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EVALUATION OF THE PLAN OF ACTION FOR IMPLEMENTING THE GENDER EQUALITY POLICY AND PROPOSED STRATEGIC LINES OF ACTION

Background

1. Member States approved the Pan American Health Organization (PAHO) Gender Equality Policy *(1)* during the 46th Directing Council (Resolution CD46.R16 [2005]), and requested that the Director, "within the available financial means, as mandated within the various processes of institutional strengthening, 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, approved by Member States in 2009 (Resolution CD49.R12) *(2)*, provides a roadmap for implementing the Gender Equality Policy with specific indicators for monitoring progress toward Plan of Action objectives. These include ensuring leadership and ownership of gender equality considerations within and across the Pan American Sanitary Bureau (the Bureau) and the Americas Region (the Region), within the framework of PAHO's wider mandate to achieve equity and "Health for All".

3. The Plan requires the Director to report on progress made in the Region toward its implementation. A midterm progress report describing achievements and challenges was presented to the Directing Council in 2012. To prepare this evaluation[1] report for the full period (2009-2014), the Director designated the Bureau's Gender and Cultural Diversity unit to coordinate information collection and analysis, with the full participation of other areas of the Bureau, as well as countries and territories within PAHO.

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[1] This evaluative exercise does not meet standard criteria for external evaluations. Therefore, in this document, the term "evaluation" is used to denote a measure of "progressive advances" toward plan of action goals, within the context of the evolving commitments of Member States and the Bureau, and with an explicit understanding of the limitations of the self-assessment methodology used to collect the data.

4. Information was collected in October and November 2014 from self-administered questionnaires provided to all countries and territories; 32 out of 48 responded. Unfortunately, at the time, some Eastern Caribbean countries and United Kingdom overseas territories, plus Haiti, Puerto Rico, and Trinidad and Tobago, were not able to submit reports. To facilitate data collection, the ministries of health, with PAHO's support, consulted various partners, including civil society representatives and United Nations (UN) agencies. Information was also collected from the Bureau's four technical departments (Health Systems and Services [HSS], Noncommunicable Diseases and Mental Health [NMH], Communicable Diseases and Health Analysis [CHA], and Family, Gender and Life Course [FGL]; the Special Program on Sustainable Development and Health Equity [SDE]; and two additional departments with related functions (Human Resources Management and Planning and Budget). The completed and submitted questionnaires were the source of the Member State and Bureau data. This consolidated report will be widely disseminated to further incorporate gender equality in future health actions in the Region.

5. The Plan is underpinned by the basic premise that gender equality in health is a product of gender mainstreaming in the health sector when operationalized in conjunction with other favorable factors within a development framework with health equity at its core. The evaluation reported here describes gains and challenges in the Region. Special achievements are noted and persisting difficulties are underscored. Given the scope and methodological approach used in the evaluation, the results reported here are not meant to represent the impact of efforts to achieve gender equalities in health under the Plan of Action, but are nonetheless a concrete measurement of how data, policies, and programs are transforming health practices in ways that should eventually lead to sustainable impacts *(3)*. The Plan hinges on four strategic areas (data disaggregation, capacity building, involvement of civil society, and monitoring and evaluation), all of which have specific indicators for monitoring progress.

Update on Progress Achieved

6. **Integrating gender equality in the health sector:** Almost 80% of the countries and territories reported that gender plans and policies provide an appropriate framework for mainstreaming gender in health. Many countries reported that several of their health programs have defined gender strategies and they have thus moved far beyond initial references to sexual and reproductive health or domestic violence. Six out of 32 Member States (20%) reported national processes to assess and address unpaid health care in the household (primarily undertaken by women) and 22 (69%) said they used gender approaches in noncommunicable diseases and mental health programs (Annex Table 1). A total of 10 countries and territories (Barbados, Bolivia, Canada, Chile, Mexico, Nicaragua, Paraguay, Turks and Caicos, United States of America, and Uruguay) had a staff parity policy in place as of 2014, compared to one country (Cuba) in 2011 *(4)*. Given the significant impact of the level of gender equity in internal organizational culture on the level of gender equity in policy and programming, this is an important achievement.

7. **Data disaggregation:** Data disaggregation by sex and other social determinant variables is a fundamental component in gender mainstreaming because it makes gender inequities visible and allows researchers to build an evidence base supporting interventions that help reduce health inequities among affected populations. The Member States and the Bureau reported significant progress in disaggregating health data (Table 2). Palpable advances in the analysis of the disaggregated data and its use in systematic gender-sensitive planning and programming were also made, primarily at national levels (Figure 1), but further advances in this area are needed. During the evaluation period (2009-2014), the Bureau developed numerous tools for training producers and users of health information in the integration of gender and intercultural perspectives in health information systems. The biennial compendium of regional indicators for gender and health published by the Bureau has proven particularly helpful in facilitating Member States' efforts and is a useful reference tool that complements PAHO's well-known core health data.

8. **Capacity building on gender and health:** Almost all Member States conduct capacity building on gender and health, albeit not systematically (18 of the 32 reported having training modules or other resources for capacity building). Activities by Member States and the Bureau included virtual and face-to-face courses and specialized gender and health training initiatives. Adapted versions of these courses were used in Argentina, Chile, El Salvador, and Mexico, and 13 English-speaking countries and territories in the Caribbean (Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, British Virgin Islands, Dominica, Grenada, Guyana, Jamaica, Saint Lucia, Suriname, and Trinidad and Tobago) *(5)*. Member States called for continued technical support in this area, as well as expansion to emerging thematic areas such as gender identities, including LGBT and masculinities,[2] among others, and enhancement of more specific gender mainstreaming mechanisms such as data analysis, monitoring and evaluation, and political advocacy. Within the Bureau, capacity building on gender and health has been less consistent since the midterm report, although new areas like NMH and SDE reported significant advances in staff training.

9. **Participation of civil society:** Increasingly, Member States involve civil society and other partners in the development of national health plans and programs. Many Member States reported initiatives with these groups, across multiple programs. For example, 59% reported chairing or participating in national or local gender equality observatories. The Bureau participates in these observatories and continues to work with many partners in the Region, including the Latin American and Caribbean Network for Women's Health (LACWHN); indigenous and Afro-descendant associations; UN system interagency mechanisms, and academia. However, Member States reported that sustaining these relationships and maintaining shared agendas is a challenge. At the Bureau level, a review of the Technical Advisory Group on Gender Equality and Health is projected to support the formulation of future strategic directions, based in part on the

[2] The term "masculinities" (in plural form) refers to the multiple gender identities and different contextual expressions of masculinity recognized by the UN and, increasingly, within and outside the health sector.

findings of the evaluation reported here and on anticipated commitments mandated in the post-2015 development agenda.

10. **Gender equality in health monitoring:** The findings from the Member State reports on institutional mechanisms for mainstreaming gender in health were ambiguous. Though those tasked with responsibilities related to gender equity in the health sector reported insufficient resources in terms of staff and budget, significant advances were observed with regard to policies, plans, and the use of data. The proportion of Member States with gender and health policies and plans increased from 47% in 2011 to 59% in 2014, and the proportion with gender and health budgets increased from 39% to 44% during the same period (Figure 2). However, funding for gender mainstreaming activities was heavily dependent on grants and other non-regular budgets. The need for institutionalized staffing, policies, and plans and sustainable and consistent budgets cannot be over-emphasized, especially within the context of shifting macroeconomic scenarios and health reforms. In addition, only 20% of the Member States who responded reported actively monitoring their health sector's commitments for gender mainstreaming.

11. **Other emerging opportunities for advancing gender equity in health:** Subregional intergovernmental mechanisms are increasingly important for advancing gender mainstreaming in health. The Member States, the Bureau, and their partners have given more impetus to national and regional health agendas that advance political and technical gender equality targets by: *a)* creating intergovernmental commissions and high-level declarations[3] and *b)* facilitating technical collaboration on gender and health among subregions. However, the level and sustainability of advances in the process and results of gender mainstreaming are uneven across Member States, subregions, and the Bureau. This appears to be directly attributable to the continued presence or absence of well-positioned, comprehensive institutional structures with sufficient resources, focused on promoting and supporting gender mainstreaming. The unevenness in gender mainstreaming efforts may also be attributable to shifts in political climates which do not favor or enable gender mainstreaming. However, confirming these correlations would require research and analysis beyond the purview of this report.

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[3] Examples are:

- the Panama Declaration "A Promise Renewed for the Americas: Reducing Inequities in Reproductive, Maternal, and Child Health." A Promise Renewed for the Americas Conference; 2013 Sep 10-12, Panama City (Panama). Available in Spanish from: http://www.apromiserenewedamericas.org/apr/wp-content/uploads/2013/09/Panama-Declaration-final.pdf
- the Declaration of Honduras: "Alliance to Prevent Adolescent Pregnancy." Tegucigalpa (Honduras), 2014. Available in Spanish upon request.
- the Andean Community's resolution on producing and reporting gender indicators on health. Andean Community. Official Gazette Resolution 1468. Manual on producing and reporting gender indicators on health. Cartagena; 2012. Available in Spanish from: http://intranet.comunidadandina.org/Documentos/Gacetas/Gace2049.pdf

12. In PAHO's Strategic Plan for 2014-2019 (*Championing Health: Sustainable Development and Equity*) *(6)*, gender equity is identified as one of four cross-cutting themes (CCTs) underpinning its fulfillment. This is a strong mandate for Member States and the Bureau to renew efforts to implement and monitor progress in achieving Gender Equality Policy goals. In the Bureau's entities' Biennial Work Plans for 2014–2015, 62% of the 4,030 products and services established linkages to gender equity and the other three CCTs. During 2015 and beyond, there is the opportunity to further align with the World Health Organization (WHO) gender equality framework and the UN System-wide Action Plan on Gender Equality and the Empowerment of Women *(7)*.

13. **Conclusion:** The progress reported by the Member States gives reason for cautious optimism. More sex-disaggregated health data are being generated and more gender analysis to support equitable health planning is being conducted. The Member States continue to: *a)* build capacities on gender and health and *b)* generate national-level evidence on gender inequities in health (as reflected in policy documents, etc.). Intersectoral and inter-programmatic processes that support the development of gender-related health commitments for varying themes are increasingly embraced by the health sector. With assistance from the Bureau, Member States documented 18 best practices (lessons learned on incorporating gender in health, selected from more than 75 entries). However, progress is uneven, and although the increase in budget allocation to gender and health activities is a welcome and tangible indicator of progress toward institutionalization, funding continues to pose challenges, and many hidden, recurring, and systemic obstacles to mature, sustainable gender mainstreaming remain in both the health sector and the Bureau.

14. Member States firmly advocate for continued and stronger collaboration from the Bureau on gender and health, both as a specific thematic response and as part of broader technical cooperation priorities in all areas of work. New attention is called for with respect to gender mainstreaming in local planning processes, monitoring and evaluation, evidence for political advocacy, and engagement with emerging thematic areas related to gender equality, for example, sex parity among staff (Figure 3).

Action Necessary to Improve the Situation

15. **Recommendations:** The Director is hopeful and will remain vigilant regarding efforts by the Member States and the Bureau to address barriers that detract from universal access to health and universal health coverage in the Region *(8)*. Neither the Bureau nor the Member States are unaffected by the pervasive contextual inequalities in the Region, which may be exacerbated in the health sector when gender, ethnicity, and human rights are not taken into account. While the gains presented are most welcome, the uneven advances cannot be overlooked. In 2012, Member States identified the need for a renewed political and technical commitment within the ministries of health and governments to institutionalize responses to the Gender Equality Policy.

16. Given that need, the Bureau recommends the following:

a) reaffirmation of the Gender Equality Policy;

b) redoubling of efforts to implement it using the existing strategic areas;

c) the creation of new leadership roles for working toward priorities for gender equity in health;

d) further attention to equipping gender offices and staff in the ministries of health to meet these goals; and

e) the provision of progress updates through existing channels in Member States and the Governing Bodies.

17. **Strategic Lines of Action 2015–2019:** The evaluation of the Plan of Action for Implementing the Gender Equality Policy provided a unique opportunity to assess and analyze perceived needs in the Region and validate priorities for future collaboration on mainstreaming gender in health. The Bureau fully endorses the need, identified by Member States, to accelerate efforts to implement the Gender Equality Policy within its existing strategic areas of work. Gender equality is included within the Bureau's priority program areas, with corresponding core budget. Additionally, the Bureau proposes expanded strategic lines of action within that same framework to further consolidate collective commitments and support to countries; to respond to evolving global and regional contexts and, to nurture new reporting mechanisms introduced by the PAHO Strategic Plan 2014-2019, with full agreement from Member States:

a) **Conduct research and apply innovative methodologies** to address gender inequities within the framework of the Strategy for Universal Access to Health and Universal Health Coverage, which is explicit in its people-centered, equitable approach for providing integrated services to meet differentiated gender needs.

b) **Generate sector-specific evidence and gender analysis for political advocacy** in vertical, horizontal, and intersectoral policy and program development, implementation, and evaluation.

c) **Expand conceptual framework and modalities** to promote and address gender identities, including LGBT and masculinities (among others), and their linkages with ethnicity and other social determinants of health.

18. The full participation of the majority of the Member States in the evaluation bodes well for the Region. PAHO can be proud of the Gender Equality Policy, and the Plan of Action for its implementation during 2009–2014, which has been pivotal in advancing the equity agenda for the health sector and can be seen as a formidable input in both the Region and the UN system.

Action by the Directing Council

19. The Directing Council is requested to take note of this report and to make recommendations on the additional strategic lines of action proposed for the 2015–2019 period.

Annex

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 2015 Feb 23]. Available from: http://www1.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 2015 Feb 23]. Available from: http://www2.paho.org/hq/dmdocuments/2009/CD49.R12%20(Eng.).pdf

3. World Health Organization. WHO evaluation practice handbook [Internet]. Geneva: WHO; 2013. [cited 2015 Feb 23]. Available from: http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf

4. Pan American Health Organization. Plan of action for implementing the gender equality policy, interim report [Internet]. 28th Pan American Sanitary Conference, 64th Session of the Regional Committee of WHO for the Americas; 2012 Sep 17-21; Washington, (DC), US. Washington (DC): PAHO; 2012 (Document CSP28/INF/3) [cited 2015 Mar 19]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=18760&Itemid=270&lang=en

5. Pan American Health Organization. Virtual course on gender and health: awareness, analysis and action [Internet]. Washington (DC): PAHO [cited 2015 Mar 19]. Available from: http://cursos.campusvirtualsp.org/course/view.php?id=115

6. Pan American Health Organization. Strategic plan of the Pan American Health Organization 2014-2019 [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sep 30-Oct 4; Washington (DC), US. Washington (DC): PAHO; 2013 (Official Document 345) [cited 2015 Feb 23]. Available from:

http://www.paho.org/hq/index.php?option=com_content&view=article&id=8833&Itemid=40033&lang=en

7. United Nations Entity for Gender Equality and the Empowerment of Women. Advancing gender equality and women's empowerment: an assessment of gender mainstreaming in UN operational activities for development [Internet]. New York: UN WOMEN; 2012 [cited 2015 Mar 19]. Available from: http://www.un.org/esa/coordination/pdf/qcpr_final_report_6-15.pdf

8. Pan American Health Organization. Strategy for universal access to health and universal health coverage [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 29 Sep-3-Oct; Washington (DC), US. Washington (DC): PAHO; 2014 (Resolution CD53.R14) [cited 2015 Mar 19]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=27600&Itemid=270&lang=en

Annex

Table 1. Selected national programs of PAHO Member States that incorporated gender-sensitive approaches, 2014

Member State		Gender-based violence	Noncommunicable diseases	Sexual and reproductive health	HIV	Mental health
1. Anguilla		No	No	No	No	No
2. Argentina		Yes	No	Yes	Yes	No
3. Bahamas		No	No	No	Yes	No
4. Barbados		Yes	Yes	Yes	Yes	Yes
5. Belize		Yes	No	Yes	No	No
6. Bolivia		Yes	Yes	Yes	Yes	Yes
7. Brazil		Yes	Yes	Yes	Yes	No
8. Canada		Yes	Yes	No	Yes	Yes
9. Chile		Yes	No	Yes	Yes	Yes
10. Colombia		Yes	No	Yes	Yes	Yes
11. Costa Rica		Yes	Yes	Yes	Yes	Yes
12. Cuba		Yes	Yes	Yes	Yes	Yes
13. Ecuador		Yes	Yes	Yes	Yes	Yes
14. El Salvador		Yes	No	Yes	Yes	No
15. Guatemala		Yes	Yes	Yes	Yes	Yes
16. Guyana		Yes	Yes	Yes	Yes	No
17. Honduras		Yes	Yes	Yes	Yes	Yes
18. Jamaica		Yes	No	No	Yes	No
19. Mexico		Yes	Yes	Yes	Yes	Yes
20. Nicaragua		Yes	Yes	Yes	Yes	No
21. Panama		Yes	Yes	Yes	Yes	Yes
22. Paraguay		Yes	No	Yes	Yes	Yes
23. Peru		Yes	Yes	Yes	Yes	Yes
24. Dominican Republic		Yes	Yes	Yes	Yes	Yes
25. Suriname		Yes	Yes	Yes	Yes	Yes
26. St. Lucia		No	No	Yes	No	No
27. St. Kitts and Nevis		Yes	Yes	Yes	Yes	Yes
28. St. Vincent and the Grenadines		Yes	Yes	Yes	Yes	Yes
29. Turks and Caicos		Yes	Yes	Yes	Yes	Yes
30. Uruguay		Yes	Yes	Yes	Yes	Yes
31. United States		Yes	Yes	Yes	Yes	Yes
32. Venezuela		Yes	Yes	Yes	Yes	Yes
TOTAL	**YES**	**29 (91%)**	**22 (69%)**	**28 (88%)**	**29 (91%)**	**22 (69%)**
	NO	**3 (9%)**	**10 (31%)**	**4 (12%)**	**3 (9%)**	**10 (31%)**

Table 2. PAHO technical departments: number and percentage of guidelines with data disaggregated by sex, age, and ethnic group, 2009-2014

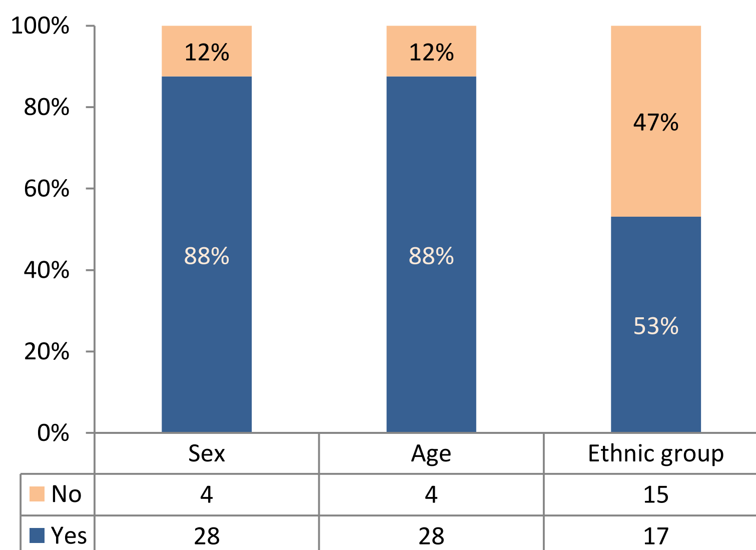
Technical department/ program[a]	Total number of guidelines	Disaggregated by					
		Sex		Age		Ethnic group	
		No.	%	No.	%	No.	%
CHA	16	14	88	14	88	9	56
FGL	18	11	61	10	56	8	44
HSS	26	14	54	12	46	7	27
NMH	24	21	88	21	88	21	88
SDE	1	1	100	1	100	0	0
Total	**85**	**61**	**72**	**58**	**68**	**45**	**53**

[a] See paragraph 4 for complete names.

Source: Table developed by the Gender and Cultural Diversity unit based on technical departments' self-administered questionnaire results.

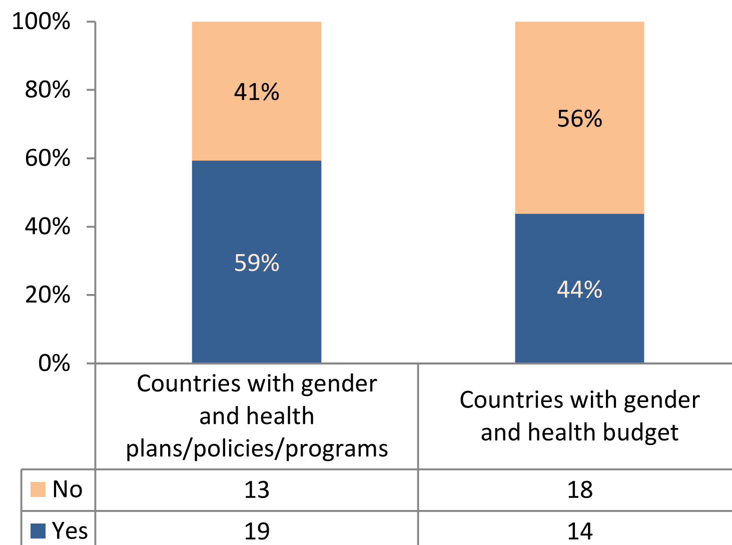
Note: Despite concrete evidence that data disaggregation by ethnicity is increasing, changes in the structure of the Bureau did not allow for comparison of the midterm and final reports.

Figure 1. Number and percentage of Member States that reported having guidelines with data disaggregated by sex, age, and ethnic group, 2009-2014



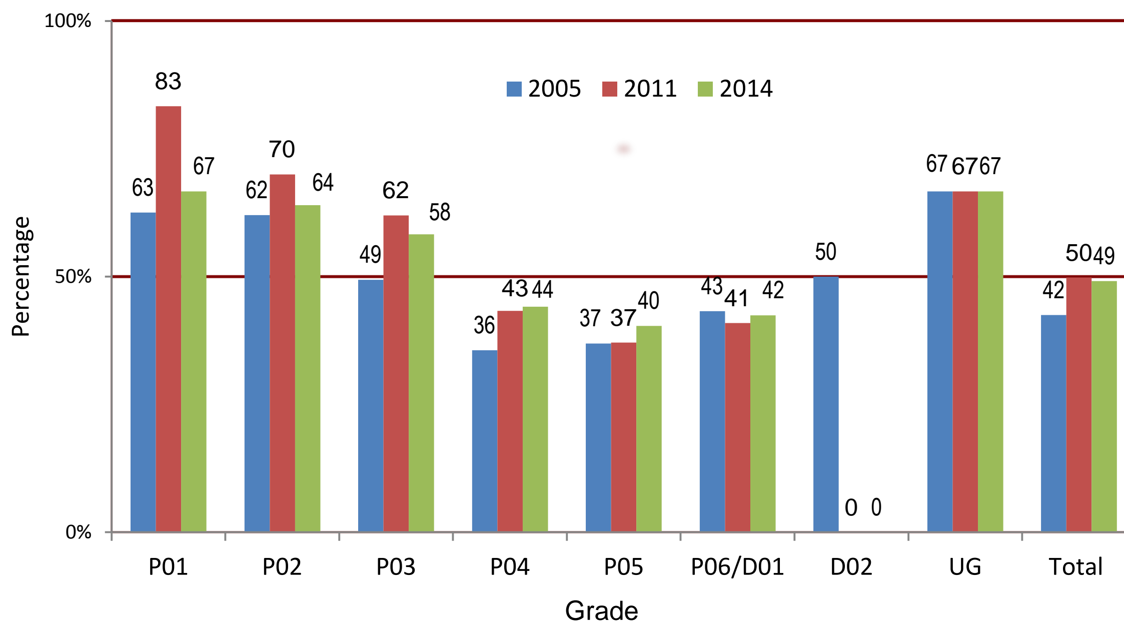
Source: Figure developed by the Gender and Cultural Diversity unit based on Member States' self-administered questionnaire results.

Figure 2. Number and percentage of Member States with gender and health plans, policies, or programs, and number and percentage of Member States with gender and health budgets, 2014



Source: Figure developed by the Gender and Cultural Diversity unit based on Member States' self-administered questionnaire results.

Figure 3. Women as a percentage of total staff (PASB headquarters and country offices), by grade, 2005, 2011, and 2014



Source: PASB Human Resources Management database.

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