



PAN AMERICAN HEALTH ORGANIZATION  
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### ***UPDATE ON THE PROCESS OF GENDER SENSITIZATION FOR PAHO STAFF***

This report provides an update on the efforts made to date by the Program on Women, Health, and Development (HDW) to accelerate the incorporation of a gender perspective into the work of the Pan American Health Organization. At the 16<sup>th</sup> Meeting of the Subcommittee on Women, Health, and Development last year, the Program presented a report on its efforts to develop and implement a gender and health training program. The Subcommittee commended the Organization and the Program on their efforts in this area and recommended to the Director to “continue to support the execution of gender and health training for PAHO field staff and intensify its efforts to do so at Headquarters.”

This report presents the results of the training sessions in the field and discusses developments at Headquarters which serve to facilitate the incorporation of a gender perspective in PAHO’s technical cooperation efforts

#### TABLE OF CONTENT

1. <i>At the Country Level</i> _____	2
2. <i>Challenges at the Country Level</i> _____	4
3. <i>At PAHO Headquarters</i> _____	5
4. <i>Future Perspectives</i> _____	6

## 1. At the Country Level

The Program on Women, Health, and Development (HDW) has executed 20 training workshops in the countries of the Region, with a high degree of success. HDW has published the facilitator's manual in English and Spanish; it is available to national and local organizations working in health in the countries of Latin America and the Caribbean, and at a cost for U.S.- and Canadian-based organizations and to multilateral and bilateral development organizations, from whom there has been a consistent and growing demand. Initially, HDW found it important to work closely with these organizations, acknowledging that gender training is institution-specific and that each organization has to review the content and emphasis of PAHO's approach in the light of its own needs and structure. For example, HDW is working closely with UNFPA to adapt the manual to the context of reproductive health exclusively. As demand increases for PAHO's manual, the process of accompanying requesting institutions may not be feasible.

The two-day workshop consists of an introduction and seven modules. The manual includes a facilitator's guide to assist in the preparation of the workshop itself. All seven modules are presented with detailed facilitator's instructions and examples of the materials to be photocopied and handed out to participants, as well as photocopy-ready overhead transparencies.

The **objectives** of the workshop are the following:

- To examine the differences between sex and gender;
- To discuss the gender approach and its particular relevance to the area of health and human development;
- To acquire skills and methodologies to enable participants to ensure that their work in health and human development is grounded in a gender approach.

The **expected result** is that participants will understand that the gender approach is essential for health planning and sustainable human development.

The workshops are highly participatory and based on the principles of adult learning; that is, they involve the learner in practical, hands-on exercises, draw on his/her knowledge, and repeat core messages at regular intervals to ensure optimum comprehension.

The following overview provides a summary of the modules and the objectives and core messages for each:

### ***Introduction to Workshop***

*Objectives:* To provide participants with the framework of the workshop.

To introduce the participants.

To review the objectives of the workshop.

*Core Message:* The workshop provides practical skills for incorporating a gender perspective in the participants' work.

***Module 1: Sex and Gender***

*Objective:* To understand the basic concepts underlying the definitions of sex and gender and examine the characteristics of the concept of gender.

*Core Message:* The characteristics that define what is masculine and feminine are largely culturally determined.

***Module 2: Gender Roles, Access to and Control of Resources and Household Stereotypes***

*Objective:* To acquire steps for the analysis of gender roles and access to and control of resources.

*Core Message:* Women and men perform multiple roles which may or may not be recognized in social or economic analyses. These roles give rise to differential access to and control of resources and to different exposure to risk or protective factors for health.

***Module 3: The Origin of Health Needs***

*Objectives:* To understand how the interrelationship between biological, psychological, and social factors generates specific health needs for women and men.

To undertake a gender analysis based on this understanding so that interventions respond equitably to the health care needs of both sexes.

*Core Message:* To promote gender equity in health, it is important to identify specific health needs for each sex in order to respond to each.

***Module 4: Practical and Strategic Gender Approaches***

*Objectives:* To understand the concepts of practical and strategic gender approaches.

To begin to apply gender approaches and the accompanying mechanisms to promote empowerment and to address these needs in health.

*Core Message:* The Practical Gender Approach and the Strategic Gender Approach must be applied in conjunction, in order to ensure that all the health needs of men and women are equitably addressed.

### ***Module 5: Development Approaches***

*Objective:* Present information on the difference between the women, health, and development approach and the gender, health, and development approach, and their respective relationship to approaches used by multilateral, bilateral, and national development agencies.

*Core Message:* Approaches that focus exclusively on women do not resolve gender inequity.

### ***Module 6: Applying the Concepts to Case Studies***

*Objective:* To apply the practical methodologies to case studies.

*Core Message:* The methodologies presented in the workshop assist in the identification and reduction of gender inequities in health.

### ***Module 7: Application of Gender Analysis to Existing Health Projects***

*Objective:* Using a PAHO document or one from the health sector in the country hosting the seminar, participants will conduct a gender diagnosis of the project, applying the analytical steps provided during the seminar, and will formulate an objective that reflects a gender perspective in health.

*Core Message:* Gender planning contributes to equity, efficiency, and sustainability of health projects.

## **2. Challenges at the Country Level**

The first phase of gender sensitivity training has been quite successful. However, the next phase, which is underway along with training in the remaining countries, is to reinforce what has been presented in the initial workshop. One important principle of adult learning is that people learn best when the subject matter is highly relevant and can be applied shortly after the training takes place. If the new skills are not used within a short time of the workshop, they are likely to atrophy very easily. With this in mind, HDW country focal points have been encouraged to provide ongoing reinforcement for colleagues that have participated in the workshops.

As PAHO staff at the country level have become more conscious of the contribution that a gender perspective can make to their work, one of the demands that has grown has been to further adapt the workshops to specific aspects of technical cooperation. Particularly, HDW is working with Division of Environmental Health to tailor the workshops to its needs. Likewise, HDW will be conducting workshops in four countries with national and PAHO staff who are working on projects to modify health services, to assist them in making operative the gender approach in their daily work with the services.

The workshops at the country level for PAHO staff have included other health professionals from the ministries of health, from international agencies, and from NGOs. While this has served to foster PAHO's reputation in the area of gender, health, and development, it has also increased the demand for HDW to facilitate workshops for other agencies at the country level. Strengthening the capacity of HDW focal points to conduct these workshops is one way to respond to this demand. Another is to bring together other persons who could also serve as facilitators at the country level, and to familiarize them with the approach. This year, HDW will conduct a training of trainers workshop to enhance this process.

### **3. At PAHO Headquarters**

Several initiatives have been undertaken at headquarters that have served to further the incorporation of a gender perspective in technical programs within the Secretariat in Washington:

1. Formation of an Interprogrammatic Working Group on Gender, Women, and Health (also described in Document MSD179, which reviews the work of the Subcommittee on Women, Health, and Development)

Approved by the Director in August 1996, the Interprogrammatic Working Group was established at Headquarters to collaborate with HDW in the preparation of recommendations for the Director concerning:

- Definition of indicators that, by identifying sex differences in the health/illness process, can lead to the identification of gender inequities measured by the likelihood of becoming ill and dying from preventable causes, or in the distribution of the resources, responsibilities and rewards in the health production process.
- Mechanisms for the promotion of thinking within the technical programs about how biological factors and sociocultural and economic contexts differently shape the health profiles of men and women within specific populations.

The group consists of 10 technical staff from the following programs: Environmental Health, Health Situation Analysis, Research, Communicable Diseases, Adolescent Health, Health Services, Strategic Planning, Mental Health, STDAIDS, and Noncommunicable Diseases. The group is coordinated by HDW, which convenes the group around specific tasks approximately four times a year.

2. Incorporation of a gender perspective throughout the *Annual Report of the Director*, rather than having a separate section on "Women and Health." The Director's insistence in integrating a gender approach throughout his report implies that HDW will be working closely with the technical units as well as with Analysis and Strategic Planning, the office in charge of compiling the annual report, to ensure that this is accomplished.

3. Incorporation of a gender perspective in the upcoming publication of *Health Conditions*

*in the Americas*. Traditionally, this banner publication of the Organization has had a separate section on women's health. This year, the countries and technical units at Headquarters have received instructions to disaggregate data by sex and to include a gender analysis in the presentation of population group differences. HDW will work closely with the Office of Health Situation Analysis in this process, and a HDW staff member is a member of the interprogrammatic group that will review all articles submitted from the countries and from technical units at Headquarters for inclusion in *Health Conditions*.

4. A proposal prepared by the Office of Personnel for human resources training at PAHO includes the stipulation that all incoming staff members and consultants participate in HDW's gender and health training session.

5. A proposal prepared by the Office of External Relations for modifying the project review process within the Secretariat includes the stipulation that adequate response to gender concerns be a criteria for approving projects that PAHO submits for funding to other agencies. HDW will be elaborating specific guidelines to ensure that gender issues are incorporated in these documents, as well as in the implementation of them at the country and regional levels.

6. At the PAHO Manager's Meeting at the end of 1996, the Director requested HDW to prepare a three-hour session on gender, health, and development. PAHO Managers were provided with an overview of the implications of gender for PAHO's technical cooperation and with specific examples from areas such as tuberculosis, tobacco consumption, health reform, and the differential impact of structural adjustment on women and men. Both PAHO staff working on these subjects and invited guests from the World Bank reviewed how incorporating a gender approach in their areas of work had significantly enhanced the quality and impact of their work.

#### **4. Future Perspectives**

As stated in the Introduction and Acknowledgements of the Gender and Health Training Manual, this is really only the beginning of a long process which has taken just under three years to consolidate. The modest successes that have been achieved have been due to a variety of factors which, together, have allowed HDW to undertake this effort in an enabling environment. At the level of the Program itself, the increase in staff with expertise in a variety of disciplines served to ensure the proper balance in the training approach between the biomedical and psychosocial approaches. At the level of the Secretariat, the unflagging commitment of the Director to incorporating a gender perspective in the health and human development work of PAHO has been instrumental in propelling the work of the Program, including the gender training, as a priority for the Organization. At the level of the countries, the preparations for the Fourth World Conference on Women in Beijing increased awareness among decision and policy makers of the importance of understanding what a gender perspective means and how it contributes to sustainable human development.

But much remains to be done. First of all, and in response to the different situations that exist among and within countries, PAHO will continue to focus on "gender" rather than on "women" in seeking to better understand the healthillnesscare process for both sexes.

Admittedly, there are sensitivities to be addressed in adopting a gender approach. In particular, some women's groups, who for decades have been at the forefront of advocacy efforts to ensure that women are taken into account by decision-making bodies, view a gender approach as an abrogation of the recognition that there is still a long way to go before men treat women as equals and both sexes have equal opportunities. Other women's groups sustain, as does PAHO, that a gender approach in health must address how power relationships between the sexes directly relate to increases in the risk of becoming ill and dying from preventable causes. That is, gender has a contribution to make in understanding why women, in general, live longer and more precariously than men, but also in understanding why men die sooner and use health services less than do women.

Secondly, we must sharpen the tools of analysis. Disaggregating data by sex is a necessity and a precursor to conducting a gender analysis. But numerical data on men and women may not be enough to understand how gender interacts with biological factors to place one or the other sex at risk. HDW is working on ways of complementing numerical data with qualitative information that provide health workers and policy makers with a more incisive look at the differences (or similarities) between men and women that can be critical in fashioning health policies and programs.

Finally, we still have a long way to travel before PAHO's technical programs feel comfortable with incorporating a gender approach in their work. We are at the point where many understand that it can be important, but many still find it easier not to do so. HDW needs to continue to provide real examples of how a gender approach has contributed to health programs and how a lack of a gender perspective signified less effective interventions.

These considerations are submitted for the review of the Subcommittee and to receive its comments.