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Gender, women and health: incorporating a gender perspective into the mainstream of WHO's policies and programmes

Report by the Secretariat

1. Equity in health depends on the recognition by the health sector that men and women differ in terms of their sex and gender. Sex refers to biology whereas gender refers to the social and economic roles and responsibilities that society and family assign to them. Accumulated evidence suggests that both sex and gender influence health risks, health-seeking behaviour, health outcomes (and the consequences), for women and men, their access to health-care systems and the response of those systems.
2. The United Nations Millennium Declaration and several other international agreements recognize the importance of equality of rights and the right of all women and men to live without discrimination in all spheres of life, including access to health care.¹ Although these and similar commitments² have been accepted by many countries, they have not yet led to significant changes in the health sector.
3. To mark the 10th anniversary of the Fourth World Conference on Women (Beijing, 1995), this report reviews progress and identifies the remaining challenges in achieving the strategic objective of the Beijing Platform for Action to integrate gender perspectives in legislation, public policies, programmes and projects. The goal is to ensure that the different needs of women and men and the diverse constraints that they face are taken into consideration in the formulation and implementation of health policies and actions.

¹ See, for instance, the United Nations International Covenant on Economic, Social and Cultural Rights and International Covenant on Civil and Political Rights.

² The Convention on the Elimination of All Forms of Discrimination against Women (1979), the Declaration on the Elimination of Violence against Women (1993), the Programme of Action of the International Conference on Population and Development (1994), the Copenhagen Declaration on Social Development (1995), the Beijing Declaration and Platform for Action (1995), and the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly special session on HIV/AIDS (2001).

PROGRESS IN WHO

4. WHO responded to the Beijing Platform for Action by establishing an area of work on women's health ("Gender, women and health" in the Proposed programme budget 2006-2007). The Regional Committee for Africa approved a strategy for women's health for the African Region.¹ The Regional Committee for the Americas has a subcommittee on women, health and development, created in 1980. The Madrid Statement, following a seminar organized by the WHO Regional Office for Europe (Madrid, 14 September 2001), acknowledged the need to move from international commitments to implementation.² WHO's Secretariat has issued a policy on gender, which requires all technical programmes and offices to disaggregate data by sex, to analyse and interpret the results in terms of differences between the sexes, and to integrate gender considerations into their strategies and programmes.

5. Progress has been made towards integrating gender considerations into policies and programmes. Evidence of the inequalities in health between the sexes due to, for instance, domestic and sexual violence, tobacco use, mental illness, ageing, tuberculosis, working conditions, injuries, reproduction and HIV/AIDS has been disseminated.

6. Normative work includes, for example, the development of guidelines for integration of gender issues into HIV/AIDS programmes. Tools for building capacity to incorporate gender perspectives in work exist, such as the course for health managers on gender and reproductive health that continues to be conducted in many regions, and other instruments and curricula are under development. An external gender advisory panel monitors the work of one programme.

7. Pursuant to resolution WHA56.17 on gender balance in human resources, the Secretariat has advanced towards the target of parity in gender distribution among professional staff.

CHALLENGES FOR THE HEALTH SECTOR

8. The different health needs of men and women need to be met in an equitable manner in prevention, treatment and care services.

9. Medical care and services often do not respond adequately to the specific needs and concerns of women and men. Health services for women tend to focus on their reproductive functions, neglecting other needs including those before or beyond reproductive age. Conversely, men's reproductive health needs are often inadequately met by health-care policies and services.

10. The means to help public health professionals to consider gender issues in their work are limited. Specific tools, guidelines, and training are needed to enable them to understand and incorporate gender considerations in their own work. In order to demonstrate that a gender perspective does improve the health of women and men, information about good practices needs to be widely available to public health staff.

¹ Resolution AFR/RC53/R4.

² Madrid Statement. Mainstreaming gender equity in health: the need to move forward. World Health Organization, Regional Office for Europe, 2001.

11. Rectifying the gender inequalities in the health-care workforce is crucial for effective public health systems. Globally, although women make up more than half the formal health-care workforce, they are underpaid and lack decision-making power. Moreover, as part of the unpaid, informal health-care workforce, women and girls also bear a disproportionate burden of care in the home and community, often with negative effects on their own health and well-being.

12. More research is needed into the gender dimensions of public health, in order to provide the evidence base for effective responses by the health sector. Sex-disaggregated data need to be collected, analysed and reported in health information systems.

13. Research on how differences between women and men influence the manifestation, diagnosis, treatment and outcome of diseases and ill-health is inadequate. Most often, research on conditions that affect both women and men is based on male subjects and takes men's health needs as the norm. The consequent gaps in knowledge, which may result in inadequate training of, and guidance to, health professionals and subsequent failures to diagnose properly certain diseases, such as heart disease, in women, need to be filled.

CHALLENGES FOR WHO

14. Mechanisms are needed to ensure implementation of any policy on gender, including assessment of progress in integrating gender in the programmes and policies of the Organization. The most efficient approach would be to require that gender perspectives are considered in the elaboration of both the Eleventh General Programme of Work and future proposed programme budgets.

15. Official publications, such as *The world health report* and other major policy documents, need systematically to stress gender as a determinant of health and to differentiate health outcomes between women and men.

16. Experiences of resolving gender issues in health at country level and the obstacles encountered need to be reviewed and the results systematically incorporated into, and used as the basis for, the Organization's work.

17. Most WHO external experts are men, despite resolutions of the Health Assembly and the United Nations General Assembly which call for the increased participation of women.¹ Only about 20% of the 880 external experts listed in WHO expert advisory panels, for example, are women.

FUTURE ACTION

18. The increased awareness throughout WHO provides an opportunity to bring gender more into the mainstream of its work. In addition, the commitments made by Member States in various international agreements such as the Beijing Platform for Action, Millennium Declaration and United Nations resolutions, need to be translated into concrete action within the health sector and a clear mandate for the gender work of WHO.

¹ Resolutions WHA49.9, WHA 50.16, United Nations General Assembly resolution 55/69.

19. Therefore, a global strategy with an action plan, including mechanisms for implementation and accountability, is being prepared on the basis of consultations with regions and countries, for submission to the governing bodies.

ACTION BY THE EXECUTIVE BOARD

20. The Board is invited to note the report.

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