

Gender, women and health: draft strategy

Report by the Secretariat

BACKGROUND

1. At its 116th session the Executive Board requested the Director-General to submit a draft strategy and plan of action for bringing gender into the mainstream of WHO's work, in response to the Beijing Platform for Action and the United Nations Economic and Social Council's agreed conclusions 1997/2.¹ The present draft strategy builds on an earlier document,² and on regional commitments.³ Its submission responds to the above request.

2. The draft strategy was drawn up on the basis of broad consultation throughout the Organization, with representatives from ministries of health, and with external experts, from which it emerged that gender equality and equity should be integrated into WHO's overall strategic and operational planning, in order to bring about systemic changes across all areas of work. A plan of action for implementing the draft strategy continues to evolve.⁴

3. The International Conference on Population and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995), building on the Convention on the Elimination of All Forms of Discrimination Against Women (1979) and the World Conference on Human Rights (Vienna, 1993), highlighted the importance of gender equality in all areas of social and economic development. They called on United Nations entities and national governments to ensure that gender equality and equity are taken into consideration in establishing the goals, resource allocations, activities and outcomes of programmes. In particular, the Beijing Conference established "gender mainstreaming" as a major strategy for the promotion of gender equality.

4. Gender mainstreaming was defined by the Economic and Social Council as follows:

Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and

¹ See document EB116/2005/REC/1, summary record of the second meeting.

² Integrating gender perspectives into the work of WHO. World Health Organization, 2002.

³ See, for example, *Strategic action plan for the health of women in Europe*. Copenhagen, World Health Organization, 2001; resolution AFR/RC53/R4 on Women's health: a strategy for the African Region; and resolution CD46.R16 on PAHO gender equality policy.

⁴ Document WHO/FCH/GWH/06.2, available in the Board room.

*programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.*¹

5. The internationally agreed development goals contained in the Millennium Declaration include the promotion of gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease and to stimulate sustainable development.² The United Nations is strengthening gender mainstreaming through a system-wide strategy, with which the draft strategy is consistent.

6. In order to ensure that women and men have equal access to opportunities for achieving their full health potential and health equity, the health sector needs to recognize that they differ in terms of both sex and gender. Because of social (gender) and biological (sex) differences, women and men face different health risks, experience different responses from health systems, and their health-seeking behaviour, and health outcomes differ.

7. In many societies, women have less access to health information, care, services and resources to protect their health. Gender norms also affect men's health by assigning them roles that promote risk-taking behaviour and cause them to neglect their health. Furthermore, gender interacts with race and other social stratifications, resulting in unequal benefits among various social groups and between women and men.

8. Support provided by WHO should enable Member States to design health development actions that respond to the specific needs of, and benefit, women and men, girls and boys and help them achieve optimal health. Thus, analysis of the role of gender and sex in health and responsive actions targeting disadvantaged women and men should be an integral part of WHO's work at all levels of the Organization. This could entail adapting existing policies and programmes so that they respond to specific needs in an equal and fair way, thus enabling all people to participate in, and benefit from, efforts to achieve health and development and to promote gender equality. Efforts need to focus on women in order to overcome the particular disadvantages they experience that stem from gender-based discrimination.

GOALS AND OBJECTIVES

9. The strategic directions outlined below aim at enhancing and expanding the Secretariat's capacity to analyse the role of gender and sex in health, and to monitor and address unfair gender-based disparities in health. When technical programmes address gender inequities and inequalities adequately, the resultant policies and tools enable them to improve the support provided to Member States in formulating and implementing effective gender-responsive health strategies. The strategic directions should be introduced gradually and regularly monitored and evaluated.

¹ United Nations Economic and Social Council's agreed conclusions 1997/2.

² United Nations General Assembly resolution 55/2.

GUIDING PRINCIPLES

10. In order to ensure that the support provided to Member States fully incorporates analysis of the role of gender and sex in health and determines appropriate action, the Secretariat will be guided by the following principles:

- addressing gender-based discrimination is a prerequisite for health equity
- leadership and ultimate responsibility for gender mainstreaming lie at the highest policy and technical levels of the Organization
- programmes are responsible for analysing the role of gender and sex in their areas of work and for developing appropriate gender-specific responses in all strategic objectives on a continuing basis
- equal participation of women and men in decision-making at all levels of the Organization is essential in order to take account of their diverse needs
- performance management should include monitoring and evaluation of gender mainstreaming.

STRATEGIC DIRECTIONS

11. **Building WHO capacity for gender analysis and planning.** In order to assure that analysis of the role of gender and sex in health and appropriate planning is integrated into WHO's work at all levels, staff need to have a basic understanding of the subject matter. Support and monitoring mechanisms will be established throughout the Organization, including gender focal points with appropriate expertise, and managers will be responsible and accountable for ensuring that staff develop capacity to analyse and address gender and health issues.

12. The Secretariat's gender, women and health network, comprising staff from the three levels of the Organization, has designed tools for individual training and for self-learning which will be introduced throughout the Organization in order to develop and strengthen staff skills. This work will be extended to global or corporate learning programmes and specific courses. In addition, training in results-based management will include modules on gender analysis, planning, monitoring and evaluation.

13. **Bringing gender into the mainstream of WHO's management.** Incorporation of gender considerations – in the components of results-based management planning, budgeting, monitoring and evaluation – effectively influences the work of the Organization.

14. As achieving gender equality and health equity is a cross-cutting objective in WHO's work, gender analysis should be integrated when country cooperation strategies, medium-term strategic objectives and the programme budget are drawn up. The budget of each strategic objective should reflect the integration of gender analysis and appropriate responses, and performance monitoring and assessment should include gender-sensitive indicators. Regular appraisal and evaluation of activities should include information on progress in integrating gender perspectives into WHO's work and on lessons learnt. The tools and capacity needed to assure this integration will be developed by the appropriate technical and management programmes at all levels of the Organization.

15. **Promoting use of sex-disaggregated data and gender analysis.** In line with the commitment made in the Eleventh General Programme of Work,¹ WHO will use sex-disaggregated data in planning and monitoring its programmes and provide support to Member States in improving the collection, analysis and use of quantitative data on health, disaggregated by sex, age and other relevant social stratifications. It will also promote quantitative and qualitative research to analyse the complex effects of social and cultural factors on health and the reduction of gender biases in health information and research.

16. On the basis of analysis of sex-disaggregated health data, observed differences with respect to men and women should be investigated, and policy positions and advice, norms, standards, tools and guidelines formulated to respond to any unfair, avoidable differences. It is essential to establish on the basis of unbiased data what differences exist and why, determine whether they are inequitable, unavoidable or remediable, and pinpoint which interventions are effective. This analysis should improve understanding of differences in: health risks and protective factors; access to resources for protecting health; the manifestation, severity and frequency of disease and health outcomes; health-seeking behaviour; social, economic and cultural contributing factors; and the consequences of ill health and disease. Further, it should help to ensure that the responses of health systems and services are appropriate and that women and men have equitable roles as formal and informal health-care providers.

17. **Establishing accountability.** Accountability for the effective integration of gender perspectives into WHO programmes and operational plans will rest primarily with senior WHO staff. Implementation by staff will be appraised through the performance management and development system. The governing bodies will be kept informed on a regular basis of progress in integrating gender perspectives in WHO's work.

18. **Role of the gender, women and health network.** Implementation of the strategic directions will require advocacy, information, technical support and guidance to staff. Under the leadership of senior management, the gender, women and health network will contribute to implementation by promoting knowledge about gender and health, and providing support for activities geared to tackling the inequalities and disadvantages that women or men experience as either consumers or providers of health care. It will pay particular attention to health issues that are linked to gender inequality and strategic objectives for women's health based on the Beijing Platform for Action.

19. The network will work with internal and external partners to generate and catalyse knowledge about effective policies and interventions; develop norms, standards, tools and guidelines for integrating gender concerns into health systems and public health actions; offer technical advice to ministries of health and other partners in Member States; and advocate, and take the lead, in building partnerships in order to raise awareness and promote action for achieving health equity.

¹ Document A59/25, paragraph 116.

ACTION BY THE EXECUTIVE BOARD

20. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the draft strategy for incorporating a gender perspective into the mainstream of WHO's work,¹

RECOMMENDS to the Sixtieth World Health Assembly the adoption of the following resolution:²

The Sixtieth World Health Assembly,

Having considered the draft strategy for incorporating a gender perspective into the mainstream of WHO's policies and programmes;

Recalling the Beijing Declaration and Platform for Action (Beijing, 1995), the Economic and Social Council's agreed conclusions 1997/2, the recommendations of Beijing plus 10 Conference (2005), the United Nations Millennium Declaration 2000, the 2005 World Summit Outcome³ and resolution WHA 58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration,

1. ENDORSES the strategy for incorporating a gender perspective into the mainstream of WHO's work;
2. URGES Member States:
 - (1) to include gender analysis and planning in joint strategic and operational planning, including country cooperation strategies;
 - (2) to formulate national strategies for addressing gender issues in health policies, programmes and research;
 - (3) to collect and analyse sex-disaggregated data and use the results to inform policies and programmes;
 - (4) to make progress towards gender equality in the health sector, in order to ensure that women's and men's contribution to health care, both remunerated and unremunerated, is considered in health policy and planning;

¹ Document EB120/6.

² See document EB120/6 Add.1 for the administrative and financial implications for the Secretariat of this resolution.

³ United Nations General Assembly resolution 60/1.

3. REQUESTS the Director-General:

- (1) to ensure that the Secretariat is capable of, and responsible for, assessing and addressing gender differences and inequalities in the planning, implementation, monitoring and evaluation of its work, and to include this requirement in post descriptions and criterion in performance evaluation;
- (2) to monitor, and assure accountability for, implementation of the strategy at global and regional levels;
- (3) to recruit staff with specific responsibility and expertise on gender and women's health in order to support and sustain incorporation of a gender perspective into the mainstream of WHO's policies and programmes;
- (4) to provide support to Member States for formulating and sustaining strategies and action plans for integrating gender equality in all health policies, programmes, and research;
- (5) to give priority to the use of sex-disaggregated data and gender analysis in WHO's publications, and in efforts to strengthen health-information systems, in order to ensure that they reflect awareness of gender equality as a determinant of health;
- (6) to ensure that programmatic and thematic evaluations indicate the extent to which gender issues have been incorporated in the Organization's work;
- (7) to ensure full implementation of the strategy, and report on progress to the Executive Board and the Health Assembly.

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