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ADVANCES OF THE WOMEN, HEALTH, AND DEVELOPMENT PROGRAM

This document presents the mandate, strategic areas, and accomplishments of the Women, Health, and Development Program (HDW) of the Pan American Health Organization (PAHO) during 2001-2002. HDW's main vision is to reduce those health inequalities between men and women that are unnecessary, preventable, and unjust.

As established by resolutions of PAHO's Governing Bodies (CSP22.R12 and CSP26.R21 of the 22nd and 26th Pan American Sanitary Conferences, and CD32.R9, CD33.R6, and CD34.R5 of the 32nd, 33rd, and 34th Directing Councils, respectively), a central mandate of the Women, Health, and Development Program is to mainstream gender within the programs and policies of PAHO, its country representations, and Member States, in order to reduce gender inequities in health within the context of PAHO's principles of Equity and Pan Americanism.

The Program has identified five strategic areas to most effectively address gender inequities in health. These have been widely consulted and are implemented in collaboration with PAHO Programs and country counterparts, especially women's organizations. Each strategic area is presented along with the achievements, as well as the Program's commitments for the next biennium (2002 -2003):

- (1) Incorporate a gender perspective in health situation analysis to better target policies and programs.
- (2) Monitor the effect of health policies and reform processes on gender equity in health.
- (3) Strengthen the model for addressing gender-based violence (GBV) at the policy, sector, and community levels. Apply the model for involving men in reproductive health decision-making and for addressing mental health inequities.
- (4) Reach out with information, education, and communication (IEC) strategies and materials for advocacy and training, especially via virtual channels.
- (5) Collaborate with PAHO Programs and Member States to incorporate gender equity in research, projects, and policies.

HDW counts on the support of the Subcommittee on Women, Health, and Development to strengthen PAHO's and Member States' commitment to reducing gender inequities at the regional, national, and community levels: to produce better information on gender inequities in health; to include stakeholder participation in analysis and monitoring of health sector reform processes; to focus on addressing GBV as a persistent human rights and public health abuse and to implement the integrated model for addressing it; to form alliances with local, national, and regional women's groups; to implement the PAHO/WHO Gender Policy throughout the Organization and Member States; and to disseminate the Program's tools, research results, and publications throughout the Region.

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Women, Health, and Development Program Mandate

Within the context of PAHO's commitment to the principles of Equity and Pan Americanism, PAHO's Governing Bodies have passed several resolutions¹ that define the central mandate of the Women, Health, and Development Program (HDW); to mainstream gender within the programs and policies of PAHO, country representations, and Member States in order to reduce gender inequities in health.

1. These mandates call for the redistribution of resources, responsibilities, and power between men and women in order to improve the physical, psychological, and social well-being of the population. Within this framework, HDW seeks to identify and reduce gendered inequalities in health status, access to appropriate health care, and participation in health work that are unnecessary, unjust, and avoidable, adhering to the following crosscutting commitments:

- Empowerment and participation of women and communities to control their health;
- Capacity building of stakeholders at the local, health sector, and policy-making level to improve advocacy for health promotion and care;
- Inter-sectoral collaboration between the public sector, civil society, women's organizations, and international donors and agencies.

Strategic Areas in Reducing Gender Inequities

2. HDW, after a broad consultation with its network of national focal points and regional women's organizations, defined five strategic areas as the most effective way to reduce gender inequities:

- Incorporate a gender perspective in health situation analysis to better target policies and programs;
- Monitor the effect of health policies and reform processes on gender equity in health;

¹ CSP22.R12 and CSP26.R21 of the 22nd and 26th Pan American Sanitary Conferences, and CD32.R9, CD33.R6, and CD34.R5 of the 32nd, 33rd, and 34th Meetings of the Directing Council, respectively.

- Develop and implement models that address gender inequities in health in an integrated manner;
- Reach out with information, education, and communication (IEC) strategies and materials for advocacy and training; and
- Mainstream gender in PAHO's and Member States' policies and programs.

Incorporating a Gender Perspective in Health Situation Analysis to Better Target Policies and Programs

3. Women's organizations and international agencies have lobbied successfully for international conventions, national legislation, policies, and programs to reduce gender inequities in health, and those that uphold them agree that such information is essential for targeting persistent inequities and monitoring the effect of health sector reform (HSR) and other policy changes on these inequities. However, today there are only a few countries that disaggregate their health data by sex and analyze them accordingly.

Improving Health and Gender Situation Analysis

4. HDW has identified producing health information with gender considerations as its first priority. Improving gender and health situation analysis was the theme of the 19th Session of the Subcommittee on Women, Health, and Development (March, 2001), which resulted in the resolution adopted by the 26th Pan American Sanitary Conference, urging the Member States to:

- (a) assign a high priority to establishing and financing information systems on gender differences in health and development and to the collection, processing, and presentation of health information disaggregated by sex;
- (b) promote the participation of users and producers of information about gender and health issues from both government and civil society;
- (c) incorporate gender-based analysis in the formulation and monitoring of policies.

5. The resolution empowers HDW to encourage the Member States to include gender analysis in their policy-making. The Program has added an expert to its team who collaborates with countries to develop gender and health indicators and tools for their analysis. In 2003, in collaboration with PAHO's Special Program for Health Analysis (SHA), the United Nations Fund for Population Activities (UNFPA), and the Population Reference Bureau (PRB), the Program will publish the first biannual statistical brochure and a publication on the regional gender equity and health situation.

Strengthening National Capacity to Carry Out Gender and Health Analysis

6. The Program is working with national counterparts—users and producers of health statistics—of the health sector, women’s bureaus, statistical offices, and women’s organizations to strengthen their capacity to conduct and apply the results of a gender analysis. HDW has developed a strategy for the application of basic gender and health indicators that:

- Sensitizes decision-makers to the importance of gender analysis;
- Includes the technical review and adaptation of HDW’s basic health and gender indicators with counterparts;
- Facilitates a training session for producing and applying gender and health statistics; and
- Results in the production and publication of a national health and gender equity situation profile.

7. Five Central American countries have started this process, and training is planned in El Salvador, Nicaragua, and Panama during 2003. In Chile and Peru, the process is aligned with the monitoring of these countries’ health sector reform policies.

8. In 2001, HDW facilitated the participation of representatives of the ministry of health and national statistical offices of four Central American countries in a gender and statistics course offered by the National Statistical Institute of Mexico (INEGI), the United Nations Development Fund for Women (UNIFEM), and PAHO. As members of the Economic Commission for Latin America and the Caribbean’s (ECLAC) Committee on Gender Indicators for monitoring United Nations’ compliance with the Beijing and Cairo Conventions, PAHO, ECLAC, and UNIFEM organized a regional meeting to define gender-based violence (GBV) indicators in Bolivia. The Program sponsored participants from seven countries who have been implementing GBV surveillance systems, as part of PAHO’s Intrafamily Violence Project. The Program also presented basic strategies for incorporating gender in health data during two regional meetings on gender statistics.

Promoting Research for Informing Policy-makers

9. HDW coordinated the “Gender Equity in Access to Health Care” research initiative in Barbados, Brazil, Chile, Colombia, Ecuador, and Peru. While results varied between countries, in all studies household survey data confirmed that overall, women have a greater need for services, use services more, and spend more out of pocket money on health. However, data from Ecuador and Peru show that despite their greater need, poor women do not always use services more often than men. They also show that the risk-based health insurance premiums promoted by private companies tend to marginalize those in greater need, such as women of reproductive age, the poor, the elderly, and the chronically ill.

10. Throughout the research process, the Program brought together researchers and policy-makers to assure that results were useful for influencing health sector reform policies.

Monitoring the Effect of Health Policies and Health Sector Reform (HSR) Processes on Gender Equity in Health

11. A key purpose of gender and health situation analyses is to inform and improve policies that have differential effects on the health of men and women, for example the HSR policies that many countries are implementing. There is evidence that some health care and financing models promoted by these processes may further marginalize the poor, the elderly, some ethnic groups, and especially women in all these categories. In most countries women’s organizations and other stakeholders are often excluded from defining HSR policies or monitoring their outcomes.

Strategy for Reducing Gender Equities in Health Sector Reform

12. In response to this situation, HDW has developed a strategy to identify and address these inequities, which includes:

- Developing information on gender and health inequities and their relation to health policies;
- Disseminating this information to health and other sectors and civil society; and
- Including these informed stakeholders in formulating better policies and monitoring their implementation and effect on the health of women and men.

13. The Program developed this strategy in consultation with experts from women's groups, such as the Latin America and Caribbean Women's Health Network (LACWHN), WHO, and international universities, during a regional meeting of gender and HSR experts (1998). HDW, in collaboration with PAHO's division of Health Protection and Promotion, the PAHO/WHO Representation in Chile, the Chilean Government, ECLAC, UNIFEM, and UNDP organized the first international workshop on gender indicators and national health accounts (Chile, 2001). Gender equity and HSR was the theme of the 18th Session of the Subcommittee on Women, Health, and Development (1999), which recommended that PAHO support its Member States in including gender equity criteria and the participation of stakeholders in their ongoing HSR processes.

14. To further its gender and health sector reform strategy, the Program is coordinating a three-year project with support from the Ford and Rockefeller Foundations. The project includes a regional component for developing conceptual and methodological tools, and the interagency collaboration for mainstreaming gender equity in HSR in Chile and Peru.

Developing and Implementing Tools for Monitoring Gender Equity and HSR

15. The Program has developed a number of working and conceptual papers on gender, reproductive health, and HSR. These papers will be included in the 2003 World Bank regional seminar "Adapting to Change: HSR and Sexual and Reproductive Rights" and in other training workshops on this issue, and are available on the Program's website.

16. HDW developed the "Indicator Guide for Analyzing and Monitoring Gender Equity in Health" and "A Guide for Evaluating Gender Equity in Health Policies" and is incorporating gender indicators in PAHO/United States Agency for International Development (USAID) instruments for evaluating HSR performance monitoring. The former is being reviewed and adapted, and will be made available throughout the Region in 2004.

Implementing the Strategy at the National Level

17. The Gender Equity and HSR project was launched in Chile in 2001, and focused on civil society participation in the analysis and monitoring of the new health policies. Due to political changes within the Ministry of Health, the launching of the project in Peru was postponed until September 2002.

18. In Chile, the PAHO project team was instrumental in supporting the intersectoral Gender Advisory Committee convened by the Minister of Health (MOH) to assure that gender was considered throughout the reform process and to develop a strategy paper that

was presented to the National HSR Commission and debated with civil society participation. The project team promoted and supported the HSR debate by:

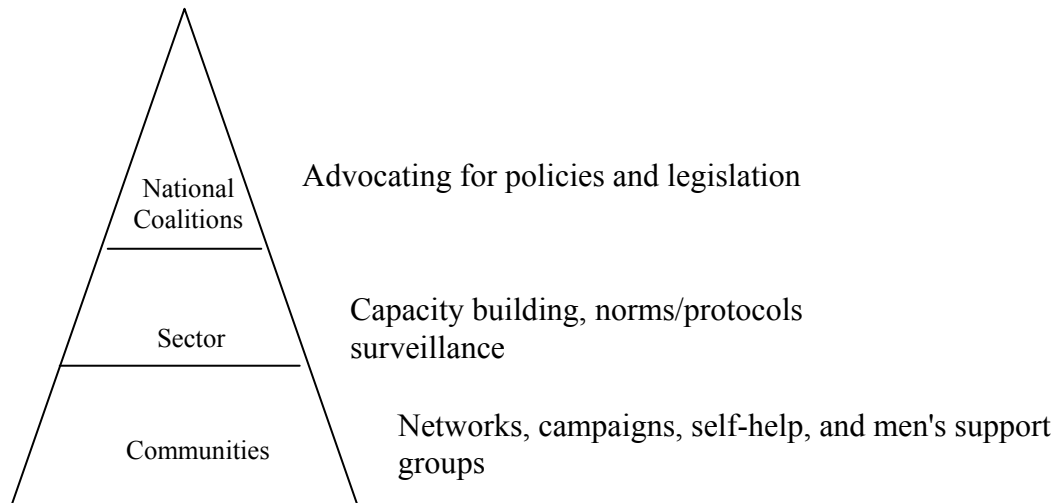
- Developing a number of policy evaluation tools and providing training to stakeholders participating in policy discussions;
- Organizing public policy debates at the central level and in seven provinces, with representatives of the MOH and of Women's Affairs (SERNAM), the National Parliament, other key government agencies, universities, health professional associations, women's and labor movements, and grassroots organizations. An ensuing proposal pertaining to the regulation of the private health providers was presented to the Government;
- Implementing a multimedia communication strategy to disseminate information and raise awareness on HSR and equity issues. The project is planning to develop an Observatory of Health Policy with the participation of key HSR stakeholders for monitoring the implementation and impact of these policies.

Applying the Tools to Other Countries

19. As part of the new three-year project of the Swedish International Development Cooperation Agency (SIDA) and the Norwegian Agency for Development Cooperation (NORAD) for Central America, the tools will be applied by Program focal points and counterparts in Guatemala, Honduras, El Salvador, and Nicaragua in 2003.

Developing and Implementing Models that Address Gender Inequities in Health in an Integrated Manner

20. Since the early 1990s, PAHO's HDW Program has worked with the health and other sectors at the regional, national political, and community levels to advocate, strengthen capacity, and involve stakeholders in formulating better health policies and improving prevention and health care. As a result, the Program and its counterparts have developed an Integrated Model for Addressing Gender Inequities in Health.



21. This model is being implemented to address GBV and to involve men in reproductive health programs. Its application for mental health programs is included in the 2002 -2003 plan.

Addressing Gender-based Violence

22. PAHO has been at the forefront of mobilizing the health sector to address GBV. Through the Subcommittee on Women, Health, and Development, HDW was the first technical unit within PAHO to raise violence as a public health issue. Since 1995 HDW has implemented the above model to address GBV in 10 countries (7 Central American and 3 Andean) with support from the Governments of Sweden, Norway, and the Netherlands. This experience is globally recognized as a model approach for addressing GBV and has been adapted by the Inter-American Development Bank (IDB) in six other countries.

23. The Model has resulted in achievements at the regional, national, and local levels:

Achievements at the Regional Level

- Organized *Symposium 2001: Gender Violence, Health, and Rights in the Americas* with UNFPA, UNIFEM, UNICEF, UNDP, the Inter-American Commission of Women of the Organization of American States (CIM/OAS), and the Canadian International Development Agency (CIDA)/Center for Research on Women's Health to mobilize the health and other sectors to address GBV. <http://www.paho.org/english/hdp/hdw/symposium.htm>.
- Facilitated exchange between Caribbean and Central American countries with the goal of implementing the integrated model in five Caribbean countries.
- Promoted technical exchange projects among six countries on topics ranging from policy promotion to training of health providers and establishment of networks and support groups.
- Included GBV prevention in regional and subregional policy fora (Meeting of the Health Sector of Central America and the Dominican Republic [RESSCAD], Latin American Parliament [PARLATINO], First Ladies meetings, and regional summits).
- Participated in the interagency group against violence (PAHO, UNICEF, UNFPA, UNDP, OAS, ISIS International, and LACWHN).
- Worked with the Inter-American Coalition on Violence Prevention (PAHO, IDB, OAS, World Bank, the Centers for Disease Control and Prevention [CDC] of the United States, the United Nations Educational, Scientific, and Cultural Organization [UNESCO]). Worked in collaboration with the CDC in the revision of GBV surveillance systems in Costa Rica, El Salvador, and Honduras in order to improve them.
- Actively advocated that WHO/PAHO and United Nations agencies dedicate 2003 to establishing gender violence as an urgent health and rights issue.

Achievements at the National Policy Level

- Multisectoral coalitions established in 10 countries.
- Legislation passed in 10 countries and monitoring bodies set up in 6 Central American countries.
- Published research results of “The Critical Route Followed by Women Affected by Intrafamily Violence”; a prevalence study on GBV and the role of men in promoting violence in Bolivia; and a knowledge, attitudes, and practice study in Peru.
- Tools (norms and protocols in 10 countries, surveillance systems in 5 countries, and training modules in 10 countries) developed and implemented; and more than 15,000 representatives from health and other sectors trained each year.
- GBV prevention campaigns carried out in 10 countries.
- The Integrated Model incorporated in health sector reform processes in five countries.
- The study of violence included in primary school curricula in Belize and Peru, in college curricula in public health and nursing schools, and in courses at police academies of Central American countries.

Achievements at the Community Level

- Over 200 community networks formed, comprising health, education, and judicial sectors, police, churches, community leaders, and women’s organizations.
- Community support groups trained and functioning in eight countries (over 390 in Central America).

24. In 2001, a participatory evaluation of the Central America Project was conducted. Lessons learned were shared with national counterparts to replicate successes and identify challenges in order to strengthen the model. These will provide the basis for a PAHO book and campaign for involving the health sector in addressing GBV.

Involving Men in Sexual and Reproductive Health

25. The Program is developing models for involving men in sexual and reproductive health (SRH) in seven Central American countries, in collaboration with the Division of Health Promotion (HPP) and with support of the German Government. The project, launched in 2002, starts with participatory research in Belize, Costa Rica, El Salvador, Honduras, Nicaragua, Guatemala, and Panama on men's knowledge, attitudes, and practices regarding their and their family's reproductive health. Based on results HDW and HPP will coordinate with ministries of health, men's groups, and other partners to develop male involvement in SRH models to be implemented in health centers or work and recreation centers.

26. In preparation for the project and to raise awareness, HDW has distributed an annotated bibliography, relevant materials, and fact sheets to its focal points and through its listserv.

Addressing Gender Equity and Mental Health

27. The *2001 World Health Report on Mental Health* identifies depression as a priority health problem and shows a higher prevalence of depressive disorders among women (between 15:1 and 2:1), while substance abuse and antisocial personality disorders are more common among men.

28. Through its Integrated Model for Addressing GBV, the Program is already addressing mental health problems. During a recent meeting of representatives and coordinators of support groups in Central America and Bolivia, participants agreed on the value of support groups, although they recognized that a lack of evidence and strategies prevented them from implementing these groups in the most effective manner.

29. The Program's focal points have participated in PAHO's Mental Health Program planning meeting (2001) and other activities in Central America, especially in the context of disaster situations and promoting community approaches of the Integrated Model. This collaboration will be consolidated in 2003 through a project for strengthening community approaches to gender equity and mental health.

Reaching Out with Information, Education, and Communication (IEC) Strategies and Materials for Advocacy and Training

30. One of HDW's key objectives is to provide information, training materials, and communication and learning channels to its network of focal points and counterparts. HDW has designed the GenSalud information strategy with the following components:

Providing Access to HDW Information and Publications via PAHO's Website (www.paho.org/genderandhealth).

31. HDW uses its new interactive webpage to disseminate information and publications such as:

- Workshop on Gender, Health, and Development: A Facilitator's Guide (Spanish and English);
- Materials developed by the GBV, HSR, and Men and HSR projects (Domestic Violence: Women's Way Out);
- Spanish translations of the Harvard series on Gender Equity in Health;
- Advocacy packets and monthly fact sheets on health and gender issues (Trafficking of Women for Sexual Exploitation, Gender and HIV/AIDS in the Americas, Gender Equity in Health). Advocacy packs on "The Health-Sector Response to Gender-based Violence," "Women's Work and Health in the Americas," and "Male Involvement in Reproductive Health" are being developed in 2003;
- HDW's listserv GenSalud (gensalud@paho.org) currently disseminates information on websites, publications, conferences, and training to more than 800 subscribers.

Establishing a Virtual Information Center on Women, Gender, Health, and Development

32. HDW is establishing the GenSalud Information Gateway, a virtual information clearinghouse on women, gender, health, and development. The Gateway will include the GenSalud Virtual Library, the gender training database, and the virtual learning center (<http://genero.bvsalud.org>).

Providing Access to Virtual Curricula in Gender and Health

33. HDW is developing a virtual curriculum on health and gender through PAHO's Virtual Health Campus, for gender and health training institutions and universities throughout the Region. Its first module on GBV and reproductive health, a collaborative effort with the Colegio de las Americas and UNFPA, will be launched in 2003.

Mainstreaming Gender in PAHO's and Member States' Policies and Programs

34. HDW collaborates with most of PAHO's divisions in meeting its mandate to incorporate gender equity in all of PAHO's technical collaboration activities and policies. During 2003, and under the Bureau's new leadership, the Program will spearhead the adaptation and implementation of the WHO Gender Policy (March 2002).

35. Within the last two years, HDW has incorporated gender indicators within PAHO's health sector reform monitoring tools (HSP), as well as in violence surveillance systems (HCN); has mainstreamed gender in the training, activities, and policies of the Central America Project PLAGSALUD (HEP); and is collaborating on a participatory project to develop health standards for workers in export industries (HEP).

36. During the next biennium, HDW's priority is to collaborate with the Division of Communicable and Noncommunicable Diseases (HCP) to empower women to promote healthy behaviors with regard to preventing HIV/AIDS and chronic diseases such as cervical cancer.

Conclusion

37. While there is general recognition that social as well as biological determinants affect health, gender continues to be an afterthought for most analysts and policy planners. Without a commitment to including gender in health data collection and analysis, formulation and monitoring of policies, design of innovative and integrated programs, and training of health care providers, these inequities will persist.

38. PAHO's second century provides an excellent opportunity for PAHO and Member States to renew their commitment to breach the gender inequity gap in the Americas. The Program commits to collaborate with PAHO colleagues and country counterparts in improving information to better target and monitor policies and programs aimed at reducing these inequities, develop models and integrated approaches, provide information for advocacy and training, and mainstream gender in PAHO's programs and policies.

Action by the Subcommittee on Women, Health, and Development

39. The Subcommittee is invited to make recommendations to strengthen PAHO's and Member States' commitment to reducing gender inequities at the regional, national, and community levels; to implement Resolution CSP26.R21 on producing better information about gender inequities in health and including stakeholder participation in analysis and monitoring of health sector reform processes; to focus on addressing GBV as a persistent human rights and public health abuse and to implement the Integrated

Model for addressing it; to form alliances with local, national, and regional women's groups; to implement the PAHO/WHO Gender Policy throughout the Organization and the Member States; and to disseminate the Program's tools, research results, and publications throughout the Region.

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