis and interventions will apply to (a) Member States; (b) PAHO's technical cooperation at Headquarters, regional centers, and country offices; and (c) PAHO's own organizational development. This mainstreaming strategy will include the following components:

- collecting, analyzing, and sharing data disaggregated by sex and other relevant variables, and promoting gender-sensitive research to inform the development, implementation, monitoring, and evaluation of health policies and programs.
- developing tools and building capacities in PAHO's Secretariat and Member States for the integration of a gender equality perspective in the development, implementation, monitoring, and evaluation of policies and programs.
- institutionalizing the participation of civil society, with emphasis on women's groups and other gender equality advocates, in the formulation and monitoring of health policies and programs at regional, national, and local levels.
- facilitating empowering processes, with emphasis on women, for excluded groups.
- incorporating a vision of diversity while applying a gender equality approach to analysis and interventions.

### **PAHO's Commitment to Implementation**

11. The promotion of gender equality through the process of gender mainstreaming depends on the skills, knowledge, and commitment of the staff involved in its management and implementation. The sustainability of organizational commitments to gender mainstreaming relies on the development of knowledge, skills, and the institutionalization of policies and practices. Gender equality commitments should be routinely included in institutional policies and programming, such as Biennial Program Budgets (BPs), with specific funding and resources set aside to ensure that these commitments are adequately implemented and monitored.

12. Successful realization of this policy will require consistent and active participation by all PAHO staff at Headquarters, regional centers, and country offices. Responsibilities and actions will require collaboration and effective linkages across all departments and levels. Gender focal points will be identified and trained in each of PAHO's technical and administrative areas as well as in each field office to ensure that commitments to gender mainstreaming are implemented and evaluated.

13. Senior management will take the necessary steps to ensure the policy is translated into action in both technical and management aspects of PAHO programs. They will transmit the policy to technical and administrative staff and monitor its consistent and effective application throughout the work for

which they are responsible. They will be accountable to the Director and the Governing Bodies for the successful incorporation of gender considerations into their work.

14. This policy applies to all work throughout the Organization: research; program planning, implementation, monitoring, and evaluation; human resource management; and budgeting. Effective implementation of the policy will require senior-level commitment and validation and organizational support for activities to advance the knowledge and skills of staff for efficient gender mainstreaming in their area of work. Managers will be expected to institutionalize mechanisms for building capacity among their staff, providing financial resources, information, training, and technical support staff needed to assure the policy's implementation.

15. General guidance and support will initially be provided by the Gender, Ethnicity, and Health Unit under the Office of the Assistant Director (AD/GE), in collaboration with gender focal points in every regional area, center, and country office. However, all areas and units will be expected to collect data disaggregated by sex and other relevant variables, review and reflect on the gender aspects of their respective areas of work, and develop gender-sensitive, content-specific material. These actions will help ensure the integration of gender considerations in all of PAHO's work in different technical fields.

16. In collaboration with Headquarters, country offices will be expected to strengthen or create mechanisms and assign resources to promote the integration of gender issues in health systems, working with ministries of health, other sectors, nongovernmental organizations, and civil society.

17. AD/GE will coordinate the formulation and implementation of the mainstreaming initiative work; assist and support the development of methodologies and materials for gender analysis, the introduction of standardized terminology to ensure coherent communication about gender issues, the implementation of a strategy for appropriate capacity building across the Organization, and the design of mechanisms for monitoring and evaluation; and will prepare a resource mobilization and partnership plan to support the implementation of the policy in the shortest possible time. AD/GE will also contribute to the building of an appropriate evidence-base on gender-related health issues in the Organization.

18. AD/GE, with the guidance and monitoring support of the Subcommittee on Women, Health, and Development, will work closely with gender focal points throughout the Organization to ensure continuous implementation of this policy and the above activities.

19. The resources and administrative and operational mechanisms for implementing and monitoring the effectiveness of this policy throughout the Organization will be set forth in directives of the Director and Executive Management.

#### **Actions by the Subcommittee on Women, Health and Development**

20. The Subcommittee is invited to consider the above Gender Equality Policy draft and make recommendations regarding its proposed content, the process for obtaining its approval by the

Executive Committee, and the measures required to ensure its implementation throughout PAHO and the Member States.



ORGANIZACIÓN PANAMERICANA DE LA SALUD  
ORGANIZACIÓN MUNDIAL DE LA SALUD



**26.<sup>a</sup> CONFERENCIA SANITARIA PANAMERICANA**  
**54.<sup>a</sup> SESIÓN DEL COMITÉ REGIONAL**

*Washington, D.C., EUA, 23-27 de septiembre de 2002*

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***RESOLUCIÓN***

***CSP26.R21***

***RESOLUTION***

***CSP26.R21***

**WOMEN, HEALTH, AND DEVELOPMENT**

***THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE,***

Having considered the report of the Director on women, health, and development (Document CSP26/16);

Taking into account the inadequacies of current information and surveillance systems for documenting the health situation and trends in women's health and the existing gender inequities in health;

Aware that policies for reducing gender inequities require information for their formulation and evaluation; and

Bearing in mind the ongoing initiatives of other agencies of the United Nations system,

***RESOLVES:***

1. To urge the Member States to:

- (a) assign a high priority to establishing and financing information systems on gender differences in health and development; and to the collection, processing, and presentation of health information disaggregated by sex;
- (b) promote the participation of users and producers of information about gender and health issues from both government and civil society;
- (c) incorporate gender-based analysis in the formulation and monitoring of policies and in the initial and ongoing education of health care providers and to ensure access to gender-sensitive health programs that address the health needs of women throughout their lives, taking into account their multiple roles and responsibilities.

2. To request the Director to:

- (a) stimulate and support the production, dissemination, and analysis of data disaggregated by sex, incorporating data on interventions in the areas of gender, social class, ethnicity, and social territories;
- (b) support the periodic production of statistical bulletins and health profiles on gender, health, and development;
- (c) stimulate and support technical cooperation among countries in the development, analysis, and use of information on gender and health;
- (d) continue efforts to integrate gender into the work of the Organization, in particular in the strategic planning process and its follow-up;
- (e) incorporate a gender perspective in health analysis so as to target policies and programs more effectively and to develop and implement models that address gender inequities in health in an integrated manner;
- (f) address the need for more in-depth studies on the perception of health service providers, for the identification and explanation of the health problems of men and women.

*(Ninth meeting, 27 September 2002)*