

INTEGRATING GENDER PERSPECTIVES IN THE WORK OF WHO

WHO Gender Policy



World Health Organization
2002



Director-General's Executive Statement on WHO Gender Policy: Integrating Gender Perspectives in the Work of WHO

Integrating gender perspectives in health action is sound public health and will help to strengthen the impact and coverage of our work. I take this opportunity to share with you the new WHO Gender Policy and ask you all to give it your full attention. I expect senior staff to be fully accountable to me on progress in this area.

Gender is a cross-cutting issue and the implementation of the Gender Policy will require the commitment, participation and contribution of every staff member. Our commitment to integrating gender perspectives will need to be reflected in work plans and budgeting as well as in technical cooperation activities with countries. Departments and offices will be expected to develop plans of action for integrating gender perspectives into their work. These action plans will be used to monitor progress.

I will be appointing a senior level Task Force to facilitate and support the implementation of WHO's work on gender, and to ensure its overall coherence. This Task Force will report to me on progress made by clusters, regional and country offices.

I look forward to seeing WHO's work in this area further strengthened and consolidated.

A handwritten signature in black ink, reading "Gro H. Brundtland".

Gro Harlem Brundtland
Director-General



WHO GENDER POLICY

Integrating Gender Perspectives in the work of WHO

Background and rationale

1. WHO's Constitution states that "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition". Fifty years after this Constitution was adopted, it is increasingly well recognized that there are differences in the factors determining health and the burden of ill-health for women and men. The dynamics of gender^(*) in health are of profound importance in this regard and they have long been overlooked.
2. Society prescribes to women and men different roles in different social contexts. There are also differences in the opportunities and resources available to women and men, and in their ability to make decisions and exercise their human rights, including those related to protecting health and seeking care in case of ill health. Gender roles and unequal gender relations interact with other social and economic variables, resulting in different and sometimes inequitable patterns of exposure to health risk, and in differential access to and utilization of health information, care and services. These differences, in turn have clear impact on health outcomes. Evidence documenting the multiple connections between gender and health is rapidly growing.
3. Responding to this reality and in line with its long-standing concern with health equity WHO will, as a matter of policy and good public health practice, integrate gender considerations in all facets of its work. This action is also in harmony with the decision, now being implemented across the UN system¹, that integration of gender considerations, that is gender mainstreaming, must become standard practice in all policies and programmes. It will be the Organization's policy to ensure that all research, policies, programmes, projects, and initiatives with WHO involvement address gender issues, as clearly stated in PB 2002-2005 policy framework². This will contribute to increasing the coverage, effectiveness, efficiency and ultimately the impact of health interventions for both women and men, while at the same time contributing to achievement of the broader UN goal of social justice.
4. WHO is also committed to advancing gender equality in its own workforce, as well as in scientific and technical advisory bodies, and among temporary advisers and consultants. Strategies to close the gender gap by the end of this decade fall into the broader context of diversity, and are in line with World Health Assembly Resolution WHA50.16 on the "Employment and Participation of Women in the Work of WHO"³ and other resolutions of the WHA and the UN General Assembly⁴. Integrating gender

(*) See **annex 1 Gender Glossary** for glossary of terms.

¹ General Assembly, 52nd Session. Document A/52/3, Chapter IV, part A. 18 September 1997.

² WHO Proposed Program Budget 2002-2003, page 9 ("Gender considerations are being incorporated in the planning and achievement of expected results in all areas of work")

³ *Resolution WHA 50.16 (1997)* specifying 50% target for recruitment rate of females from professional and higher levels, subsequently increased to 60% by the Director-General in 1998, and 50% target for female representation on scientific and technical advisory bodies, as temporary advisers and consultants. The policy outlined in Cluster Note 99/10 supports the resolution to reach gender parity by the end of the decade.

⁴ WHA Resolution 50.15 *Recruitment of international staff in WHO: geographical representation (1997)* and Resolution 55/69 *Improvement of the status of women in the United Nations system*, adopted by the UN General Assembly (A/RES/55/69, February 2001). The Me-

considerations into technical programmes and achieving equality between women and men in staffing are complementary policies.

Goal and objectives

5. The **goal** of this policy is to contribute to better health for both women and men, through health research, policies and programmes which give due attention to gender considerations and promote equity and equality between women and men⁵. WHO will analyse and address gender issues in planning, implementation, monitoring and evaluation of policies, programmes, projects and research in order to achieve the following **objectives**:

- ◆ increase coverage, effectiveness and efficiency of interventions;
- ◆ promote equity and equality between women and men, throughout the life course, and ensure that interventions do not promote inequitable gender roles relations;
- ◆ provide qualitative and quantitative information on the influence of gender on health and health care; and
- ◆ support Member States on how to undertake gender-responsive planning, implementation and evaluation of policies, programmes, and projects.

6. These objectives will be achieved through the incorporation of gender analysis in the work of WHO at Headquarters, and in Regional and Country Offices. This analysis will examine the differences in the relationships between women and men and their roles, and how these differences impact on:

- ◆ protective and risk factors;
- ◆ access to resources to promote and protect mental and physical health, including information, education, technology and services;
- ◆ the manifestations, severity and frequency of disease, as well as health outcomes;
- ◆ the social and cultural conditions of ill health/ disease;
- ◆ the response of health systems and services;
- ◆ the roles of women and men as formal and informal health care providers.

This analysis will include identification of ways to overcome constraints so that improved health outcomes for women and men can be achieved.

Organizational arrangements for implementation

7. Successful realization of this policy will require consistent and active participation by all staff at Headquarters, Regional and Country offices. Responsibilities and actions will require collaboration and effective linkages across Departments and levels of WHO.

8. Senior management will take the necessary steps to ensure the policy is translated into action in both technical and management aspects of WHO programmes. They will transmit the policy to technical and administrative staff and monitor its consistent and effective application throughout the work for which they are responsible. They will be accountable to the Director General for successful incorporation of gender considerations in their work.

diurn-term Action Plan for Employment and Participation of Women in the Work of WHO (2000-2005), focuses on measures to improve the in-flow of women to WHO as well as their retention, with a view to attaining the gender equity.

⁵ "Women and men" in this document, refers to women and men of all ages.

9. This policy applies to all work throughout the Organization: research, programme planning, implementation, monitoring, evaluation, human resource management, and budgeting. Effective implementation of the policy will require senior level commitment and validation, organizational support for activities to advance the knowledge and skills of staff for efficient gender analysis in their area of work. Directors will be expected to institutionalize mechanisms for building capacity among their staff providing, information, training or technical support staff needed to assure the policy's success.

10. General guidance and support will initially be provided by the Gender Unit of WHO/ FCH, in collaboration with gender focal points in other departments/ clusters/ regional offices. However, all programmes will be expected to collect disaggregated data by sex, review and reflect on the gender aspects of their respective areas of work, and initiate work to develop content-specific materials. This analysis will help ensure the integration of gender considerations in all work with which WHO is associated in different technical fields.

11. Regional and country offices will be expected to develop their own mechanisms, appropriately staffed and resourced, and collaborate with HQ to develop strategies to promote the integration of gender issues in health systems, working mainly with Ministries of Health, other sectors, NGOs and civil society.

12. The HQ Gender Unit will assist and support the development of methodologies and materials for gender analysis, standardized terminology to ensure coherent communication about gender issues, a strategy for appropriate capacity building across the Organization, and mechanisms for monitoring and evaluation. The Gender Unit will also have responsibility for on-going collection and dissemination of information, such as case studies of "good practice" in mainstreaming gender in health, as well as contributing to the building of an appropriate evidence-base on gender-related health issues in the Organization. The HQ Gender Unit will collaborate with gender focal points throughout the Organization, to ensure continuous implementation of this policy and the above activities.

13. The resources and administrative and operational mechanisms for implementation and monitoring effectiveness of this policy throughout the Organization will be set forth in directives of the Director General and Cabinet.



GENDER GLOSSARY

Gender is used to describe those characteristics of women and men, which are socially constructed, while **sex** refers to those which are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles.

Gender analysis identifies, analyses and informs action to address inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their lives, their health and well-being. The way power is distributed in most societies means that women have less access to and control over resources to protect their health and are less likely to be involved in decision-making. Gender analysis in health often highlights how inequalities disadvantage women's health, the constraints women face to attain health and ways to address and overcome these. Gender analysis also reveals health risks and problems which men face as a result of the social construction of their roles.

Gender equality is the absence of discrimination on the basis of a person's sex in opportunities, in the allocation of resources and benefits or in access to services.

Gender equity refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognises that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender mainstreaming The ECOSOC Resolution defines mainstreaming gender as "...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 women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality"⁶.

"Mainstreaming gender is both a technical and a political process which requires shifts in organisational cultures and ways of thinking, as well as in the goals, structures and resource allocations Mainstreaming requires changes at different levels within institutions, in agenda setting, policy making, planning, implementation and evaluation. Instruments for the mainstreaming effort include new staffing and budgeting practices, training programmes, policy procedures and guidelines"⁷.

⁶ (E/1997/L.30 Para Adopted by ECOSOC 14.7.97.)

⁷ (Development and Gender, Issue 5: Approaches to institutionalizing gender, Gender in Brief, Institute of Development Studies, University of Sussex, England, May 1997.)