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D. PAHO GENDER EQUALITY POLICY: PROGRESS REPORT

Background

1. In 2005, Member States of the Pan American Health Organization (PAHO) approved the PAHO Gender Equality Policy during the 46th Directing Council and requested that the Director develop an action plan for its implementation, including a performance monitoring and accountability system (Resolution CD46.R16) *(1)*. The requested Plan of Action for Implementing the Gender Equality Policy was approved in 2009 through Resolution CD49.R12 *(2, 3)* and provides a road map. It is underpinned by a basic premise that gender mainstreaming in the health sector, within the broader framework of equity, can contribute significantly to the achievement of gender equality in health. The Plan of Action includes specific indicators* for monitoring progress toward objectives defined for the Pan American Sanitary Bureau (PASB) and the Region of the Americas within lines of action related to the modalities of gender mainstreaming, and requires the Director to report on progress made in the Region toward its implementation. The strategic lines of action of the Plan are data disaggregation and analysis, capacity building and institutional integration of gender equality perspectives, participation of civil society, and monitoring and evaluation.

2. Two progress reports describing achievements and challenges in implementation have been presented to PAHO Governing Bodies, in 2012 and 2015, covering the period from 2009 to 2014 *(4, 5)*. In the 2015 report, three new strategic lines of action were presented to Member States with a view to extending implementation of the Plan of Action into the period 2015-2019. These strategic lines include research and innovative methodologies to address gender inequities within the framework of universal health; sector-specific evidence and gender analysis for political advocacy; and expanding the conceptual framework and modalities to address gender identities, including LGBT and masculinities, among others.

* Indicators have been defined with specificity to the Member States as well as to PASB. Not all indicators require reporting as some of them are extensions of others.

3. The current report presents a comprehensive review of the advances in gender mainstreaming. It is based on an analysis of data gathered from Member States and PASB, from discussions with experts, and from findings of a report on regional gender mainstreaming in health that was prepared by the Bureau in 2019 *(6)*. Information was provided by 30 countries and territories. Within the Bureau, four departments and three enabling areas provided data: Noncommunicable Diseases and Mental Health (NMH), Health Emergencies (PHE), Family, Health Promotion and Life Course (FPL), Communicable Diseases and Environmental Determinants of Health (CDE), Planning and Budget (PBU), Communications (CMU), and Human Resources Management (HRM). Data collection occurred during the months of January and February 2020 through an online self-assessment questionnaire developed by the Bureau.

4. The results are presented below with a focus on the original four strategic lines of action of the Plan of Action for Implementing the Gender Equality Policy: data disaggregation and analysis, capacity building and institutional integration of gender equality perspectives, participation of civil society, and monitoring and evaluation.

Analysis of Progress Achieved

5. **Data disaggregation and analysis:** This strategic line represents the backbone of gender mainstreaming. Data disaggregation strengthens the capacity of the countries and PASB to generate evidence on gender inequalities and inequities in health, which in turn can be used to guide improved evidence-based interventions to redress unequal and unjust health outcomes for women and men. The Member States and PASB report significant progress in disaggregating data (Annex Table 1 and Figure 1), in producing gender and health profiles, and in incorporating gender indicators into national health programs Notably, many new regional plans of action, resolutions, and concept documents present and incorporate disaggregated data and analysis. The Bureau has produced a consolidated framework document with a core set of indicators for monitoring advances toward gender equality and health *(7)*. The consolidation process included discussions with countries as well as consultations with other agencies and partners, ensuring alignment with both the Sustainable Development Goals (SDGs) *(8)* and the Sustainable Health Agenda for the Americas 2018-2030 (SHAA) *(9)*.

Strategic Line of Action 1: Strengthen the Organization's and Member States' capability to produce, analyze, and use information disaggregated by sex and other relevant variables

Objective 1.1: PASB incorporates gender-sensitive indicators, disaggregated by age and sex, in developing plans, programs, technical collaboration, and other initiatives	
Indicator and baseline	**Status**
1.1.1 Health in the Americas, 2012 edition, includes gender analysis in the regional volume and in all country chapters, using the WHO analysis tool Baseline: WHO's 2008 assessment of Health in the Americas, 2007 edition	Data disaggregation and analysis have been incrementally incorporated into all editions of the Health in the Americas publications, including the country chapters, underscoring health equity and including gender inequalities in health.
1.1.2 By 2009, guidelines call for disaggregation of data by sex and age for all information systems	In 2007, PAHO adopted the Strategy for Strengthening Vital and Health Statistics (document CSP27/13), which calls for data disaggregation in health information systems. This was followed by the development and approval in 2008 of the Regional Plan of Action for Strengthening Vital and Health Statistics (Document CD48/9), which placed emphasis on subregional data collection and disaggregation, facilitating the monitoring of the PAHO Strategic Plan 2009-2014. In 2016, a final report of the regional plan was presented to Member States and in 2017, a new Plan of Action for the Strengthening of Vital Statistics 2017-2022 (Document CSP29/9) was approved, calling for greater data disaggregation in health.
1.1.3 By 2010, all new Country Cooperation Strategies (CCS) include analysis based on data disaggregated by sex and age, and strategies to address differences Baseline: Proportion of 2008 CCSs that include analysis using data disaggregated by sex and age, using WHO analysis tool	The updated WHO guidelines for developing CCSs incorporates a section on using data disaggregated by sex, age, and other variables to facilitate gender analysis and stronger commitment to gender equality responses in the country health strategies. The document also embraces other cross-cutting themes, namely ethnicity, human rights, and equity. The development of several CCS exercises has been facilitated by regional staff representing gender equality when such technical skills are not present in the PWR Office.

Objective 1.2: National and local producers and users of health statistics with the capability to produce, analyze, and use gender-sensitive information for decision-making, advocacy, monitoring, and evaluation	
Indicator and baseline	**Status**
1.2.1 Number of tools on gender and health analysis available and accessed on gender and health knowledge platform	A platform called GenSalud was created, and all materials produced were deposited. This was later replaced by a regional portal coordinated through the Latin American and Caribbean Center on Health Sciences Information (BIREME).
1.2.2 By 2014, trained producers and users of information in 10 countries develop or improve national health profiles on women and men and use them for planning and advocacy Baseline: Number of existing health profiles	Eleven countries (Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Guatemala, Mexico, Panama, and Peru) have produced documents assessing gender and health inequalities. This process has also started in St. Vincent and the Grenadines, St. Lucia, and Grenada.
1.2.3 In 2013, three countries will have quantified unpaid home-based health care provided by men and women as contribution to national health expenditures	To date, this indicator advances slowly. Costa Rica, Guatemala, and Mexico have conducted studies in this area.
1.2.4 By 2013, three national or local observatories on gender have integrated health/gender indicators and have published issue papers regarding advances in gender equality in health Baseline: Number of health or gender observatories that have received PAHO support to include gender and health indicators	PAHO has supported the Gender Equality Observatory for Latin America and the Caribbean set up by the Economic Commission for Latin America and the Caribbean (ECLAC). Other countries like Chile, Costa Rica, Guatemala, Guyana, Mexico, and Uruguay have created gender and health or gender-based violence observatories, often supported by PASB.

Objective 1.3: Inter-agency collaboration strengthened to fulfill international commitments of Member States related to gender indicators and statistics	
Indicator and baseline	**Status**
1.3.1 By 2009, one regional health profile on women and men published with UNIFEM, UNFPA, and UNICEF	A regional document: Health of Women and Men in the Americas Profile, 2009 was developed and published with sex and ethnicity data disaggregation and in collaboration with several UN partners: ECLAC, UNFPA, UNICEF, UNIFEM and INSTRAW. In addition to the wide distribution of the document to the countries, the technical contents were presented at the annual convention of the UN Commission on the Status of Women in 2010. The Regional Health profile serves as a model for countries to be able to generate similar efforts to identify gender inequalities in health.
1.3.2 By 2014, two biennial statistical brochures published with UNIFEM and UNFPA	Between 2009 and 2019, five statistical brochures were published with UN partners. Several countries have also produced national brochures (Argentina, Brazil, Costa Rica, Guatemala, Mexico, and Peru, among others).
1.3.3 By 2011, two subregional (Central America and Andean subregion) profiles on men's and women's health developed by subregional coalitions of NWMs to advocate for inclusion of gender indicators in subregional agendas of the integration processes (Central American Ministers for Women's Affairs [COMMCA] and the Andean Group of Women Ministers)	In the Andean subregion, the document titled Profile on Gender and Health 2010 was produced and presented to the ministers of health and women's equality. The Andean Council of High-Level Authorities for Women and Equal Opportunities (CAAAMI), endorsed the document which led to the creation of a specific line of action on gender, in PAHO's subregional program of work. Similarly, a profile was produced with the COMMCA, in coordination with the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA) and launched at the meeting of Central American presidents in Panama in 2009. This heightened visibility favored increased political commitment to gender and health.

6. **Capacity building on gender and health:** All countries conduct training and capacity building on gender and health. Indeed, many have certificate and diploma courses as well as face-to-face and online modalities for learning coordinated from outside the health sector, and to a lesser extent from within. Of 30 countries, 67% reported having received support from PAHO to implement various forms of capacity-building initiatives for health personnel. All countries emphasized the need for continued capacity building on

gender and health in the health sector, calling for new approaches and linkages with health programs as well as on the topic of health organization and delivery (Annex Figure 2). Despite these advances, there is an imbalance among the countries with respect to the knowledge and application of gender theories in health. The Bureau developed a four-hour, self-tutored introductory online course called Gender and Health: Awareness, Analysis and Action, in both English and Spanish (the latter was updated in 2019). A 10-week tutored online course for health and allied health personnel was also prepared *(10)*.

Strategic Line of Action 2: Develop tools and increase capabilities in PASB and Member States for integrating a gender equality perspective in the development, implementation, monitoring, and evaluation of policies and programs

Objective 2.1: Capacity and commitment of PASB and Member States strengthened to support PASB and health sector in integrating a gender analysis with human rights-based approach in policies, programming, monitoring, and research	
Indicator and baseline	**Status**
2.1.1 Number of PASB offices reporting on advances of collaboration plans as part of annual reporting process Baseline: Number of collaboration plans developed	The Bureau has progressively incorporated gender equality into the formal planning and monitoring process *(11).* Prior to 2014, specific technical collaboration plans were developed and reported on annually. A new corporate approach that began in 2014 includes all technical entities. This corporate exercise served to mainstream gender into the complete planning, monitoring and evaluation process of the PASB and Member States.
2.1.2 By 2013, 75% of staff is applying concepts in work plans Baseline: 2008 WHO survey on knowledge and capacity of PASB staff and managers	To apply the new approach noted in 2.1.1, all staff received gender integration orientation and subsequent planning manuals that incorporated specific guidance for development of work plans.
2.1.3 Number of intersectoral technical advisory groups formed after workshops that support PWRs and ministries of health in developing, implementing, and monitoring gender and health plans in the national health sector Baseline: Number of preliminary gender and health plans developed in 2008-2009 by participating country teams during the gender and health training workshops	Countries have different groups and individuals who lead efforts to mainstream gender in health. All countries work with the Bureau to monitor gender advances in national health plans. This, however, is specific to bilateral collaboration between the MOH and PAHO. Regarding the ongoing monitoring of gender equality in health, 27% of countries reported that they undertake this.

Objective 2.2: Support PASB and Member States in including gender in the formulation and review of policies and processes related to staffing	
Indicator and baseline	**Status**
2.2.1 By the 2013 WHO evaluation, parity reached at all staff levels, especially in PAHO Country Offices Baseline: 2008 human resources staff report and WHO baseline	Sex parity among staff is promoted and reported annually to Member States and the United Nations as part of the UN system-wide Action Plan on gender equality (UN-SWAP). Since 2005, sex parity among staff has been consistently improving: this is more evident at HQ than in the country offices. Notably, at the P4 level, women representation has increased from 36% to 48% in the past 15 years. For P5 staff the parity gap is closing, while for P6/D1 it has widened, and at the level of ungraded post (UG), 2 in 3 posts are occupied by women (Annex Table 2 and Figure 3). With regards to the PAHO/WHO Representatives (PWRs), 13 of the 27 are women (48%).
2.2.2 By 2013, work/life balance policy approved and operational within PAHO Baseline: 2008 human resources staff report and WHO baseline	PAHO has an approved telework and flextime policy, mandatory exit interviews, and a zero sexual harassment policy.
2.2.3 By 2014, at least five countries supported the incorporation of equal opportunity rules in their health sector human resources policy Baseline: 2008 human resources staff report and WHO baseline	In 2019, 8 countries (27%) reported having equal opportunity policies for staff in the Ministry of Health.
Objective 2.3: Knowledge platform on gender and health is established and accessible for PASB, Member States, and civil society organizations to support implementation of the Gender Equality Policy and Plan of Action	
Indicator and baseline	**Status**
2.3.1 By 2010, knowledge platform set up and fully operational (accessed by 1,000 users/month) on gender and health as part of PAHO's information strategy and includes training tools and information packets, database of experts, best practices, and links to networks	PAHO established and operated a platform known as GenSalud, which facilitated access to the information generated on gender and health. Resources available included links to documents, PowerPoints, and factsheets, and access to gender experts in the Region. This was later transformed into a virtual library on gender and health in Central America and eventually absorbed by the University of Costa Rica.

Objective 2.3: Knowledge platform on gender and health is established and accessible for PASB, Member States, and civil society organizations to support implementation of the Gender Equality Policy and Plan of Action	
Indicator and baseline	**Status**
2.3.2 Two best practices on integrating gender in health awarded yearly, one internal and one external, during International Women's Day celebration and virtual forum, and included in PAHO database of best practices on gender and health	During the period 2008-2013, PAHO coordinated a best-practice initiative on mainstreaming gender in health which awarded a total of 30 winners. The country experiences were presented in highly visible forums, including International Women's Day. Several of the experiences on topics such as, sexual and reproductive health, HIV, gender-based violence, maternal health and gender policy development, were published and utilized in training activities. The selection committee for the award was chaired by the Director of PASB.

7. **Participation of civil society:** Increasingly, countries as well as the regional community are identifying an urgent need to coordinate and expand an intersectoral knowledge base on gender and health. This should connect the health sector with communities and ensure the participation of a diverse civil society. Countries reported ongoing collaboration with civil society and gave specific examples, including national commissions, observatories, publications, and reports. About 67% of the countries have sustained programmatic collaboration with civil society and with national mechanisms for gender equality (Annex Figure 4).

Strategic Line of Action 3: Increase and strengthen civil society participation, especially among women's groups and other gender equality advocates, in identifying priorities, formulating policies, and monitoring policies and programs at local, national, and regional levels

Objective 3.1: Leaders of regional civil society organizations, especially women's organizations and gender equality advocates groups, serve as members of PAHO's Technical Advisory Group on Gender Equality and Health (TAG GEH) and advise on the implementation of the Gender Equality Policy in PAHO and its Member States.	
Indicator and baseline	**Status**
3.1.1 By 2009, the Technical Advisory Group includes three civil society organization members from women's or gender equality advocacy organizations	PAHO formed a Gender Technical Advisory Group (TAG) with specific terms of reference to advise the Director on matters related to gender equality in health. It had two co-chairs and comprised country representatives as well as members of civil society, the UN, and academia. The TAG played a critical role in development of the gender Plan of Action and its reports. After the 2013 closing cycle of the TAG, it was not renewed.

Objective 3.1: Leaders of regional civil society organizations, especially women's organizations and gender equality advocates groups, serve as members of PAHO's Technical Advisory Group on Gender Equality and Health (TAG GEH) and advise on the implementation of the Gender Equality Policy in PAHO and its Member States.	
Indicator and baseline	**Status**
3.1.2 By 2010-2011, biennial plans with the Latin American and Caribbean Women's Health Network (LACWHN) developed, implemented and monitored, with progress reported to the Executive Committee	The Bureau has an ongoing relationship with LACWHN, and official collaboration was renewed for the period 2019-2022.
Objective 3.2: Civil society organizations (dealing with women, men, ethnic groups, human rights, etc.) empowered to participate in national multisectoral teams to support the MOHs in implementing, monitoring, and evaluating gender equality in health policies and programs	
Indicator and baseline	**Status**
3.2.1 Number of civil society organizations participating in national advisory groups for developing and implementing the national gender equality health plans developed during subregional training workshops	In 2019, 20 of 30 countries (67%) reported having intersectoral groups on gender-related themes, even if they do not have specific plans on gender and health. National multisectoral groups that have been expanded include those on HIV, gender-based violence, and adolescent health, among other topics.
3.2.2 By 2013, processes supported, facilitated, and documented in three countries that have included civil society organization participation and resulted in the allocation of health budgets to better address gender inequalities	Not achieved.
Objective 3.3: Increased knowledge and capacity among gender-equality civil society organizations on gender and health issues and advocacy	
Indicator and baseline	**Status**
3.3.1 Annually, regional information campaign carried out on Women's Health Day	This is a longstanding activity coordinated with countries through best-practice awards and the development of diverse materials and technical brochures (on gender and universal health, women and technology, unpaid health care, health of migrant women, gender and social protection in health, gender and suicide, etc.).

Objective 3.3: Increased knowledge and capacity among gender-equality civil society organizations on gender and health issues and advocacy	
Indicator and baseline	**Status**
3.3.2 By 2009, Plan of Action widely disseminated and accessible to civil society organizations for comments	The Plan of Action was consulted throughout 2008 and during several months in 2009 before its approval at the Directing Council in September 2009. It was then disseminated widely through subregional and country presentations and discussions serving as the guide for all the technical cooperation on gender and health for the period 2009-2014. Its new lines of action established for 2015-2019 are included in this overall report.

8. **Gender equality in health monitoring:** All countries declare and recognize the significance of gender equality for health development. There are many advances to note with respect to policy development, expanding programmatic successes, and the creation of new structures and decrees. Member States have integrated gender equality into multiple priority health programs (Annex Table 3). Countries also showed leadership and ownership of gender equality commitments in the development of the new PAHO Strategic Plan 2020-2025, especially regarding measurable indicators. However, Member States continue to have fragile institutional mechanisms for mainstreaming gender in health, especially with respect to staffing, policy and budgetary mechanisms, and clearly defined results-based plans. Specifically, Member States register a decrease in the number of gender and health policies (57%, down from 59% in 2014), as well as a decrease in access to financial resources through an assigned budget (37%, down from 44% in 2014).

Strategic Line of Action 4: In line with results-based management methodologies, institutionalize gender-responsive policies, as well as monitoring mechanisms that track specific mainstreaming results, and evaluate the effectiveness of gender interventions on health outcomes

Objective 4.1: Ensure PAHO's alignment with WHO's approach to monitoring and evaluating gender mainstreaming for developing appropriate capacity-building and gender analysis strategies based on the results	
Indicator and baseline	**Status**
4.1.1 By 2013, results of WHO's evaluation reported to PAHO staff and to the Executive Committee; results have guided PAHO gender mainstreaming strategy and its implementation Baseline: 2008 WHO baseline study carried out	The WHO report was conducted and presented in different internal technical forums. Although the PAHO Gender Equality Policy had already been developed, information from the WHO assessment was incorporated into the Plan of Action.

Objective 4.2: PASB has in place systems for implementing and monitoring the Gender Equality Policy and Plan of Action	
Indicator and baseline	**Status**
4.2.1 By 2010, all presented strategies and action plans include gender in the situation analysis and differential interventions Baseline: 2008, number of strategies and action plans presented to the Governing Bodies and percent that included gender analysis	The Bureau established a guide and training module for the development of Governing Bodies documents; the integration of gender equality perspectives is a component.
4.2.2 By 2013, 75% of biennial work plans include gender indicators	Since 2014, PASB has requested that biennial work plans across the Bureau uniformly create specific activities that are linked to gender and health. This process has impact at every level of the Bureau, through its planning and monitoring exercise. To date and spanning consecutive PAHO strategic plans, gender equality in health remains a priority for PASB and the Member States, guided by its approved Policy.
4.2.3 Director reports to Governing Bodies on progress of Plan of Action implementation in 2011 and 2013	Midterm and final reports were presented to the Governing Bodies.
Objective 4.3: Mechanisms agreed to and in place at PASB to monitor Member States' advances in implementing the Gender Equality Policy and the Plan of Action	
Indicator and baseline	**Status**
4.3.1 PASB reports to Governing Bodies in 2011 and 2013 on Member States' progress in developing, implementing, and monitoring gender equality plans in the health sector	Written reports were presented; a midterm brochure was published; and a video on gender equality progress was produced and presented across the Region.
Objective 4.4: Special program gender integration initiatives implemented with technical areas that bring together the four strategic areas—evidence, capacity building, civil society participation, and evaluation—to increase ownership and demonstrate concrete lessons	
Indicator and baseline	**Status**
4.4.1 By 2013, GEH and three technical areas will develop innovative programs to include gender; programs will be funded and evaluated, and lessons learned will be documented and widely disseminated as best practices in gender mainstreaming in health	The Gender, Ethnicity and Health Office (GEH) participated in two ongoing projects with multiple technical departments to improve maternal health and the empowerment of women. This included specific funding and technical support to 11 countries.

9. **Conclusion on implementation of the Plan of Action for Implementing the Gender Equality Policy:** The review of the experiences of the Member States and the Bureau, alongside the findings of the assessment report conducted by the Bureau on mainstreaming gender in health in the Americas *(7)*, shows that the Region's advances are undeniably noteworthy. The Bureau also facilitated, with the participation of WHO, an Experts Dialogue in 2019 on priorities and opportunities to advance gender equality in health in the Americas. Participants recognized and affirmed a diverse and robust set of experiences on gender equality in health in the Americas, while noting that these experiences are not always documented and have been minimally evaluated. The existence of mandates sustained technical collaboration, and country commitments to gender equality bodes well for our Region. There is a wide array of advances and experiences in raising the visibility of gender inequities in health as countries strive toward universal health goals *(12).* Nonetheless, these advances, and the institutional performance required for gender mainstreaming, continue to be uneven across the Region (Annex Figure 5). This raises concerns about the prospects for sustainable health development that leaves no one behind. Universal health and primary health care frameworks create an environment for gender equality in health for the Region. Despite a groundswell of initiatives and various promising experiences, however, more investment in results-based approaches and accountability is needed to bring about transformational changes and measurable impact on the health conditions and status of women and men in the Region.

Action Necessary to Improve the Situation

10. The Region has notable achievements in using disaggregated data to operationalize its commitment to health equity. Capabilities and instruments to track gender indicators in health have been strengthened. New programs, projects, and even legislative policies on gender equality have been adopted by Member States. Nonetheless, reducing gender disparities in health outcomes remains a challenge, especially for groups with less economic and social empowerment. Stronger, accelerated actions with new directions and renewed attention to strategic results are needed. Three recommendations are offered:

a) Member States and PASB should reinvigorate gender mainstreaming in health through new championing and leadership and an increased focus on strategic priorities and results. These efforts should be closely aligned with those of the United Nations and the Organization of American States, and with the SDGs, as well as fully aligned with the universal health and primary health care strategies.

b) A revised policy on gender equality in health is necessary and should be presented in 2021 to solidify gains and address remaining gaps, with a focus on strategic thematic priorities, and further target the drivers of gender and health inequalities in the Americas to accelerate progress toward health for all.

c) PASB and the Member States should consolidate monitoring and accountability mechanisms and practices within a results-based framework, ensuring effective social participation and the review of legal frameworks, for the achievement of institutional gender equality in health.

Action by the Directing Council

11. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and it will not be discussed by the Directing Council.

Annex

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Annex

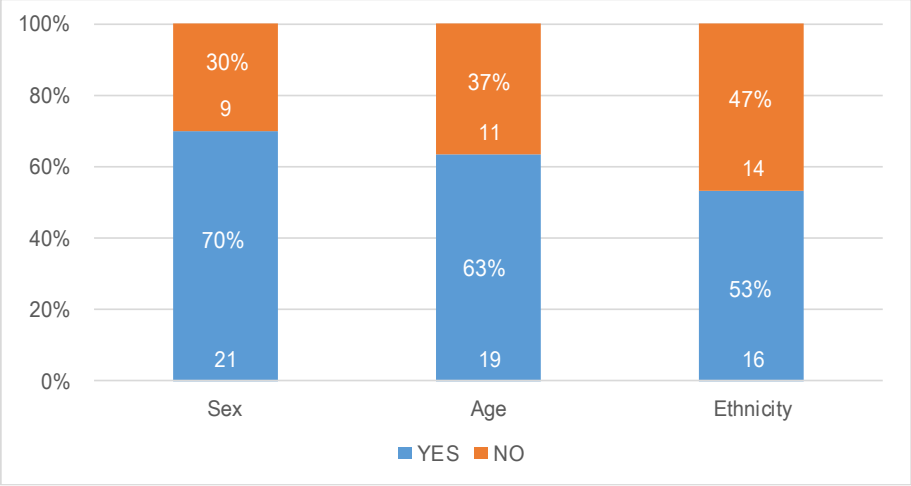
Table 1. PAHO Technical Departments: Number of Guidelines with Data Disaggregated by Sex, Age, and Ethnic Group, and Explanation of Gender-Based Analysis, 2015-2019

Technical Department	Number of guidelines	Do these guidelines explain how to do a GBA?
PHE	3	NO
NMH	10	YES
CDE	4	Partially
FPL	15	Partially
Total	**32**	

Source: Developed by the Equity, Gender and Cultural Diversity Office (EGC) based on data from self-assessment questionnaires of 30 countries, 2020.

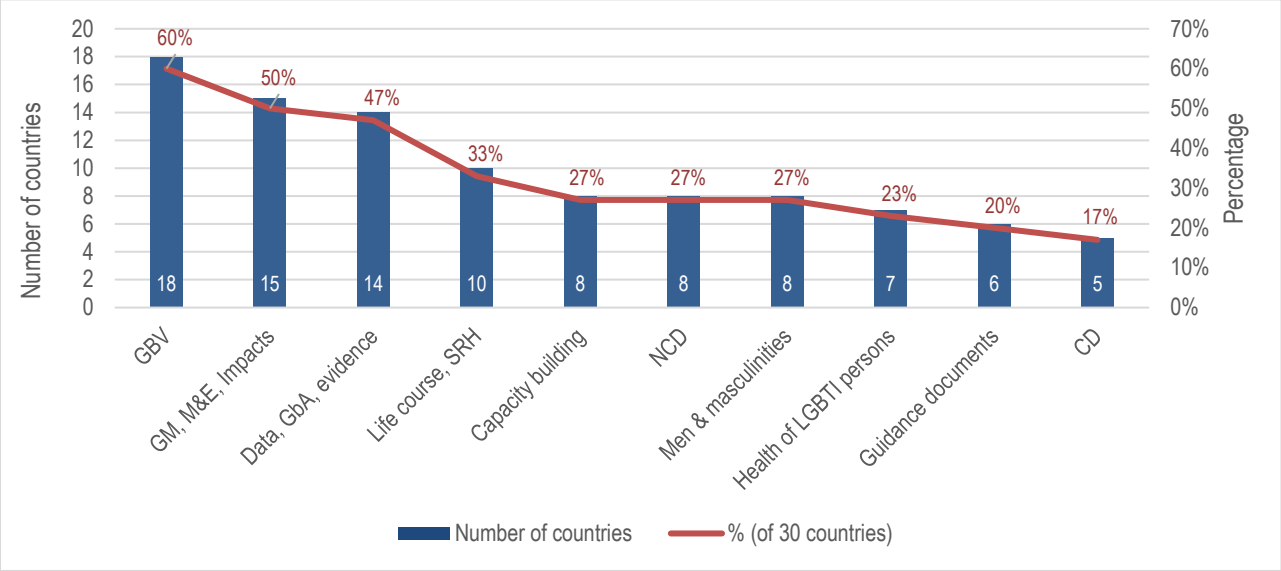
PHE: Health Emergencies
NMH: Noncommunicable Diseases and Mental Health
CDE: Communicable Diseases and Environmental Determinants of Health
FPL: Family, Health Promotion and Life Course
GBA: Gender-based analysis

Figure 1. Number and Percentage of Member States that Report Having Guidelines with Data Disaggregated by Sex, Age, and Ethnic Group, 2015-2019



Source: EGC Office, based on data from self-assessment questionnaires of 30 countries, 2020.

Figure 2. Priority Gender-Related Themes Identified by Member States and PASB for Technical Collaboration



Source: EGC Office, based on data from self-assessment questionnaires of 30 countries, 2020.

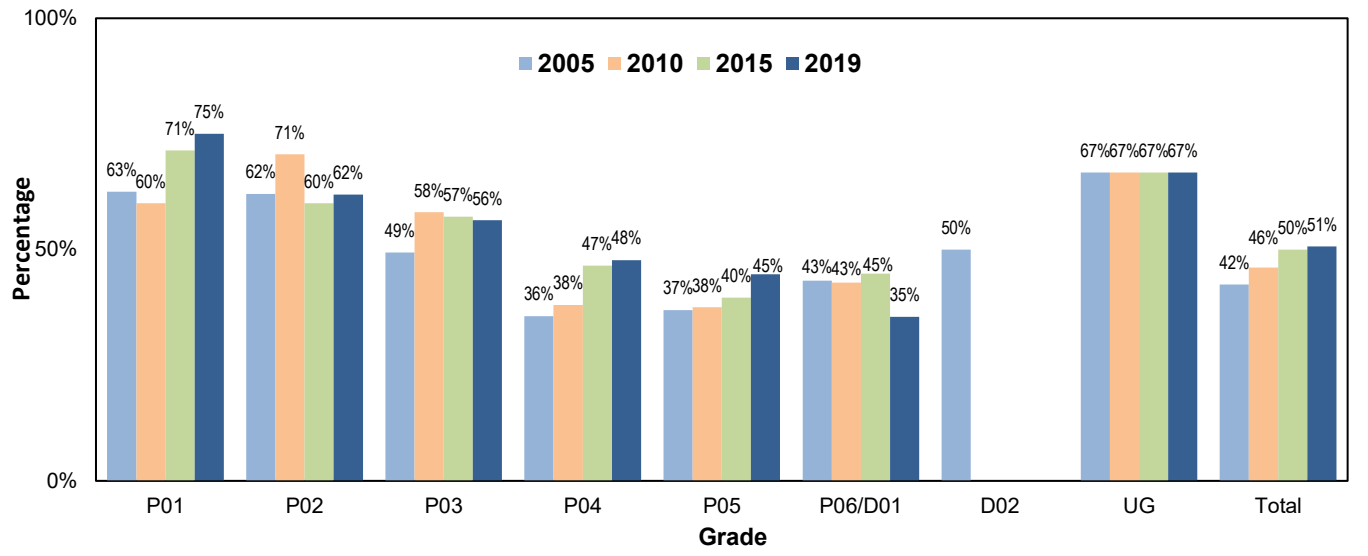
GBV: Gender-based violence, including training, research, impacts, rehabilitation of perpetrators, in workplace, obstetric emergency
GM, M&E, Impacts: Gender mainstreaming, monitoring and evaluation, and analysis of impacts on health
Data, GbA, evidence: Data, gender-based analysis, and evidence
Life course, SRH: Life course and sexual and reproductive health
Capacity building: Capacity building on gender mainstreaming, gender-based violence, and health of diverse groups
NCD: Noncommunicable diseases, including mental health, substance use, cancer, and cardiovascular diseases
Men & masculinities: Men and masculinities
Health of LGBTI persons: Health of LGBTIQ+ persons
Guidance documents: Development of guidance documents on gender mainstreaming, gender transformative interventions, and communication
CD: Communicable diseases, including HIV, sexually transmitted infections, and tuberculosis, and antimicrobial resistance

Table 2. Number of Women on Total Staff (PASB Headquarters and Country Offices), by Grade, 2005, 2010, 2015, and 2019

Grade	2005			2010			2015			2019		
	Women	Men	Total	Women	Men	Total	Women	Men	Total	Women	Men	Total
P01	10	6	16	9	6	15	10	4	14	6	2	8
P02	31	19	50	36	15	51	36	24	60	39	24	63
P03	39	40	79	54	39	93	48	36	84	62	48	110
P04	83	150	233	89	145	234	100	115	215	116	127	243
P05	24	41	65	24	40	64	21	32	53	21	26	47
P06/D01	16	21	37	18	24	42	13	16	29	11	20	31
D02	1	1	2	0	1	1	0	2	2	0	2	2
UG	2	1	3	2	1	3	2	1	3	2	1	3
Total	**206**	**279**	**485**	**232**	**271**	**503**	**230**	**230**	460	**257**	**250**	**507**

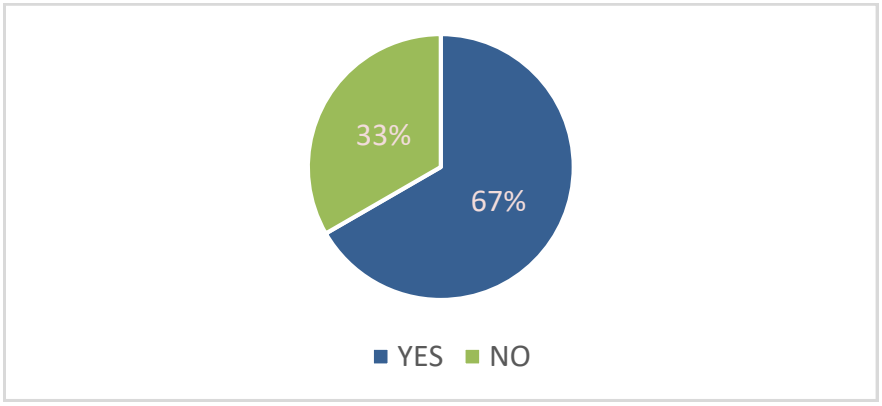
Source: PASB Human Resources Management database, 2020.

Figure 3. Women as a Percentage of Total Staff (PASB Headquarters and Country Offices), by Grade, 2005, 2010, 2015, 2019



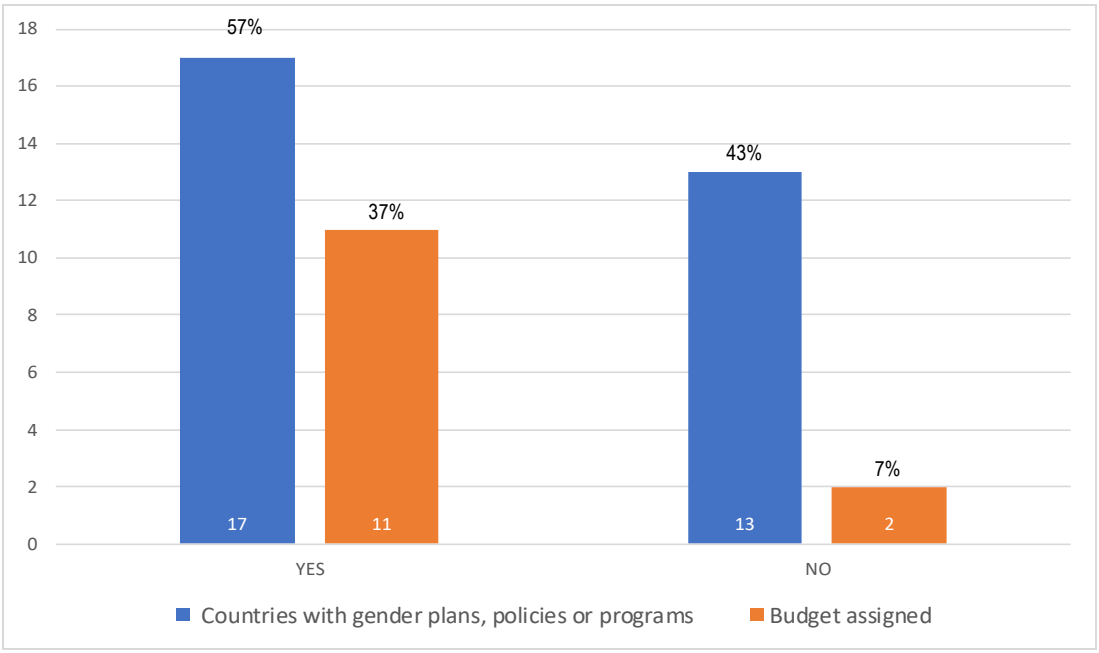
Source: PASB Human Resources Management database, 2020.

Figure 4. Percentage of Member States that Report Having Ongoing Collaboration on Gender Equality with Nongovernmental Organizations



Source: EGC Office based on data from self-assessment questionnaires of 30 countries, 2020.

Figure 5. Number and Percentage of Countries with Gender Plans, Policies, or Programs, and Number and Percentage of Countries with Assigned Gender Budget



Source: EGC Office based on data from self-assessment questionnaires of 30 countries, 2020.

Table 3. Selected National Programs of Member States that Have Incorporated Gender-Sensitive Approaches, 2019

Member State		Gender-based violence	Noncommunicable diseases	Sexual and reproductive health	HIV	Mental health	Masculinities	Other
Anguilla		no	yes	yes	no	no	no	no
Antigua and Barbuda		no	yes	yes	yes	yes	no	no
Argentina		yes	yes	yes	yes	yes	no	no
Barbados		no	yes	yes	yes	yes	yes	yes
Belize		yes	no	yes	yes	yes	no	no
Bolivia		yes	yes	yes	yes	no	no	no
Brazil		yes	yes	yes	yes	yes	yes	yes
British Virgin Islands		yes	no	yes	yes	no	yes	no
Canada		yes	yes	yes	yes	yes	yes	yes
Chile		yes	yes	yes	yes	yes	yes	yes
Colombia		yes	no	yes	yes	no	no	no
Costa Rica		yes	yes	yes	yes	yes	yes	no
Cuba		yes	yes	yes	yes	yes	yes	yes
Dominica		no	yes	yes	yes	no	no	yes
Dominican Republic		yes	yes	yes	yes	yes	yes	no
Ecuador		yes	yes	yes	yes	yes	no	no
Grenada		yes	yes	yes	yes	yes	yes	yes
Guatemala		yes	yes	yes	yes	yes	yes	no
Guyana		yes	yes	yes	yes	yes	yes	yes
Haiti		yes	yes	yes	yes	yes	no	yes
Honduras		no	no	no	yes	yes	no	no
Mexico		yes	no	yes	yes	no	no	no
Nicaragua		yes	yes	yes	yes	yes	yes	yes
Panama		yes	yes	yes	yes	yes	yes	no
Paraguay		yes	yes	yes	yes	yes	yes	no
Peru		yes	yes	yes	yes	yes	no	yes
Suriname		yes	yes	yes	yes	yes	no	yes
St. Lucia		no	yes	yes	yes	no	no	yes
St. Vincent and the Grenadines		no	yes	yes	yes	no	no	yes
Venezuela		no	no	no	yes	no	no	yes
TOTAL	**YES**	22 (73%)	24 (80%)	28 (93%)	29 (97%)	21 (70%)	14 (47%)	15 (50%)
	NO	8 (27%)	6 (20%)	2 (7%)	1 (3%)	9 (30%)	16 (53%)	15 (50%)

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