

## **B. PLAN OF ACTION FOR IMPLEMENTING THE GENDER EQUALITY POLICY**

### **Background**

1. Member States approved the Pan American Health Organization's (PAHO) Gender Equality Policy during the 46th Directing Council (Resolution CD46.R16, [2005]). The resolution requested of the Director "...within the available financial means, as mandated within the various processes of institutional strengthening, to develop an action plan for the implementation of the Gender Equality Policy, including a performance monitoring and accountability system" (1).

2. The requested Plan of Action was approved by Member States in 2009 (Resolution CD49.R12) (2). It provides a roadmap with monitoring indicators for the Pan American Sanitary Bureau (PASB) and the Member States to implement the Gender Equality Policy. The plan requires the Director to report on progress of its implementation. This is the first such report presented to the Governing Bodies.

### **Methodology**

3. PASB's Gender, Diversity and Human Rights Office (GDR) developed a monitoring framework (three questionnaires) to solicit information on progress of PASB technical areas, PAHO/WHO Country Offices (PWRs), Member States, and GDR itself. During 2011, the monitoring framework was presented at three subregional PASB Managers' Meetings, as well as at the Technical Advisory Group on Gender Equality and Health (TAG/GEH), the PASB Gender Focal Point (GFP) network, and to other partners. The four strategic areas reviewed in the framework are (a) data disaggregation, analysis and use; (b) capacity building to integrate gender in health; (c) civil society participation in gender equality plans; and (d) monitoring gender equality advances.

### **Update**

4. Information was self-reported by four technical areas of PASB, GDR, and 36 countries and territories, including Barbados and nine Eastern Caribbean countries. Haiti, Jamaica, Puerto Rico, and the United States of America did not provide results. Some of the consultations included the participation of all partners, including civil society, others included only ministry of health and PASB colleagues, and still others included other ministries and United Nations (UN) partners. Two reports were provided without consultations.

## Results in Desaggregating Health Information

### *PASB Gender, Diversity and Human Rights Office*

5. GDR has developed a number of tools for training producers and users of health information on how to integrate a gender and intercultural perspective in the use of health information and in health information systems. To strengthen the capacity of countries to produce, analyze, and use health information that includes gender indicators, GDR has developed (with UN partners): the third biennial statistical brochure “Gender, Health and Development in the Americas: Basic Indicators 2009;” “Health of Women and Men in the Americas: Profile 2009;” and other documents<sup>1</sup>

#### **Technical Areas: Number and Percentage of Guidelines with Disaggregated Data by Sex, Age, and Ethnicity, 2005–2010**

| Project <sup>2</sup> | Total Guidelines | Disaggregated by: |           |           |           |           |           |
|----------------------|------------------|-------------------|-----------|-----------|-----------|-----------|-----------|
|                      |                  | Sex               |           | Age       |           | Ethnicity |           |
|                      |                  | Number            | %         | Number    | %         | Number    | %         |
| SDE                  | 9                | 9                 | 100       | 8         | 89        | 3         | 33        |
| FCH                  | 20               | 14                | 70        | 16        | 80        | 6         | 30        |
| HSD                  | 13               | 11                | 85        | 10        | 77        | 9         | 69        |
| HSS                  | 8                | 5                 | 63        | 6         | 75        | 4         | 50        |
| <b>TOTAL</b>         | <b>50</b>        | <b>39</b>         | <b>78</b> | <b>40</b> | <b>80</b> | <b>22</b> | <b>44</b> |

6. As the table above shows, between 63% and 100%, of the guidelines and publications produced by the technical areas disaggregated information by sex, but considerably fewer did so by ethnicity. Disaggregation is a necessary step for identifying health disparities, but it alone is not sufficient for understanding why these disparities exist. A gender and equity analysis can complement disaggregated information by indicating how to address inequalities in health.

#### ***Countries with Guidelines/Publications with Data Disaggregated by Sex and Age, 2005–2010***

7. Countries reported having between 1 and 19 guidelines for integrating gender in health information, policies, and programming (with Bolivia reporting the highest number), and between 1 and 20 publications (with both Peru and Uruguay reporting the highest number). Countries that disaggregated information by sex predominantly reported

<sup>1</sup> All publications, including the complete monitoring report, are available from: <http://www.paho.org/gdr/publications>.

<sup>2</sup> The acronyms in this column refer to the following PASB areas: Sustainable Development and Health (SDE), Family and Community Health (FCH), Health Surveillance, Disease Prevention and Control (HSD), and Health Systems based on Primary Health Care (HSS).

that they had included a gender analysis and used information for decision making, advocacy, monitoring, and training. The countries that published gender and health profiles were Bolivia, Costa Rica, Honduras, Mexico, Panama, Peru, and Uruguay. Colombia, Nicaragua, and Trinidad and Tobago reported that gender analysis was included in their country's health situation reports.

## **Results in Capacity-Building on Gender and Health**

### ***PASB Staff Training on Gender and Health***

8. The GDR Senior Advisor is part of the PASB management team that determines staff training opportunities. In 2008 and 2009, GDR trained the Country Offices' GFPs, the Ministries of Health, and partners from national women's agencies and civil society organizations during four-day subregional workshops. As a result, more than 100 people at the country level and 30 PASB headquarters staff were trained. Since then, GDR has developed a virtual course on "Gender and Health with a Human Rights and Cultural Diversity Perspective" to train intersectoral country teams. In 2011, 58 persons, including 16 from PASB, were trained from five priority countries.

### ***Gender and Health Training in Member States***

9. More than half of Member States reported having received training on gender to implement their national plans on gender and health. It was commonly noted that this training should be more consistent and focused on specific health issues. Trainings often were provided by the country's ministry of health, as in the exemplary case of Mexico, whose Secretariat of Health gender trainers provide ongoing support for capacity-building and offer a gender and health diploma course to health workers.

## **Results of Gender and Health Plans and Participation of Civil Society**

### ***Technical Advisory Group on Gender and Health (TAG/GEH)***

10. The PASB Director's TAG/GEH consists of gender experts and representatives of UN sister agencies, government (MOH leaders or Gender Offices), and regional civil society organizations that promote gender equality in health. The TAG/GEH met three times from 2008 to 2011 to assist the Director and PASB with concrete recommendations for the development, consultation, implementation, and monitoring of the Plan of Action for Implementing the Gender Equality Policy.

### ***Gender Equality Policies and Budgets***

11. Most countries have passed national gender equality or equal opportunity laws that also apply to the health sector. Nine countries reported having specific health and

gender policies and eight have specific units. Only Honduras, Mexico, Peru, and Venezuela reported budgets assigned by law. Many countries noted that their gender activities were mostly donor supported.

### **Results in Gender Equality in Health Monitoring Mechanisms**

12. PASB has developed and implemented gender tools and checklists for reviewing Biennial Work Plans, Country Collaboration Strategies, and Governing Body documents and resolutions. These tools, which also measure the integration of human rights and cultural diversity, have been included in the PASB's operation, planning, and training manuals.

### ***Intersectoral Participation in MOH Advisory Groups***

13. The participation of many different stakeholders in integrating gender in health is vital because trained partners can support their MOH's efforts with respect to gender.

### **Actions to Improve the Situation**

### ***Conclusion***

14. PAHO's technical areas, Country Offices, and Member States are in general agreement that an understanding of the causes of women's and men's health disparities requires an equity and social determinant perspective. The monitoring exercise reveals that the greatest challenge to gender integration in health is insufficient political support. Even with challenges, the results also show progress in implementation of the Plan of Action for PAHO's Gender Equality Policy.

### ***Recommendations***

15. Ministries of Health should clearly position the integration of gender in their national health plans. This requires a specific gender policy and plan of action that includes indicators, an allocated budget, and trained staff. Many countries recommend that the ministries of health should create a coordinating unit at the senior level to carry out this responsibility.

16. PAHO's Gender Equality Policy should include other important components related to gender equality and health, including health issues related to men; unpaid health care in the household and equal compensation of health workers; the participation of women in leadership; and sexual harassment policies.

## References

1. Pan American Health Organization. PAHO Gender Equality Policy [Internet]. 46th Directing Council of PAHO, 57th Session of the Regional Committee of WHO for the Americas, 2005 Sep 26-30; Washington (DC), US. Washington (DC): PAHO; 2005 (Resolution CD46.R16) [cited 2012 March 15]. Available from: <http://www.paho.org/english/gov/cd/CD46.r16-e.pdf>.
2. Pan American Health Organization. Plan of Action for Implementing the Gender Equality Policy [Internet]. 49th Directing Council of PAHO, 61st Session of the Regional Committee of WHO for the Americas; 2009 Sep 28-Oct 2; Washington (DC), US. Washington (DC): PAHO; 2009 (Resolution CD49.R12) [cited 2012 March 15]. Available from: [http://new.paho.org/hq/dmdocuments/2009/CD49.R12%20\(Eng.\).pdf](http://new.paho.org/hq/dmdocuments/2009/CD49.R12%20(Eng.).pdf).