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ANALYSIS AND MONITORING OF GENDER EQUITY IN HEALTH AND DEVELOPMENT: WHY AND HOW

Recognition of gender equity as an essential component of sustainable development has been growing worldwide. This recognition has been accompanied by a heightened awareness of the critical role of gender statistics in eliminating stereotypes, formulating policies, and monitoring the progress toward full equity.

In light of this recognition and in fulfillment of the institutional mandates of PAHO/WHO, in 1993 and 1994 the Subcommittee on Women, Health, and Development recommended the development of a Regional System to Monitor and Evaluate the Health Situation of Women and the Differences Between the Sexes. This activity would be coordinated by the Program on Women, Health, and Development and geared to the implementation of mechanisms to evaluate and monitor health from a gender equity perspective that would take the diversity of living conditions into account.

This document is submitted for the consideration of the Subcommittee on Women, Health, and Development, with the following objectives: (1) to report on current compliance with its recommendations on the development of a regional system for monitoring and evaluating gender inequalities in health; (2) to describe the key elements of the proposal for the instrumentation of information systems and the monitoring of gender equity in health, at the country and regional level. Significant among these elements are: (a) emphasis not only on the best production of information but on its effective communication and utilization for the design and monitoring of policies; and (b) the participation of both producers and users of information from government and civil society, in the production and maintenance of the system; (3) to request political support and suggestions from the Subcommittee on the design and utilization of strategies to facilitate the introduction and institutionalization of these monitoring systems in the countries and the Secretariat.

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1. Introduction

Statistics and indicators on the situation of women and men in all areas of society are an important tool for promoting equity. Gender statistics play an essential role in eliminating stereotypes, policy-making, and monitoring the progress toward full equity.¹

Recognizing gender equity as essential to sustainable human development is a phenomenon that is making headway in academic and political circles worldwide. At the same time, the need for statistics that are disaggregated by sex, indicators of gender inequality, and monitoring systems to evaluate the changes in the health situation of women and men has figured prominently in the declarations of the international forums of the past decade. Particularly relevant in the specific fields of gender equity in health and its monitoring have been the 45th World Health Assembly, Geneva (1992), the World Conference on Human Rights, Vienna (1993), the International Conference on Population and Development, Cairo (1994), the World Summit for Social Development, Copenhagen (1995), the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, Belem do Pará (1994), the Summits of the Americas, held in Miami (1994), Santa Cruz (1996), and Santiago (1998), and especially, the Fourth World Conference on Women, Beijing 1995 (See Beijing commitments on gender information and monitoring systems in the Annex).

In 1992, the 45th World Health Assembly expressed concern about the lack of information on compliance with WHO resolutions of years past on women and health and called on the Member States to establish adequate information systems on the health situation of women and to develop health indicators disaggregated by sex.² In response to this call, and to the specific resolutions of the Governing Bodies of PAHO in this regard, the 13th (1993) and 14th (1994)³ Sessions of the Subcommittee on Women, Health, and Development (MSD) of the Executive Committee of PAHO added this topic to their discussion agenda.

As a result of these two deliberative forums, the Subcommittee on Women, Health, and Development issued a series of recommendations aimed at laying the groundwork for an interdivisional and interprogrammatic plan of action on gender information, coordinated by the Program on Women, Health, and Development (HDW). The purpose of this plan would be to

¹ Hedman, b., Perucci F., Sundstrom P., *Engendering Statistics: A Tool for Change*. Lulea, Sweden, Statistics Sweden, 1996, p.9.

² Organización Mundial de la Salud. La mujer, la salud y el desarrollo. In: Colaboración dentro del sistema de las Naciones Unidas. Asuntos generales. 45th World Health Assembly, Geneva. Document WHA45.25, 14 May 1992.

³ Pan American Health Organization. Reports of the 13th and 14th Sessions of the Special Subcommittee on Women Health and Development of the Executive Committee. PAHO, Washington, D.C., April 1993 and April 1994, respectively.

implement mechanisms for the evaluation and monitoring of health from a gender equity perspective, taking socioeconomic diversity into account. These recommendations have only been partially fulfilled; the countries still have a long way to go, with serious obstacles to overcome and important opportunities to take advantage of.

This document has three objectives:

- To report on the current status of the initiative to develop a regional system for monitoring and evaluating gender inequalities in health.
- To identify the central elements of a program for instrumentalizing an information and monitoring system on gender and health to orient national policies.
- To request political support from this Subcommittee for the gradual development of information and monitoring systems that, on the one hand, will foster the design of policies to promote gender equity, and on the other, help to demonstrate the impact of public policy on human development and on the health and living conditions of women and men.

It should be underscored that the concept of gender equity in health that guides this initiative refers to the elimination of avoidable, unnecessary, and unfair differences between women and men, not only in terms of (a) their health situation, but also (b) their real access to appropriate care, and (c) their participation in the care work load and in decisions about health.

2. The Problem: Constraints and Opportunities in the Analysis and Monitoring of Gender in Health

In terms of the availability of essential information for decision-making, the health sector is at a comparative disadvantage vis-à-vis other sectors such as education and labor, which routinely gather information on the situation and trends in the levels of schooling and employment through censuses and periodic surveys conducted by the national statistics institutes. As a rule, health analysis at the regional and national level is based fundamentally on mortality and birth statistics, which, though crucial, represent only the extremes of the continuum of life, and do not show what happens between the two extremes. When health information (on morbidity, disability, nutrition, autonomy in reproductive decisions, ability to function, risk behaviors, healthy habits, and access to health resources and their utilization) is available for the intermediate period of life, the information not only tends to be limited to certain age groups and geographical areas, but to studies at a particular moment that do not reveal the changes that have been occurring over time.

At the same time, important information sources outside the health sector are underutilized by the sector. Among these are multipurpose household surveys routinely conducted by the national statistics institutes and the demographic and health surveys sponsored by Macro International, conducted periodically in selected countries of the Region. This underutilization refers not only to the scant use made of the data but to the failure to take advantage of the opportunity to influence the type of representative national information that these surveys continually collect.

2.1 *Constraints*

Gender analysis in health obviously faces the same constraints suffered by the health sector in general; however, other constraints are also present due to the type of breakdown required for the information.

It should be recalled that gender analysis takes the following factors into account:

- Women and men have different roles in society, and relations between them affect social policy.
- Women and men have different health needs and, because of their distinct roles, are exposed to different risks and enjoy different degrees of access to and control over resources to protect their health.
- Women and men face different opportunities and constraints in the processes of economic change and sectoral reform and are affected differently by policies.

The disaggregation of information by sex is basic to the analysis; however, this disaggregation is not enough. Beyond the description of statistical differences in health, gender analysis seeks to link such differences to social determinants and consequences connected with the roles, contributions, and particular needs of each sex, as well as with the distribution of opportunities and power between women and men in each social group.

For this reason, the specific difficulties encountered in gender analysis in health are as follows:⁴

- (a) the infrequency with which data are collected, processed, and published with a breakdown by sex;
- (b) the poor quality of the information on conditions that exclusively affect women, as in the case of maternal mortality;

⁴ For a detailed discussion of the limitations of traditional statistics for gender analysis, see: Galvez, T., *¿Contamos con estadísticas de género?* In: República de Colombia, Departamento Nacional de Planeación, *Macroeconomía, Género, y Estado*, Bogotá, Colombia, 1998, pp. 211-232.

- (c) the difficulty of obtaining sets of integrated data that would make it possible to relate health indicators disaggregated by sex to indicators of social determinants that reveal differentiated risk and opportunity profiles for the health of women and men;
- (d) the "statistically emerging" status of some issues that are key to gender analysis, such as the unequal distribution of power between men and women. This inequality implies important differences in access to and control over resources for health and in the participation in decisions that affect the health of an individual and his/her family and social group.
- (e) the gender bias present in the key statistical information—for example, in the definitions and measurements of women's economic contribution to health. This issue is especially relevant in health planning, where the unremunerated work of women is the principal support for the system of care and notwithstanding, is neither recognized nor included in the national accounts. This type of bias has been the object of repeated criticism from international organizations such as UNDP and UNIFEM.
- (f) gender bias in field activities and in the processing of statistical data—seen, for example, in the definition of "head of household," where the very language [Spanish] and cultural values ascribe this role to men.
- (g) the very common institutional blindness to differences between the sexes or the importance of documenting them—a factor that impedes the tabulation and publication of statistics disaggregated by sex and hence, the detection of unfair, unnecessary, and avoidable inequalities between women and men in the area of health and its determinants.

It can generally be stated that in the majority of the countries in the Region, the development of gender statistics is still in its early stages and has not been assumed by the national statistics services.⁵ Despite the progress in the past 25 years, there is still fierce resistance in many areas to considering gender a relevant issue, and the health sector is no exception. Two-way channels of communication between gender experts—academics and activists—and the statisticians appear to be nonexistent.

The mandates on disaggregation by sex in the collection, processing, and publication of data are either not a priority or simply do not exist, and even if they did, they would not be sufficient in themselves to stimulate the introduction of gender into the statistical work. A mandate that is not accompanied by concrete proposals on what can and should be done, as well as the technical and financial resources to begin a project on gender statistics will very probably remain a mandate in name only.

⁵ See excerpt from the Declaration of Beijing, Platform for Action in the Annex.

2.2 *Opportunities*

The above constraints have become obvious with the growing demand for gender information, spurred mainly by the women's movement, international conferences and forums, university programs on gender, and the conditionality requirements of the international agencies that sponsor projects. This demand has begun to open minds in governments circles about the potential uses of this type of information.

The demand arose in entities outside the government statistics systems, which were forced to fill in the gaps left by these systems with their own data. Nowadays, however, there is an awareness of a significant body of information obtained by government and international agencies that could be better utilized for gender analysis in health⁶. A clear example in this area would be the analysis of avoidable mortality, since all the countries have mortality data disaggregated by sex, although with different degrees of reliability.

At the same time, as T. Gálvez points out, there is also a greater awareness of the right to obtain cooperation from government systems, at least with respect to the recommendations derived from the commitments made by the governments in international forums⁷.

It is important to point out the emerging government demand for gender statistics coming from the national women's bureaus or ministries, entities that have had varying degrees of influence in the improvement of statistics and the adoption of programs and plans to promote women's equality.

In this context, it is important to underscore the critical role played by the international agencies under the international agreements mentioned above through their support for national and regional analysis initiatives, the development of measurement methodologies, and the training of key actors in the production of statistics. In order to provide concerted support for these commitments, the United Nations Interagency Committee on Women and Gender Equality, meeting in New York in February 2000, requested the Economic Commission for Latin American and the Caribbean (ECLAC) to be in charge of coordinating the special effort to define indicators to orient public policy.

In sum, despite the undeniable persistence of obstacles that must be recognized and dealt with, there are also positive elements with potential that it would be absurd not to channel toward the development of systems for gender monitoring in health. These elements are: (a) the commitments on gender equity and information made by the governments in

⁶ Gálvez, T. op.cit., p. 216

⁷ Gálvez, T., Ibid.

international forums; (b) the relatively greater openness of government sectors to the production of gender statistics; (c) the growing influence of the women's movement, which is demanding this type of information; (d) the presence of women's bureaus and gender-equity programs in the countries; and finally, (e) the firm backing of a substantial number of international cooperation agencies that support the objectives of gender equity and monitoring.

3. Action Taken Pursuant to the Recommendations of the Subcommittee on Women, Health, and Development

3.1 *Recommendations of the Subcommittee on Women, Health, and Development*

During its 13th and 14th Sessions (1993 and 1994), the Subcommittee on Women, Health, and Development recognized as essential the development of health information and monitoring systems that produce gender-specific data. Its recommendations included work in the following areas:

- (a) the identification of priority problems, the definition of indicators, and the specification of procedures to orient health situation analysis and trend assessment from a gender perspective (responsible program: HDW);
- (b) the formation of an interprogrammatic and interdivisional working group, under the coordination of HDW, that would contribute to the production of: (i) a regional profile of women and health in the Americas; (ii) an operational proposal for an information system that identifies the countries where the monitoring system would initially take place and that establishes links between the governments and women's organizations in these countries; and (iii) a funding proposal for the system.
- (c) the search for financing for this project and its coordination by HDW, with the collaboration of the PAHO/WHO Representative Offices in the selected countries;
- (d) technical support from the Program on Health Situation Analysis, HDA (today, the Special Program on Health Situation Analysis, SHA) to implement the project at the regional and country level and develop regional databases as part of the proposed system.

The Committee felt that evaluation of the health situation of women and differentials by sex according to living conditions should be part of the regular activities of both the regional programs of the Secretariat, as a component of its cooperation activities and those of the countries' health institutions, and as a basic element in decision-making and the evaluation of the impact of health policies and plans at the national and local level.

3.2 *Actions Taken and Work Pending*

In line with the aforementioned recommendations, the following actions have been taken and products developed.

- (a) Identification of priority problems and development of indicators:
 - participation of HDW at the expert meeting on gender indicators and public policies held in Santiago, Chile (October 1999), convened by ECLAC;
 - preparation of a basic indicators guide for health situation analysis from a gender perspective. This guide will be validated shortly in Chile, Cuba, and Peru and is available for consultation;
 - preparation of a guide for evaluating gender equity in health sector reform policies. This document, which complements the above guide, will also be validated in Chile and Peru and is circulating for discussion.
- (b) Formation of an interprogrammatic advisory group to the HDW program that oriented the development of the following products:
 - regional women's health profile; document prepared by the HDW program included in the report that ECLAC took to the Beijing conference⁸;
 - proposal for an HDW program to develop information and monitoring mechanisms for gender equity in health to be launched in Chile, Cuba and Peru with the participation of representatives of various sectors of government and civil society, specially women's organizations.
- (c) Procurement of partial financing (from the Ford and Rockefeller Foundations) to strengthen national capacity—technical capabilities and advocacy—in the production, dissemination, and utilization of information for situation analysis and monitoring of health sector reform policy. This financing would cover some key activities of a regional nature and the initial development of the project in Chile and Peru.

⁸ Gómez, Elsa. *La salud y las mujeres en America Latina y el Caribe: Viejos problemas y nuevos enfoques*, CEPAL, Serie Mujer y Desarrollo No. 17, Santiago de Chile, 1997.

- (d) The Special Program on Health Situation Analysis (SHA) and the Division of Health Systems and Services Development (HSP) provided technical support for the process with their criticisms and suggestions and have included a basic set of gender indicators in their instruments for health situation analysis and monitoring of the reform processes.

The task of constructing a regional database on gender and health has not yet been carried out. In this regard, it bears repeating that PAHO does not generate the data on the health situation of the countries of the Region. In all but a very few situations, the Organization confines itself to gathering the data recorded in the countries under their own mandates and with their own resources. Specifically, HDW cannot obtain from the countries and other regional technical programs what they do not already have/process or demand/receive. As long as the Program does not mediate a technical and logistical support effort to the countries and regional programs, such as the one here proposed, for the collection and production of this information, it will be difficult to comply with this recommendation.

HDW continues to search for supplementary financing to strengthen the project and include other countries in it. The Program is also making contacts with other international agencies such as ECLAC to establish synergistic collaboration and mobilize technical resources to meet common objectives in this area.

4. Proposals for Developing Information and Monitoring Systems for Gender Equity in Health

4.1 *Nature of the Information Sought*

As mentioned earlier, the areas to be measured and monitored include both the particular health situations of each sex and the health disparities between women and men. Emphasis will be placed on the production of information on gender inequities—that is, the inequalities between men and women that are considered unnecessary, unfair, and avoidable in the following areas:

- health status
- access to appropriate care consistent with needs
- allocation of public resources according to needs
- health care financing consistent with economic capacity
- fair share of contributions (in the formal and informal sectors) and compensations in health production
- participation in decision-making in health system power structures.

Beyond the specific health data, an effort will be made to include information alluding to health determinants and consequences, which will serve to document the diversity of

experiences among socioeconomic, ethnic, and geographic groups, and also facilitate assessment of the impact of the policies. This requirement highlights the need to work in collaboration with both the agencies that produce these types of information and those, like ECLAC, that have a mandate from the United Nations for their articulation.

It should be noted that the primary role of monitoring is to serve as an early warning system. Monitoring should raise questions for subsequent investigation but generally does not explain the causes behind the improvement, maintenance, or deterioration in the health situation and gender gaps. More complex methodologies and explanatory research are needed to complement the simpler approach appropriate for continued monitoring⁹.

4.2 *Objectives of the Plan of Action*

The main purpose of this plan of action is to build national capacity—in technical areas and in advocacy—among government and civil society actors to improve the production, dissemination, and effective utilization of relevant information on gender for policy-making and programming decisions.

In this regard, there will be activities at the regional level and in selected countries that, with the involvement of key actors, will lead to the fulfillment of three major objectives in the first two years of the project:

(a) *Production of Information*

- Production and adaptation of conceptual and methodological tools for gender analysis in health
- Training for the collection, processing, analysis, and presentation of the information
- Documentation and analysis of the particular health situation of each sex and gender differentials in health.

a) *Simple and Effective Communication of the Information*

This communication will target key audiences in government and civil society, with the threefold purpose of:

- informing political decision-makers and planners;

⁹ Braveman, P. op.cit. p. 5.

- strengthening the capacity of women's organizations and other groups to engage in advocacy for gender equity to influence policy-making and participate in the monitoring of the impact of public policies; and
- facilitate, encourage, and even commission research on gender, health, and public policy.

b) *Institutionalization*

Establishment of agreements to institutionalize mechanisms that:

- sustainably improve and produce quality information on gender, and
- involve cooperation between information users and producers in government and civil society for the production, communication, and monitoring of the information.

4.3 Work Strategies

What distinguishes this project is its intersectoral and pluralistic nature. With a view to promoting better statistics and the incorporation of the processes, all phases of the project will enlist the support of key actors representing the different sectors of government (especially ministries of health; ministries or bureaus for women, planning, and statistics; and congressional commissions on health and women's issues), as well as civil society groups interested in the promotion, measurement, and monitoring of gender equity in health (universities, research centers, and women's advocacy groups). Special emphasis will be placed on promoting close and continuing cooperation between governments and NGOs and between information producers and users for the successful development and utilization of a country's statistics. Without this interaction it will be hard to make headway in the improvement of the statistics, especially in terms of their relevance and application¹⁰.

The strategies proposed by HDW for the production of gender statistics are an adaptation of those contained in the WHO proposals for monitoring equity in health¹¹, and those of Statistics Sweden¹². The strategy has been validated in Africa, Asia, and several Latin American countries and is currently being implemented in the English-speaking Caribbean, under the sponsorship of the United Nations Statistics Division.

¹⁰ Gálvez, T. op.cit., p. 222.

¹¹ Braveman, P. op. cit.

¹² Hedman, B. Perucci, F., and Sundstrom Pehr, op. cit.

The basic elements of the work process are:

- identification of the priority issues to investigate and monitor;
- determination of the information needed to reflect main gender issues (data on health and other areas);
- development of concepts and definitions that adequately reflect the diverse living conditions of women and men in society to guide the collection of information and the identification of appropriate health indicators and health determinants (including but not limited to health care) to identify avoidable disparities between women and men in the different socioeconomic strata;
- development of data collection methodologies that take into account stereotypes and social and cultural factors that could produce gender biases;
- description of current patterns and trends with respect to gender disparities in health and their determinants;
- presentation of the data and its analysis in forms that are easily understandable to policymakers, planners, and those who engage in advocacy to promote gender equity, and for the widest possible audience;
- creation of an inclusive process for considering the implications of these results in terms of policies—a process that would involve decisionmakers information producers, organized women's groups, and professionals from all social sectors; and
- the development and launch of a strategic plan for policy implementation and the improvement of statistical monitoring systems.

At the regional level, HDW will:

- Coordinate the preparation and validation of conceptual and methodological instruments to orient situation analysis and policy evaluation from a gender perspective. These instruments will be subject to discussion and adaptation to national realities by a group of information producers and users in each country.
- Promote, with the assistance of SHA and the Interprogrammatic Advisory Group, the development of a regional database that will be available in electronic format.
- Publish, with the assistance of SHA, a biannual statistical pamphlet on gender, health, and development.

- Include a special section devoted to gender and health in the quadrennial PAHO publication *Health in the Americas*.
- Prepare a regional profile on gender and health.
- Participate with gender analysis trainers of both sexes in regional events organized by other PAHO technical units and other agencies of the United Nations systems.
- Promote forums to disseminate results and discuss their policy implications.
- Enter into collaboration agreements with other international agencies to avoid a duplication of efforts and unify and strengthen activities to achieve common objectives in this area.

4.4 *Mobilization of Resources*

The basic elements of this proposal form part of a larger project entitled “Mainstreaming Gender Equity in Health Sector Reform Policies,” which obtained partial financing from the Ford and Rockefeller Foundations. As mentioned earlier, HDW is continuing its search for supplementary financing through other external sources with a view to expanding the effort to other countries and undertaking specific tasks in the area of gender statistics not covered by the financing from the two foundations. A priority area in this respect would be subregional training in gender statistics for statisticians and personnel involved in data collection and entry.

HDW is also involved in the mobilization of technical resources within and outside of PAHO to strengthen specific areas of the project, articulating with other databases, expanding the coverage of the project through collaborative events, and thus achieving a greater impact.

Nevertheless, it will be fundamental to obtain political and technical support from the governments of the countries—chiefly the ministries of health, the women’s ministries, and the official statistics institutes. The openness of these agencies to the project’s objectives and their collaboration over time through their technical staff will represent key resources for the realization of the project.

It should also be pointed out that the Director of the Organization has approved a new post for the Regional HDW program that will strengthen activities in the production and analysis of information.

5. Actions Requested of the Subcommittee

Based on the information and issues presented in this document, the Subcommittee is requested to take the following actions:

- emphasize once more to the Secretariat and the Member States the need for disaggregating health information by sex during the collection, processing, and publication of the data, and communicate this to the Executive Committee of the Directing Council;
- give its formal approval to the initiative described in this document, transmit this message to the Executive Committee of the Directing Council, and recommend the political and technical support of the Secretariat and the Member States;
- consider ways in which the Member States can express this support and commit themselves to the continuing production and dissemination of gender statistics in health;
- consider possible mechanisms to promote and institutionalize communication between the producers and users of gender information in health in both government and civil society;
- advise the Secretariat on ways to mobilize technical and political resources in the Member States to carry out the project; and;
- suggest and support possible cooperation strategies among countries to meet project objectives within the context of Pan-Americanism.

FOURTH WORLD CONFERENCE ON WOMEN, BEIJING, CHINA, 1995

EXCERPT FROM THE DECLARATION OF BEIJING

Platform for Action

Strategic objective H.3. Generate and disseminate disaggregated data and information for planning and evaluation.

Actions to be taken

206. By national, regional and international statistical services and relevant governmental and United Nations agencies, in cooperation with research and documentation organizations, in their respective areas of responsibility:

1. Ensure that statistics related to individuals are collected, compiled, analysed and presented by sex and age and reflect problems, issues and questions related to women and men in society.
2. Collect, compile, analyse and present on a regular basis data disaggregated by age, sex, socio-economic and other relevant indicators, including number of dependants, for utilization in policy and programme planning and implementation.
3. Involve centres for women's studies and research organizations in developing and testing appropriate indicators and research methodologies to strengthen gender analysis, as well as in monitoring and evaluating the implementation of the goals of the Platform for Action.
4. Designate or appoint staff to strengthen gender-statistics programmes and ensure coordination, monitoring and linkage to all fields of statistical work, and prepare output that integrates statistics from the various subject areas;
5. Improve data collection on the full contribution of women and men to the economy, including their participation in the informal sector(s);
6. Develop a more comprehensive knowledge of all forms of work and employment by:
(i) Improving data collection on the unremunerated work which is already included in the United Nations System of National Accounts, such as in agriculture, particularly subsistence agriculture, and other types of non-market production activities; (ii) Improving measurements that at present underestimate women's unemployment and underemployment in the labour market; (iii) developing methods, in the appropriate

forums, for assessing the value, in quantitative terms, of unremunerated work that is outside national accounts, such as caring for dependants and preparing food, for possible reflection in satellite or other official accounts that may be produced separately from but are consistent with core national accounts, with a view to recognizing the economic contribution of women and making visible the unequal distribution of remunerated and unremunerated work between women and men;

7. Develop an international classification of activities for time-use statistics that is sensitive to the differences between women and men in remunerated and unremunerated work, and collect data disaggregated by sex. At the national level, subject to national constraints: (i) Conduct regular time-use studies to measure, in quantitative terms, unremunerated work, including recording those activities that are performed simultaneously with remunerated or other remunerated activities; (ii) Measure, in quantitative terms, unremunerated work that is outside national accounts, work to improve methods to assess its value, and accurately reflect its value in satellite or other official accounts which are separate from, but consider with core national accounts;
8. Improve concepts and methods of data collection on the measurement of poverty among women and men, including their access to resources;
9. Strengthen vital statistical systems and incorporate gender analysis into publications and research; give priority to gender differences in research design and in data collection and analysis in order to improve data on morbidity; and improve data collection on access to health services, including access to comprehensive sexual and reproductive health services, maternal care and family planning, with special priority for adolescent mothers and for elder care;
10. Develop improved gender-disaggregated and age-specific data on the victims and perpetrators of all forms of violence against women, such as domestic violence, sexual harassment, rape, incest and sexual abuse, and trafficking in women and girls, as well as on violence by agents of the State;
11. Improve concepts and methods of data collection on the participation of women and men with disabilities, including their access to resources.