

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 Representative 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 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 of gender equality advances.

Update

4. Information was self-reported by four technical areas of PASB, GDR, and 36 countries and territories, including Barbados, nine Eastern Caribbean countries, and the PAHO U.S.-Mexico Border Office in El Paso, Texas. 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. Only two reports were provided without consultations.

Results in Disaggregating 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.¹

Table 1. Technical Areas: Number and Percentage of Guidelines with Disaggregated Data by Sex, Age, and Ethnicity, 2005–2010

Project ²	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
TOTAL	50	39	78	40	80	22	44

Source: Table compiled by GDR based on technical units’ self-administered questionnaire results

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

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

² 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).

number), and between 1 and 20 publications (with both Peru and Uruguay reporting the highest number). The themes most addressed were violence against women, HIV, sexual and reproductive health, mental health, and noncommunicable diseases. Countries that disaggregated information by sex predominantly reported 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.

8. The PAHO Gender Equality Policy calls for recognizing the importance of home-based health care that is predominantly provided by women and is unpaid. With PASB support, Colombia, Costa Rica, Ecuador, Peru, and Uruguay have included this care in time use surveys. Costa Rica is publishing the analysis of unpaid care. Colombia, Ecuador, and Mexico are developing satellite health accounts that quantify this contribution within the framework of national accounts. Additionally, Chile, Costa Rica, Mexico, and Peru reported having policies and/or publications on unpaid health care and gender.

Results in Capacity-Building on Gender and Health

PASB Staff Training on Gender and Health

9. The GDR Senior Advisor is part of the PASB management team that determines staff training opportunities. In 2008 and 2009, GDR trained the PWR Gender Focal Points, 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, 42 persons from five priority countries, and 16 from PASB, were trained.

Gender and Health Training in Member States

10. 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 were often 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

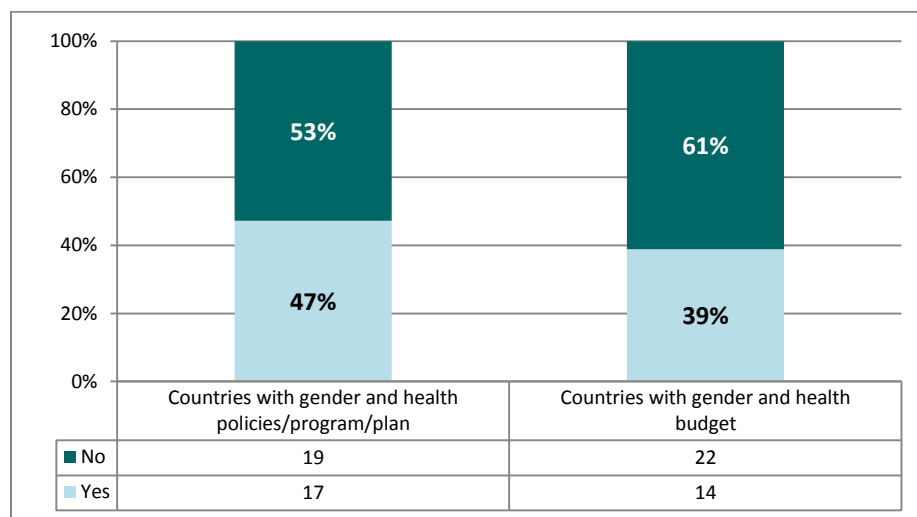
Technical Advisory Group on Gender and Health (TAG/GEH)

11. The PASB Director's TAG/GEH consists of gender experts and representatives of UN sister agencies, governments (ministry of health 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

12. Numerous Member States have passed national gender equality or equal opportunity laws that also apply to the health sector. Seventeen countries reported having specific health and gender policies, as indicated in Table 2 below. Fourteen countries reported budgets assigned by law. Many countries noted that by practice, their gender activities were mostly donor-funded.

Table 2. Percentage of Countries with Gender and Health Policies/Programs/Plans and Budgets (2011)



Source: Table compiled by GDR based on countries' self-administered questionnaire results.

Results in Gender Equality in Health Monitoring Mechanisms

13. PASB has developed and implemented gender tools and checklists for reviewing Biennial Work Plans, Country Cooperation 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 Ministry of Health Advisory Groups

14. The participation of many different stakeholders in integrating gender in health is vital because trained partners can support ministry of health efforts with respect to gender.

Actions to Improve the Situation

Conclusion

15. PAHO's technical areas, PWRs, and Member States are in general agreement that an understanding of the causes of women's and men's health disparities requires a perspective of equity and social determinants. 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

16. 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.

17. 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.

18. During PAHO's 150th Session of the Executive Committee, Member States validated the need for gender equality in health efforts to be integrated and intersectoral, reflecting synergies with the Health Agenda for the Americas 2008-2017, a social determinants of health approach, and continued attention to best practices. The Executive Committee recommended that presentations be made on the full version of PAHO's gender equality monitoring report in all countries.

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).