**APPENDIX 5 : WHO TOOLS, GUIDANCE DOCUMENTS AND PUBLICATIONS PRODUCED FOR MEMBER STATES**

**REGION: PAHO**

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The following tables contain the analytical tools used to analyze a sample of 4 WHO/PAHO documents produced/published during 200**.** The Indicators selected for the analysis were the following: 1. Number of sampled WHO publications that promote or use sex disaggregated data, and 2. Number of sampled WHO publications that strongly promote or use gender analysis in health. One document (single or set of documents) of each of the following four types was reviewed. These were:

**Type 1: Seminal institution-wide publications:**

*Health in the Americas 2007. Scientific and Technical Publication No. 622. Washington DC, PAHO, 2007 (1172 pages)*

1. Volume I - Regional (425 pages)--This volume was produced at the regional level.
2. Volume II—Countries (747 pages).-- This volume was the joint product of regional and country offices

Note: A random sample of country profiles, 14 out of the 46 included in the volume was reviewed. These countries were: Antigua & Barbuda, Argentina, Aruba, Barbados, Bolivia, Canada, Costa Rica, Ecuador, Honduras, Nicaragua, Suriname, Uruguay, El Salvador, and Trinidad & Tobago (222 out of the 747 pages in this volume).

**Type 2: Policy/ Governing Bodies document**

*Renewing Primary Health Care in the Americas. A Position Paper of the Pan American Health Organization/World Health Organization (PAHO/WHO),* Washington DC, 2007 (48 pages)

**Type 2: Evidence type publication**

*Social Protection in Health Schemes for Mother, Newborn and Child Populations: Lessons Learned from the Latin American Region.* Washington DC, 2007 (60 pages)

**Type 4: Tools/normative guidelines**

Guidelines for preparing and reviewing PAHO Biennial Work Plans 2008-2009. November 2007 (27 pages)

1. Instructions for Preparing Biennial Work Plans 2008-2009. Washington DC, PAHO, November 2007
2. Internal Peer Review Guidelines 08-09 Biennial Work Plans: HQ and Centers BWPs. Washington DC, PAHO, November 2007
3. Internal Peer Review Guidelines 08-09 Biennial Work Plans: Country Office BWPs”. Washington DC, PAHO, November 2007

PUBLICATION 1a: Health in the Americas 2007.Volume I –Regional. Washington DC, PAHO, 2007 (425 pages)

TABLE 1: Worksheet for word search

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| --- | --- | --- |
| **Key Words** | **# Mentions** | **Context** |
| 1. "gender" | 92 | Gender mentions occur in 6 of the 7 main sections of the book, in reference to health determinants; equity markers; differences in roles & norms between women &men; policy approach characteristics; policy objectives; and the Office of the Gender Ministry. The chapters with gender mentions are: *1.*[*: Health in the context of development*](file:///E:\vol1regionalingcap1.html)*; 2: Health conditions and trends; 3: Sustainable development and environmental health; 4: Public policies and health systems and services;* and [*6: Prospects for regional health*](file:///E:\vol1regionalingcap6.html)*.* Gender mentions are absent in Ch. 5*: Health* *and international cooperation* |
| 1. “gender equality” | 21 | Mainly in reference to MDG 3, in the Overview and in Ch.1, 2, 3, 4, 6 (See a above). |
| 1. "equality/inequality/inequity between women and men" | 34 | Unwarranted social and health disparities between women and men were most frequently mentioned in Chapter 1, in the Overview, and in Chapters. 2, 4, 6, and 3 (See a above). |
| 1. "gender equity" or health equity for women and men | 9 | Policy objective congruent with MDG3 (Preface); policy approach aimed at eliminating existing unfair gender disparities, mentioned in the overview, and in Chapters 1, 2, and 6. (See a above). |
| 1. gender-based discrimination | 4 | Social exclusion and social disadvantage of women, mentioned in the overview and Chapters 1 and 2 (See a above). |
| unequal resources or power or access for women and men or power dynamics/relations | 19 | References to unequal access to education, employment, remuneration and decision-making resources, particularly in the Overview section, also in Ch 1,2,4, 6. (See a above). |
| 1. "women's empowerment" | 9 | Mainly, in reference to MDG 3, in the Overview and in Ch. 1,2.3, and underscored by UNIFEM in Ch.6 (See a above). |
| 1. "masculine" and/or feminine | -- |  |
| 1. "gender-based violence" or "violence against women” | 25 | Mentioned throughout the text, except in 2 out of 7 sections: Chapters 4 & 5 (See a above). |
| 1. "sexual and reproductive health" | 6 | Mentioned in Ch. 1, 2, 5 and underscored by UNIFEM in Ch. 6 (See a above). |
| 1. "human rights" or "women's rights" | 4 | The term “human rights” is mentioned 37 times throughout the document. The reference to women’s rights occurs in 4 of those instances in Chapter 1, 2, and underscored by UNIFEM in Ch.6. (See a above). |
| 1. "differential or specific health needs/outcomes of women and/or men | 7 | References to both specific needs and outcomes, particularly in Ch. 1, but also in Chapters. 2, 4, and 6. (See a above). |
| 1. sex disaggregated data | 163 | In tables, graphs, and text references of the overview & Chapters 1-4; under-scored in Chapter 6 by UNIFEM; and absent in Chapter 5 (see a above) |
| 1. MDG 3 | 11 | In the Overview and Chapters. 1, 2, 3, 6 (See a above) |
| Total # of gender-related mentions: 355\*  Total # words in document: 290,263  Total number of pages: 425 | | |

*\*Number of references does not add up since some search categories overlap*

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| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO PUBLICATIONS  Gender Integration Score: 9 | **Name:** **Health in the Americas 2007. Volume I–Regional.**  Year: 2007  Language: English  Region: PAHO  Type of publication:Seminal institution-wide publication  Subject: Regional Health Profile | | | | |
| **Criteria** | **Yes**  (1) | | **No** (0) | **N/A** (97) | **Additional remarks**  *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | It includes more than a 100 direct references. It is important to note that “gender” as a social determinant of health and health equity, and “gender equity” as a policy objective are named, not only in some of the chapters, but in the Director’s preface and in the “executive summary” or *Overview of Regional Health.* Only 1 of 7 sections does not allude to “gender”. The chapters with gender mentions are:  [*1: Health in the context of development*](file:///E:\vol1regionalingcap1.html)*; 2: Health conditions and trends; 3: Sustainable development and environmental health; 4: Public policies and health systems and services;* [*6: Prospects for regional health*](file:///E:\vol1regionalingcap6.html)*.* Gender mentions are absent in Ch. 5*: Health* *and international cooperation.* |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) | **1** | |  |  | There are more than 200 references (in text and tables) to gender issues such as inequalities or disparities in access to social resources and power and in health outcomes between women and men; domestic or intra family violence against women; women’s lower social status; responses to women’s specific needs; sexual and reproductive health needs and programs, and women’s empowerment. |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/partnerships/consultations) |  | |  | **97** | The final version received the inputs of other agencies, UNIFEM among them. There were no consultations with civil society groups, although research results produced by this societal sector and by Government Gender Offices were used in documenting the analysis. |
| 4. Does the document recommend use of sex disaggregated data? | **1** | |  |  | No mention to this practice was included in the sections regarding requirements and challenges for strengthening information health systems. A call for disaggregation by sex and age was made in the Adolescent Health section. |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1)  **1** | Never (0) |  | There were 163 references to sex-disaggregated information throughout the document. They appeared in all but one of the chapters of the book (*Health* & *International Cooperation).* They were most numerous in Chapter 2, *Health Conditions & Trends (*also the most extensive) *,* and in Chapter 1, *Health in the context of development.* Nonetheless, there were many places where relevant sex-disaggregation was not presented. |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2)  **2** | Some times (1) | Never (0) |  | Most definitely when data was quoted, and not only in the sections that deal specifically with gender. However, there remains an ample number of missed opportunities to bring to bear relevant data and address its implications. |
| 7. Does the document specify at least one action/ recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1)  **1** | Never (0) |  | In an indirect way, by pointing to gender inequities in need of addressing, e.g., in relation to access to health services, avoidable health outcomes, and access to decision making positions within the health sector. And, in a direct way, by its widespread mentions of the need to address gender based violence, as well as by singular references to gender issues such as involvement of men in reproductive health programs, and empowerment of women, particularly adolescents in the context of HIV and other health problems. |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use chairperson or Madame chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

**PUBLICATION 1b:** Health in the Americas 2007. Volume I I–Countries\*. PAHOScientific and Technical Publication No. 622

TABLE 1: Worksheet for word search in 14 of the 46 countries included in Volume II

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| **Key Words** | **# Mentions** | **Comments** |
| 1. "gender" | 35 | In 5 countries the term was not mentioned at all. Most mentions came from Trinidad & Tobago (14) El Salvador (7), Nicaragua (2) Honduras and Argentina (2), |
| 1. "gender equality" | 2 | Only 2 references in one country: Argentina. It was not mentioned in any of the other countries |
| 1. "equality/inequality/inequity between women and men" | 15 | No references in 5 countries. The references were to disparities, gaps and differences between women and men. Most came from Honduras (4) |
| 1. "gender equity" or health equity for women and men | 1 | Only one mention in one country: Argentina |
| 1. gender-based discrimination | 4 | Mentioned in only 4 countries: All in reference to the Convention for the Elimination of all forms of Discrimination Against Women (CEDAW): Argentina, Barbados, Suriname, and Trinidad &Tobago |
| 1. unequal resources or power or access for women and men or power dynamics/relations | 54 | References were mostly to access to social resources (education, employment, remuneration), women being more afflicted by poverty, special problems for females heading households, and unequal power relations between women and men. A greater number of mentions came from Nicaragua (15), Costa Rica (11), Bolivia (8), El Salvador and Argentina (5). |
| 1. "women's empowerment" | 3 | Mentioned only in one country, Bolivia, in the context of MDG 3 |
| 1. "masculine" and/or feminine | -- |  |
| 1. "gender-based violence" or "violence against women" | 32 | Mentioned in every country as a public health problem. except in Uruguay and Argentina. Most references came from Honduras (5), Costa Rica (7), and Trinidad & Tobago (4). |
| 1. "sexual and reproductive health" | 29 | Mentioned in 8 of the 14 countries as a priority. Most references came from Suriname (7), Trinidad & Tobago (7), Argentina (5). |
| 1. "human rights" or "women's rights" | 7 | Reference to women’s rights in the context of human rights only in Trinidad & Tobago (4), Argentina (2), and Suriname (1). |
| 1. "differential or specific health needs/outcomes of women and/or men | 36 | Mentions were made to specific health needs and outcomes of women and men, particularly in relation to gender based violence, maternal-reproductive health, contraception and HIV, but also regarding a variety of other health conditions, health care situations, and social protection in health. These mentions were most numerous in Argentina (12), Costa Rica () and Honduras (8). |
| 1. sex disaggregated data | 465 | References in tables, graphs and text were fairly widespread throughout the entire sample of countries. These references were most numerous in Argentina (71), Canada (68), El Salvador (61), Ecuador (54), Bolivia (40), and Nicaragua (38) |
| 1. MDG 3 | 3 | MDG 3 received only 2 direct references coming from Bolivia and Trinidad & Tobago, and an indirect one from Suriname. |
| Total # gender-related references\*\*: 570  Total # words in document: 182,510  Total # of reviewed pages: 222 | | |

\* A random sample of 14 countries out of the 46 included in the publication was reviewed here. These countries were: Antigua & Barbuda, Argentina, Aruba, Barbados, Bolivia, Canada, Costa Rica, Ecuador, El Salvador, Honduras, Nicaragua, Suriname, Trinidad & Tobago, and Uruguay.

\*\* The number of references does not add up since some search categories overlap

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| --- | --- | --- | --- | --- | --- |
| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO  PUBLICATIONS  Gender Integration score: 7 | Name: : Health in the Americas 2007. Volume II–Countries\*.  Year:2007  Language: English  Region: PAHO  Type of publication:Seminal institution-wide publications  Subject: Country health profiles | | | | |
| **Criteria** | **Yes**  (1) | | **No** (0) | **N/A** (97) | **Additional remarks** *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | The use of the gender term is not fully widespread among the countries of this sample. 9 out of 14 countries referred to it and in two of these cases its meaning was interchangeable with sex. In no country there was a mention of women’s empowerment. |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) | **1** | |  |  | There are more than 150 references to gender issues, gaps and inequalities throughout the text, without counting those that point at sex-disaggregated data. |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/partnerships/consultations) |  | |  | **97** |  |
| 4. Does the document recommend use of sex disaggregated data? |  | | **0** |  | Not specifically. However its use appears to be common practice in some countries, particularly in Argentina, Canada, and El Salvador. |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1)  **1** | Never (0) |  | Profusely in some countries (See item m in Table 2 above). There are approximately 465 references in text, tables and graphs to sex-disaggregated data covering social, demographic and health issues. |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2) | Some times (1)  **1** | Never (0) |  | Gender analysis is carried out most often regarding the social context. It is seldom applied to health issues except in reference to HIV, GBV, and other HSR issues. |
| 7. Does the document specify at least one action/ recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1)  **1** | Never (0) |  | Most often gender inequities are pinpointed without referring to actions to address them. There are some exceptions however, such as the Program of Healthy Sexuality and Responsible Procreation in Argentina. |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use Chairperson or Madame Chair rather than Chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

\* A random sample of 14 countries out of 46 included in the publication were reviewed. These countries were: : Anguila, Antigua & Barbuda, Argentina, Aruba, Barbados, Bolivia, Canada, Costa rica, Ecuador, Honduras, Nicaragua, Suriname, Uruguay, El Salvador, Trinidad & Tobago (222 pages).

**PUBLICATION 2:**  **Renewing Primary Health Care in the Americas. A Position Paper of the Pan American Health**

**Organization/World Health Organization (PAHO/WHO),** Washington DC, 2007

TABLE 1: Worksheet for Word Search

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| --- | --- | --- |
| **Key Words** | # Mentions | **Context** |
| 1. "gender" | **8** | Gender as a marker for equity in health and health care, or as an approach denoting sensitivity to differences and specific needs of population groups. The following are examples. (See also f & l below)  *“ ...the right to the highest attainable level of health without distinction of race, gender, religion....”;*  *“ ...bringing health care to people ... regardless of their gender, age, ethnicity, social status, or religion, political belief, or economic or social condition”*  *“Health care models should be ....gender and culturally sensitive”.* |
| 1. "gender equality" | **1** | Mentioned in one footnote listing all MDGs |
| 1. "equality/inequality/inequity between women & men" | **--** |  |
| 1. "gender equity" or health equity for women and men | **--** |  |
| 1. gender-based discrimination | **--** | See a. above |
| 1. unequal access to resources or power for women and men; or power dynamics/relations | **3** | *“States should identify and work to eliminate organizational, geographic, ethnic, gender, cultural, or economic barriers to access”*  *“Accessibility implies the absence of geographic, financial, organizational, socio–cultural, and gender–based barriers to care” (See also a. above)* |
| 1. "women's empowerment" | **1** | Mention in one footnote listing all MDGs (see b above) |
| 1. "masculine" and/or feminine | **--** |  |
| 1. "gender-based violence" or "violence against women" | **--** |  |
| 1. "sexual and reproductive health" | **--** | Mention to the Conference on Population and Reproductive Health (Cairo,1994) in an Appendix listing PHC milestones in America, without any further elaboration |
| 1. “human rights” or “women’s rights” | **--** | Mention of human rights without specific reference to women’s rights |
| 1. "differential or specific health needs/outcomes of women and/or men | **3** | *“... taking into account local health needs, preferences, culture, and values .....requires both an intercultural and a gender approach to health services delivery.;*  *“...being respectful and reflective of the preferences and needs of people regardless of their socioeconomic status, culture, race, ethnicity, or gender”*  *“...addressing the specific needs of particular populations such as women, the elderly, the disabled, indigenous, or afro–descendent populations who may not receive appropriate care” (See a above)* |
| 1. sex disaggregated data | **--** |  |
| 1. MDG 3 | **1** | MDG 3 was mentioned within a **footnote** listing all MDGs (see b & g above). MDGs are referred to 6 times in the text. |
| Total number of gender related references: 12\*  Total number of words in text: 22,400  Total number of pages in the document: 48 |  |  |

*\* Number of references does not add up since some search categories overlap*

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| **TABLE 2**. CONTENT ANALYSIS OF WHO/PAHO PUBLICATIONS  Gender Integration score: 4 | **Name:**Renewing Primary Health Care in the Americas. A Position Paper of the Pan American  Health Organization/ World Health Organization (48 pages)  **Year:** 2007  **Language:** English  **Region:** PAHO  **Type of publication:** Policy/ Governing Bodies document  **Subject:** Primary Health Care Policy | | | | |
| **Criteria** | **Yes**  (1) | | **No** (0) | **N/A** (97) | **Additional remarks**  *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | Includes 8 explicit references to *gender,* (a) as part of a **list** of distinctions that need to be made--or eliminated— in a context of equity (core value) in access to care; (b) as an approach (together with intercultural) sensitive to differential needs and preferences; (c) in a footnote, as one in the list of MDGs (only time the terms gender equality and women’s empowerment are mentioned). In none of the above instances the reference was followed with any elaboration as to its meaning or implications. |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) | **1** | |  |  | As stated in (1) above, most references were limited to mentioning *gender* within lists of equity markers or MDGs. There was one reference—without the use of the gender term-- to *addressing the specific needs of particular populations such as women,* among a list of other population groups. |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/ partnerships/ consultations) |  | | **0** |  | No specific reference to consultation or partnerships with women’s groups was found. Regional and national consultations did take place in 2005. At a country level, the position paper was reviewed by representatives of ministries, academia, NGOs, professional associations, health service providers, decision makers, consumers and other social sectors. It may or may have not included women’s groups. |
| 4. Does the document recommend use of sex- disaggregated data? |  | | **0** |  | Among recommended action is to prioritize in the first two years the conduction of situation analyses and diagnostics. No mention is made to any type of data disaggregation. Neither is in a subsequent recommendation to *“develop a methodology and indicators to monitor and evaluate the progress made by the countries and the Region as a whole in the implementation of PHC–based health systems”.* . |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** | No quantitative data was presented in the document |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2) | Some times (1) | Never (0)  **0** |  | See 1 & 2 above |
| 7. Does the document specify at least one action/recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1) | Never (0)  **0** |  | Not specifically, except for broadly phrased references (quoted above) to the requirement to recognize and address differences in needs and preferences of various populations groups as defined by place of residence, “ *gender, age, ethnicity, social status, religion, political belief, or economic or social condition”* |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use Chairperson or Madame Chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

**PUBLICATION 3:** Social Protection in Health Schemes for Mother, Newborn and Child Populations: Lessons Learned from the Latin American Region. Washington DC, 2007

TABLE 1: Worksheet for Word Search

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| --- | --- | --- |
| **Key Words** | **# Mentions** | **Context** |
| 1. "gender" | 25 | focus, approach, Gender Bureau, Social determinants: “the improvement of women’s social status within the family.....appear to be crucial in the ability of the SPHS to tackle negative social determinants”.  *“ Most important social determinants, such as literacy rate, income,* ***women’s status,*** *institutional strength, infrastructure, and governance all work to improve health status”.* |
| 1. "gender equality" | 1 | MDG |
| 1. “equality/inequality/inequity between women & men" | 4 | Disparities in education, remuneration, contributions between women and men; women’s low status in society and in the family.  Women receive approximately 65% of the pay received by men for equal  work and there are fewer women than men employed in professional  work and skilled trades.. |
| 1. "gender equity" or health equity for women & men | 6 | Equity is mentioned directly 90 times. Gender equity is alluded indirectly:  *“...brings up the issue of equity inside the household and how resources are distributed within the family”.*  *“women’s status, as measured by indicators such as level of education relative to men, age at first marriage, and reproductive autonomy, is a strong predictor of maternal mortality”.* |
| 1. gender-based discrimination | 4 | Despite legal protections of women’s rights in politics, the home, and employment, discrimination against women is pervasive, particularly with respect to educational  and economic opportunities for those in the lower economic strata. |
| 1. unequal access to resources and power for women and men, or power dynamics/relations | 10 | Unequal access to education, exclusions from health care, gender as a barrier for access to care, power imbalance in the relation between women and men |
| 1. "women's empowerment" | 5 | MDG, indicators , and specific references to women’s empowerment beyond reciting the name of MDG 3.  The program’s specific focus on gender issues (turning benefits over to the female head of household over the male and increasing benefits for female students at  the secondary level and beyond) has resulted in increased empowerment  of women. |
| 1. "masculine" and/or feminine | -- |  |
| 1. "gender-based violence", "violence against women" | 3 | Although the law prohibits violence against women, including within marriage, abuses are widespread |
| 1. "sexual and reproductive health" | 8 | *the National Sexual and Reproductive Rights Policy was launched in 2005, and includes family planning programs aimed at guaranteeing the sexual and reproductive health rights of both adults and adolescents* |
| 1. "human rights" or "women's rights" | 2 | Women’s rights in the context of reproductive rights. |
| 1. "differential or specific health needs/outcomes of women and/or men | 5 | Women, as caretakers and head of households, are more likely to be affected by changes in social policies, since they can dramatically alter the balance between paid labor and domestic labor.  The problematic of female headed household is brought into attention  Given the focus of the document on maternal health, the issue of women’s specific needs in that domain is widely discussed, |
| 1. sex disaggregated data | 2 | There is disaggregation in demographic data. For instance, “...despite increases in overall education, 12% of women are illiterate compared to 8% of men” .  Since the focus is on maternal health, most health data is on women only |
| 1. MDG 3 | 3 |  |
| Number of gender related references: 65\*  Total number of words in document: 18,479  Total number of pages in the document:60 |  |  |

\**Number of references does not add up since some search categories overlap*

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| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO PUBLICATIONS  Gender Integration Score: 10 | Name: Social Protection in Health Schemes for Mother, Newborn and Child Populations: Lessons Learned from the Latin American Region. Washington DC, (60 pages)  Year: English  Language: 2007  Region: PAHO  Type of publication: Evidence type Publication  Subject: Social Protection in Health | | | | |
| **Criteria** | **Yes** (1) | | **No** (0) | **N/A** (97) | **Additional remarks**  *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | It contains more than 10 explicit references, particularly in the context of equity, inequality and discrimination. It is important to mention that gender is highlighted as a determinant from the very presentation of the document: “*to understand the role these interventions play in the broader institutional setting of existing health systems and their relationship with social determinants of health such as socio-economic status, gender, and ethnicity”* |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) | **1** | |  |  | It contains more than 30 references throughout the text alluding to gender as a health determinant, as a focus for interventions, and as an approach in analysis and policy. It brings up key issues of gender inequality in the distribution of labour, access to health care, and access to resources & power in society and **within the family.**  “*the improvement of women’s social status within the family...appear to be crucial in the ability of the SPHS to tackle negative social determinants”*  *“ Most important social determinants, such as literacy rate, income,* ***women’s status,*** *institutional strength, infrastructure, and governance all work to improve health status”.* |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/ partnerships/ consultations) |  | | **0** |  | It does not refer to consultations in the process of producing this document. It does allude to contributions by women’s groups to relevant policy making in Ecuador, and quotes data provided by the Gender Bureau in that country. |
| 4. Does the document recommend use of sex disaggregated data? |  | |  | **97** |  |
| 5. Does the document use/present sex disaggregated data? | Where relevant  Always (2)  **2** | Some times (1) | Never (0) |  | Since the document’s focus is on maternal health, most health data refers to women only. However, sex-disaggregated data is presented in the socio-demographic contest. For instance, *“...despite increases in overall education, 12% of women are illiterate compared to 8% of men” .* |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/Always(2)  **2** | Some times (1) | Never (0) |  | This is the document’s stronger mark regarding gender integration. Beyond simply examining sex-disaggregated data, the document analyses gender as a health determinant, the health repercussions of women’s lower status, and the policy implications of gender differences in roles, norms and power. |
| 7. Does the document specify at least one action/recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/Always (2)  **2** | Some times (1) | Never (0) |  | *“ As learned from these experiences, conditioned programs achieve better outcomes when they are directed to families instead of individuals and when the mother is the recipient of the monetary or in-kind benefit. The case of OPORTUNIDADES also shows that giving control of monetary benefits to the mother improves the status of women within the family”.*  *“ And targeting the maternal and child population, using age or pregnancy as a main criteria, brings up the question of equity of access to health for the rest of women of reproductive age and for older children.* |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use chairperson or madame chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

**DOCUMENT 4a**:Instructions for Preparing Biennial Work Plans 2008-2009. PAHO, November 2007

TABLE 1: WORKSHEET FOR WORD SEARCH

|  |  |  |
| --- | --- | --- |
| **Key Words** | **# Mentions** | **Context** |
| 1. "gender" | **1** | See d below |
| 1. "gender equality" | **--** |  |
| 1. "equality/inequality/inequity between women and men" | **--** |  |
| 1. d. "gender equity" or health equity for women and men | **1** | *“ When an entity prepares its Biennial Workplan, they should take into account the six cross-cutting technical cooperation topics:*  ***1.*** *Health Promotion; 2. Primary Health Care;* ***3.*** *Human Rights;* ***4.*** *Social Protection;* ***5.*** *Gender Equity; 6****. H****ealth of Indigenous Populations.*  *The Assistant Director‘s Office is developing technical guides for implementing the cross-cutting topics within the BWPs….. “* |
| 1. gender-based discrimination | **--** |  |
| 1. unequal access to resources or power for women and men, or power dynamics/relations | **--** |  |
| 1. "women's empowerment" | **--** |  |
| 1. "masculine" and/or feminine | **--** |  |
| 1. "gender-based violence" or "violence against women" | **--** |  |
| 1. "sexual and reproductive health" | **--** |  |
| 1. "human rights" or "women's rights" | **--** | See d above |
| 1. "differential or specific health needs/outcomes of women and/or men | **--** |  |
| 1. sex disaggregated data | **--** |  |
| 1. MDG 3 | **--** |  |
| **Total number of gender related references:**  Total number of Words in document: 3249  Total number of pages: 17 | **1** |  |

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| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO DOCUMENTS | Name: Instructions for Preparing Biennial Workplans 2008-2009. November 2007  Year: 2007  Language: English  Region: PAHO  Type of publication: Tools/normative guidelines  Subject: Planning guidelines | | | | |
| **Criteria** | **Yes** (1) | | **No** (0) | **N/A** (97) | **Additional remarks** *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | *“ When an entity prepares its Biennial Workplan, they should take into account the six cross-cutting technical cooperation topics:*  ***1.*** *Health Promotion; 2. Primary Health Care;* ***3.*** *Human Rights;* ***4.*** *Social Protection;* ***5.*** *Gender Equity; 6****. H****ealth of Indigenous Populations.*  *The Assistant Director‘s Office is developing technical guides for implementing the cross-cutting topics within the BWPs….. “* |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) |  | | **0** |  |  |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/partnerships/consultations) |  | | **0** |  |  |
| 4. Does the document recommend use of sex disaggregated data? |  | | **0** |  |  |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 7. Does the document specify at least one action/recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use chairperson or Madame Chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

**DOCUMENT 4b: “**Internal Peer Review Guidelines 08-09 Biennial Work Plans: HQ and Centers BWPs”, PAHO, November 2007

**TABLE 1:** WORKSHEET FOR WORD SEARCH

|  |  |  |
| --- | --- | --- |
| **Key Words** | **# Mentions** | **Comments** |
| 1. "gender" | 1 | See b below |
| 1. "gender equality" | 1 | As a criterion to review work plans: ***“Does the BWP incorporate PAHO’s six mainstreaming issues?***  *The 6 mainstreaming issues for PAHO are: 1) health promotion; 2) primary health care; 3) human rights; 4) social protection; 5)* ***gender equality,*** *and 6) indigenous health. (This does not apply to administrative entities)”* |
| 1. "equality/inequality/inequity between women and men" | -- |  |
| 1. "gender equity" or health equity for women and men | -- |  |
| 1. gender-based discrimination | -- |  |
| 1. unequal access to resources or power for women and men, or power dynamics/relations between women and men | -- |  |
| 1. "women's empowerment" | -- |  |
| 1. "masculine" and/or feminine | -- |  |
| 1. "gender-based violence" or "violence against women" | -- |  |
| 1. "sexual and reproductive health" | -- |  |
| 1. "human rights" or "women's rights" | -- |  |
| 1. "differential or specific health needs/outcomes of women and/or men | -- |  |
| 1. sex disaggregated data | -- |  |
| 1. MDG 3 | -- |  |
| **Total number of gender related references:**  Total number of words in document: 1280  Total number of pages: 5 | **1** |  |

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| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO DOCUMENTS | Name:Internal Peer Review Guidelines 08-09 Biennial Work Plans: HQ and Centers  BWPs  Year: 2007  Language: English  Region: PAHO  Type of publication: Tools  Subject: Evaluation of Work Plans | | | | |
| **Criteria** | **Yes**  (1) | | **No** (0) | **N/A** (97) | **Additional remarks**  *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | Gender equality is one of the six PAHO mainstreaming issues whose incorporation is required in the work plans of HQ and centers |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) |  | | **0** |  |  |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/partnerships/consultations) |  | | **0** |  |  |
| 4. Does the document recommend use of sex disaggregated data? |  | | **0** |  |  |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 7. Does the document specify at least one action/recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use chairperson or Madame chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |

**DOCUMENT 4c:** “Internal Peer Review Guidelines. 08-09 Biennial Work Plans: Country Office BWPs”. PAHO, Nov., 2007

**TABLE 1:** WORKSHEET FOR WORD SEARCH

|  |  |  |
| --- | --- | --- |
| **Key Words** | **# Mentions** | **Comments** |
| 1. "gender" | **1** | See b below |
| 1. "gender equality" | **1** | As a criterion to review work plans:  ***“Does the BWP incorporate PAHO’s six mainstreaming issues?***  *The 6 mainstreaming issues for PAHO are: 1) health promotion; 2) primary health care; 3) human rights; 4) social protection; 5)* ***gender equality,*** *and 6) indigenous health. (This does not apply to administrative entities)”* |
| 1. "equality/inequality/inequity between women and men" | **--** |  |
| 1. "gender equity" or health equity for women and men | **--** |  |
| 1. gender-based discrimination | **--** |  |
| 1. unequal access to resources or power for women and men, or power dynamics/relations between women and men | **--** |  |
| 1. "women's empowerment" | **--** |  |
| 1. "masculine" and/or feminine | **--** |  |
| 1. "gender-based violence" or "violence against women" | **--** |  |
| 1. "sexual and reproductive health" | **--** |  |
| 1. "human rights" or "women's rights" | **--** |  |
| 1. "differential or specific health needs/outcomes of women and/or men | **--** |  |
| 1. sex disaggregated data | **--** |  |
| 1. MDG 3 | **--** |  |
| **Total number of gender related references:**  Total number of words in document: 1190  Total number of pages: 5 | **1** |  |

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| TABLE 2. CONTENT ANALYSIS OF WHO/PAHO DOCUMENTS | Name:Internal Peer Review Guidelines 08-09 Biennial Work Plans: Country Office  BWPs  Year: 2007  Language: English  Region: PAHO  Type of publication: Tools  Subject: Evaluation of Work Plans | | | | |
| **Criteria** | **Yes**  (1) | | **No** (0) | **N/A** (97) | **Additional remarks**  *(to specify context in which words were used or make qualifying comments)* |
| 1. Does the document include one or more "explicit" statements/references to gender equality or gender equity (i.e search terms a to d)? | **1** | |  |  | Gender equality is one of the six PAHO mainstreaming issues whose incorporation is required in the work plans of HQ and centers |
| 2. Does the document have one or more "implicit" or indirect references to gender (use the search terms e through n) |  | | **0** |  |  |
| 3. Does the document refer to consultation/ partnerships with women's groups in the consultation process (examine document’s annexes, preface, and acknowledgements for mention of collaborations/partnerships/consultations) |  | | **0** |  |  |
| 4. Does the document recommend use of sex disaggregated data? |  | | **0** |  |  |
| 5. Does the document use/present sex disaggregated data? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 6. Does the document analyse/interpret the differences between women and men's outcomes, needs, roles, norms (i.e. gender analysis)? | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 7. Does the document specify at least one action/recommendation to address gender (use search criteria "a to n" specified above in Table 1) | Where relevant/ Always (2) | Some times (1) | Never (0) | **97** |  |
| 8. Does the document use inclusive, non-sexist language (e.g. use women and men or boys and girls, throughout or where appropriate use chairperson or Madame chair rather than chairman and avoid using "he" to refer to both sexes) | Where relevant/ Always (2)  **2** | Some  times/ (1) | Never (0) |  |  |