PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION

36th SESSION OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE

Washington, D.C., 25-27 March 2002

Provisional Agenda Item 10

SPP36/9 (Eng.)
13 February 2002
ORIGINAL: ENGLISH

WOMEN, HEALTH, AND DEVELOPMENT

This report presents the mandate, strategic areas, and accomplishments of the Program on Women, Health, and Development (HDW) of the Pan American Health Organization (PAHO). HDW's main goal is to reduce those health inequities between men and women that are *unnecessary, preventable, and unjust*. The document provides a brief overview of gender equity and how inequities affect the health status, care, and access of women, as compared to men.

The central mandate of HDW is to mainstream gender within the programs and policies of PAHO, the PAHO/WHO 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. HWD has identified five strategic areas to address these inequities most effectively:

1) Include 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 at the policy, sector, and community levels, and use the model to involve men in reproductive health decision-making and to address mental health inequities;
4) Reach out with information, education, and communication strategies and materials for advocacy and training, especially via "virtual channels"; and
5) Collaborate with PAHO programs and Member States to incorporate gender equity in research, projects, and policies.

The report concludes with recommendations of the Subcommittee on Women, Health, and Development, and of international conventions, to guide HWD, PAHO and Member States to reduce gender inequities in the Americas.

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Actions for Breaching the Gender and Health Gap in the Americas

1. Introduction

1.1 *What is Gender Equity in Health?*

Gender equity differs from equality between the sexes. While “sex” refers to the biological differences between men and women, “gender” refers to the social construct that results from these biological differences. Of concern are the unequal social relationships between men and women and their negative impacts on society as a whole, and on health in particular.

The Pan American Health Organization (PAHO) defines inequity as those inequalities that are *unnecessary, preventable, and unjust*. Gender equity, therefore, does not require men and women to experience the same rates of mortality and morbidity. Rather, it calls for equal *opportunity* to enjoy health, not become ill or disabled, and not die prematurely from preventable causes. Gender equity in health care implies that services meet the different needs of men and women and that they are made available according to ability to pay, and not according to biological risk.

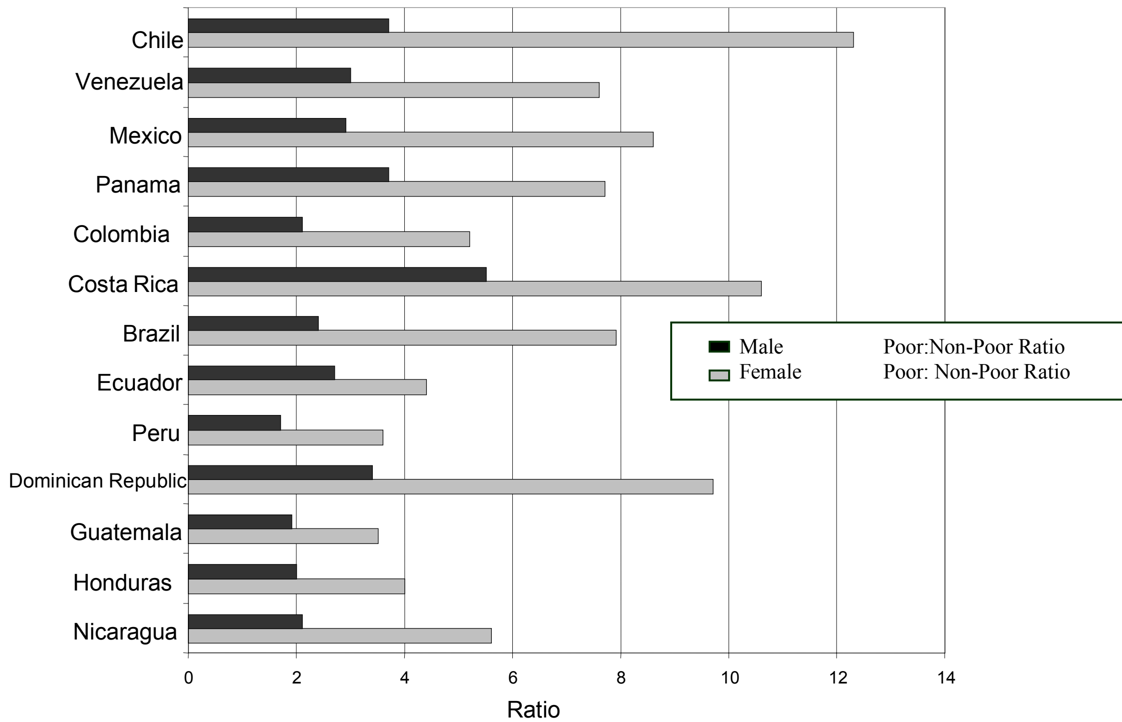
1.2 *How Do Gender Inequities Affect Health?*

Gender inequities affect the health status of men and women, as well as the financing, access and provision of health care. They interact with and are exacerbated by such other determinants as poverty, education, and ethnicity.

1.2.1 *Gender inequities affect health status*

Even though women outlive men, they tend to suffer greater morbidity throughout their life cycle. Poverty, however, has a negative effect on women’s propensity to outlive men (Figure 1).

Figure 1. Poor/non-poor ratio of the probability of dying (per 1000) for persons between 15 and 59 years of age, by sex, in 13 Latin American and Caribbean countries

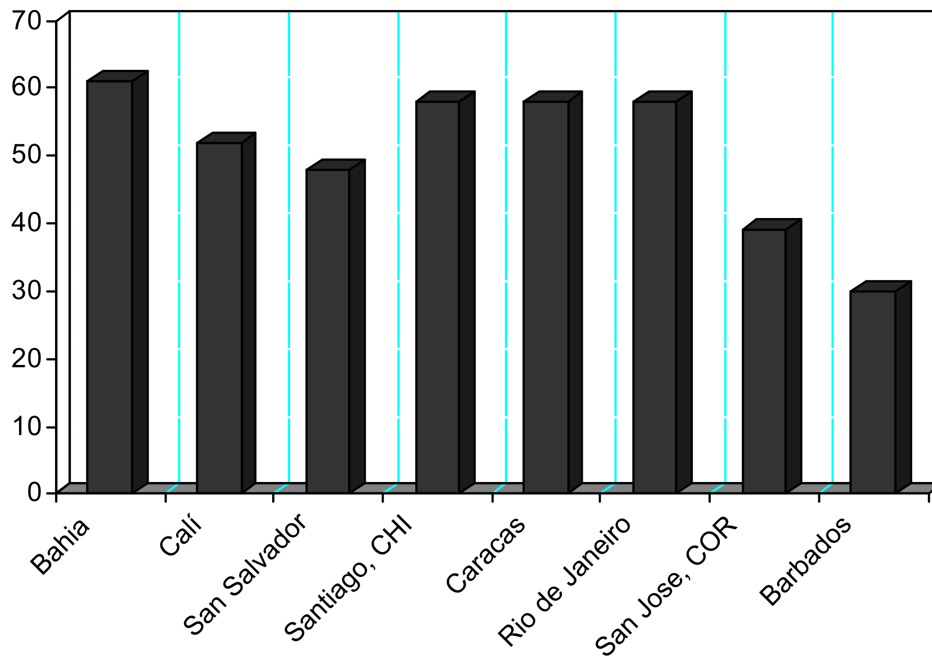


Source: (Prepared for HDW/HDP/PAHO with data from 1999 World Health Report)

Causes and, therefore, the prevention of illnesses and death are different for men and women. As attested by the Region's unacceptably high maternal mortality rates, the primary causes of death for women of reproductive age are complications in pregnancy and child birth. For men, in the same age group, mortality relates primarily to risk behavior: accidents, violence, lung cancer, substance abuse, and HIV/AIDS.

The most disturbing manifestation of gender inequity is gender-based violence (GBV), which affects at least one out of three women, and is caused primarily by their intimate partners (Figure 2).

Figure 2. Percentage of Women Who Have Experienced Violent Acts by Their Partners in the 1990s in Eight Cities of the Latin America and Caribbean Region

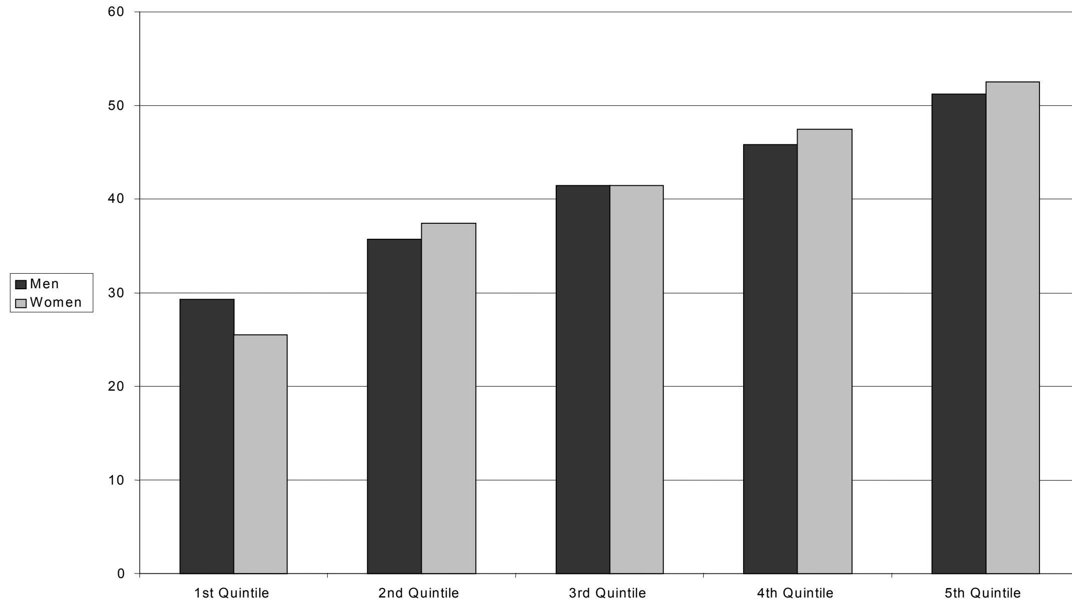


Source: Adapted from Lori Heise. "Coercion and Abuse: Implications for Health Programs" (Nov. 2001)

1.2.2 *Gender Inequities Affect Access to Health Care*

Overall, women tend to use health services, especially public services, more often than men, due to their greater need related to their reproductive role, their more frequent illness, and their longer life expectancy. However, as Figure 3 demonstrates, poor women do not use these services more often than men.

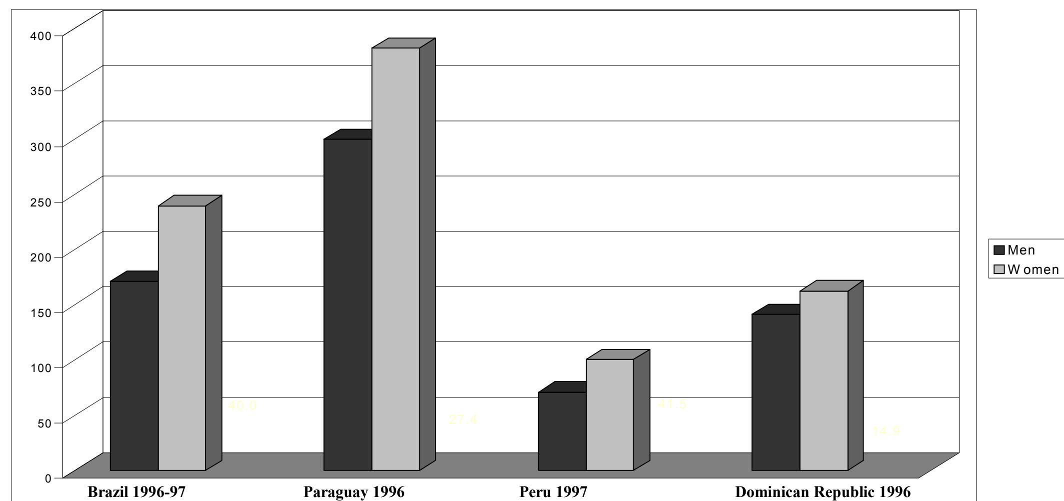
Figure 3. Percentage of Persons with Health Problems that Sought Health Care, by Sex and Household Level of Expenditure, 1994 - 1996



Source: PAHO LSMS Surveys: Bolivia, Colombia, Ecuador, Nicaragua, and Venezuela

Some health care financing systems discriminate against women because of their reproductive role, resulting in women paying higher insurance premiums than men. Furthermore, because of their greater need for care, women spend more than men out-of-pocket in order to maintain their health.

Figure 4. Out-of-Pocket Health Expenditures for Men and Women in Four Latin American Countries *(US Dollars)*



Source: PAHO/LSMS Surveys for Brazil, Paraguay, and Peru. DHS survey for DR.

1.2.3 *Gender Inequities Exist in the Provision of Health Care*

While women represent 80% of the health care labor force, they remain underrepresented in the decision-making ranks and predominate in the lowest ranks of income and prestige. Moreover, women are the principal providers of health care and promotion in the family and the community, where 80% of this care is unremunerated.

1.3 *Mandate of the Program on Women, Health, and Development*

PAHO Governing Bodies have adopted several resolutions (CSP22.R12 of the 22nd. Pan American Sanitary Conference, and CD32.R9, CD33.R.6, and CD34.R5 of the 32nd., 33rd., and 34th. Directing Councils, respectively) that define the mandate and operations of the Program on Women, Health, and Development (HDW). One central goal is to mainstream gender within the programs and policies of PAHO, country representations, and Member States, in order to reduce gender inequities in health within the context of PAHO principles of equity and Pan Americanism.

The HDW mandate calls for the redistribution of 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 those inequalities in health status between men and women that are unnecessary, unjust,

and preventable; improve access to appropriate health care; and increase participation in health care work. The Program adheres to the following cross-cutting commitments:

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

1.4 *Strategic Areas*

During 2001, HDW defined five strategic areas as the most effective way to reduce gender inequities:

- Include a gender perspective in health situation analysis to target policies and programs more effectively;
- Monitor the effect of health policies and reform processes related to gender equity in health;
- Develop and implement models that address gender inequities in health in an integrated manner;
- Support outreach activities with information, education, and communication strategies and materials for advocacy and training; and
- Mainstream gender in PAHO and Member State policies and programs.

These strategic areas were widely discussed with the Program's network of national focal points and regional women's organizations, and provide the basis for HDW's biannual plan for 2002–2003.

2. Including a Gender Perspective in Health Situation Analysis to Target Policies and Programs More Effectively

HDW and its constituents clearly identified the importance of producing information on existing gender inequities in health. While women's organizations and international agencies have lobbied successfully for international conventions and, national legislation, policies, and programs to reduce gender inequities in health, there are

currently only a few countries that disaggregate their health data by sex and analyze them accordingly. Many of the conventions—and those who uphold them—agree that such information is essential for targeting inequities, and for monitoring the effect of health sector reform (HSR) and other policy changes.

HDW has identified production of this data as a top priority. Accordingly, it advocates that Member States include gender analysis in their policy-making. The program has developed gender and health indicators and analysis tools, and has selected an expert to collaborate with countries to produce this information. The Program also plans to develop a biannual statistical pamphlet and a comprehensive publication on the regional situation of gender equity and health.

2.1 *Improving Health and Gender Situation Analysis*

Improving gender and health situation analysis was the theme of the 19th Session of the Executive Committee Subcommittee on Women, Health, and Development (March, 2001). The Subcommittee presented a number of recommendations to the Executive Committee, inter alia:

- That statistics be compiled, processed, analyzed, and disaggregated by sex and age to reflect and monitor gender inequities, and that they include the unremunerated contribution of women to health care;

- That information systems be established to guide health policies and monitor the fulfillment of national and international commitments on gender equity in health;

- That users and producers of statistics in government and civil society participate in the definition of contents and processes for the production, dissemination, analysis, and monitoring of information on gender and health; and

- That priority be given to training, in order to implement quantitative and qualitative analyses and interventions with a gender perspective.

2.2 *Strengthening National Capacity to Carry Out Gender and Health Analysis*

In keeping with PAHO’s commitment to implement the Subcommittee’s recommendations, the Program is working with national counterparts to strengthen their gender analysis capacity. In 2001 it facilitated the participation of representatives of the ministries of health and national statistical offices of four Central American countries in a gender and statistics course presented by the National Statistical Institute of Mexico (INEGI), United Nations Development Fund for Women (UNIFEM), and PAHO.

HDW is a member of the "Task Force on Tools and Indicators for Gender Impact Analysis, Monitoring, and Evaluations" coordinated by the Economic Commission for Latin America and the Caribbean (ECLAC). The taskforce develops and applies indicators for monitoring United Nations compliance to the conventions of the Fourth World Conference on Women (Beijing, 1995) and of the International Conference on Population and Development (Cairo, 1994). PAHO, UNIFEM, and ECLAC, held a regional meeting in Bolivia to define GBV indicators. The Program sponsored participants from seven countries that have been implementing GBV surveillance systems, as part of PAHO's 10 country intra-family violence projects.

HDW has developed health and gender indicators and analysis tools that will be tested in Chile and Peru. In 2002-2003, HDW will make these tools available to counterparts in all countries in the Region and will provide direct technical cooperation to carry out a gender and health situation analysis in five countries.

2.3 *Promoting Research for Informing Policymakers*

HDW coordinated the research initiative "Gender Equity in Access to Health Care" in six countries—Barbados, Brazil, Chile, Colombia, Ecuador, and Peru. While results varied between countries, in all the studies, household survey data confirmed that, overall, women have greater need for services, use them more, and spend more out-of-pocket money on health. However, the data from Ecuador and Peru indicated that despite their greater need, poor women do not always use services more often than men. The data also indicated that health insurance payments and access based on risk, as promoted by private services, tend to marginalize those in greater need, such as women of reproductive age, the poor, the elderly, and the chronically ill. Throughout the research process, the Program applied an innovative approach by bringing together researchers and policymakers to assure that results were useful in influencing health sector reform policies.

3. Monitoring the Effect of Health Policies and Health Sector Reform

A key goal of carrying out a gender and health situation analysis is to inform and improve policies that have different effects on the health of men and women. This is particularly pertinent to the HSR processes 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, certain ethnic groups, and especially women in all these categories. Moreover, in most countries, women's organizations and other important stakeholders are excluded from defining HSR policies and monitoring outcomes.

3.1 *The Strategy for Reducing Gender Inequities in Health Sector Reform*

HDW, in collaboration with other PAHO programs and national counterparts, has developed a strategy to identify and focus attention on these inequities, while involving stakeholders, especially women's groups, in addressing them. This strategy includes:

- Developing information on gender and health inequities and their relation to health policies;
- Strategically disseminating information to stakeholders in the health and other sectors, and in civil society, especially women's health advocacy groups; and
- Including these informed stakeholders in formulating better policies and in monitoring their implementation and effect on the health of women and men.

HDW developed this strategy in consultation with experts from regional women's groups (in particular the Women's Health Network for the Caribbean and Latin America), the World Health Organization (WHO), and universities in a number of countries, during a regional meeting of gender and HSR experts (1998), and in subsequent consultations. HDW, with other PAHO programs, WHO, the Government of Chile, UNIFEM, United Nations Development Programme (UNDP), and ECLAC, organized the first international workshop on including gender indicators in 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, and its Member States include, gender equity criteria and the participation of stakeholders in their ongoing HSR processes.

To implement its gender and HSR strategy, the Program is implementing a three-year project with support from the Ford Foundation and Rockefeller Foundation. The project includes a regional component for developing conceptual and methodological tools and interagency collaboration for mainstreaming gender equity in HSR in Chile and Peru.

HDW has developed a number of conceptual papers and tools aimed at increasing knowledge and social participation to promote gender equity in HSR.

3.2 *Developing and Implementing Tools for Monitoring Gender Equity and Health Sector Reform*

HDW is developing a number of policy briefs aimed at increasing knowledge in the area of gender equity in HSR. The paper "Gender Equity and Health Sector Reform in Latin America and the Caribbean" was developed for the 8th United Nations Regional Conference on Women in Latin America and the Caribbean (ECLAC, 2000, Lima) and has been widely circulated as a leading resource on this issue. These papers, and PAHO technical collaboration, will contribute to the 2002 World Bank regional seminar "Adapting to Change: HSR and Sexual and Reproductive Rights," and to other national and regional training workshops on this issue.

HDW developed the "Indicator Guide for Analyzing and Monitoring Gender Equity in Health" and "A Guide for Evaluating Gender Equity in Health," and incorporated gender indicators in PAHO/United States Agency for International Development (USAID) instruments for evaluating HSR performance monitoring. The Indicator Guide was reviewed by a team of Chilean stakeholders, whose suggestions have been taken into account. Over the next two years, these tools will be tested and subsequently disseminated throughout the Region.

3.3 *Implementing the Strategy at the National Level*

The national component of the project on gender equity and HSR is being implemented in Chile and Peru. The project was launched in Chile in the beginning of 2001, soon after the government initiated the new HSR initiative. Taking advantage of this situation, the project team focused on civil society participation, while postponing the information component of the strategy until 2002. Due to political changes within the Ministry of Health, the project in Peru has been postponed until 2002.

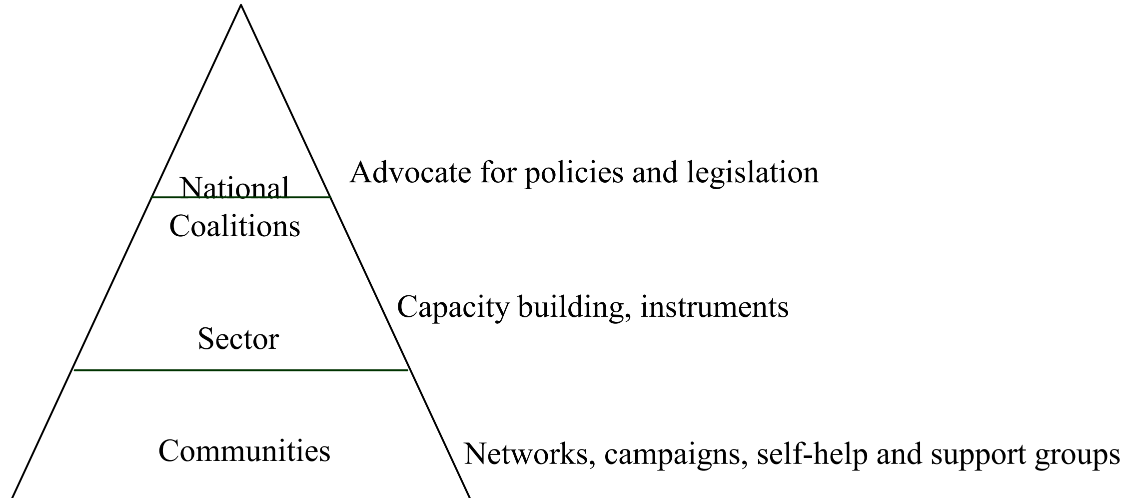
In Chile, the PAHO project team was instrumental in supporting the Gender Advisory Committee convened by the Minister of Health to assure that gender is considered throughout the reform process. The intersectoral committee developed a strategy paper that the Minister of Health presented to the National HSR Commission and that under her leadership, was debated with civil society participation at the central level and in two provinces. On all occasions, the project team provided training to involve organizations as stakeholders in the HSR debate. The Minister of Health, Minister of Women's Affairs (SERNAM), and legislators participated in these debates.

3.4 *Applying the Tools to Other Countries*

As part of the newly negotiated three-year project of the Swedish International Development Authority (SIDA) and the Norwegian Agency for International Development (NORAD) for Central America, the methodological tools will be applied by program focal points and counterparts in Guatemala, Honduras, Nicaragua, and El Salvador.

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

Since the early 1990s, HDW in partnership with health and other sectors has worked at the regional and national political levels, and at the community level to advocate, strengthen capacity, and involve communities in formulating better health policies and in improving prevention and care of gender-based violence. As a result, HDW and its multiple counterparts have developed an Integrated Model for Addressing Gender Inequities.



This model is being implemented to address GBV and to involve men in reproductive health programs. Its use in the area of mental health is included in the 2002–2003 plan mentioned before.

4.1 *Addressing Gender-based Violence*

Since 1995, HDW has implemented this model to address GBV in 10 countries (7 Central American countries and Bolivia, Ecuador, and Peru) with support from the Governments of the Netherlands, Norway, and Sweden. The model to address GBV is globally recognized as a method for addressing GBV and has been adapted by the Inter-American Development Bank in six other countries.

In the 10 project countries, the GBV model has resulted in over 100 intersectoral community networks that support, refer, and care for women and families living in violent situations, and that mount education and media campaigns on prevention. Counterparts have developed and implemented training modules, procedures, and surveillance systems for health providers in all these countries. They have strengthened national coalitions that advocate better laws and the institutionalization of the projects' achievements. At the regional level, the Program has worked with United Nations agencies to implement the international and regional conventions to mobilize the health sector to address GBV.

4.2 *Achievements at the Regional Level*

- Organized *Symposium 2001: Gender Violence, Health and Right in the Americas* with the United Nations Population Fund (UNFPA), UNIFEM, The United Nations Children Fund (UNICEF), UNDP, 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. The Symposium's "Call to Action" aims to mobilize the health and other sectors to strengthen policies and capacities to detect and prevent violence and provide care and support to women and families living with violence.

- 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 the establishment of networks and support groups.

- Included gender violence prevention in such regional and subregional policy forum as: Reunión del Sector Salud de Centroamérica y República Dominicana (RESSCAD), Parlamento Latino Americano (Parlatino), First Ladies meetings, and regional summits.

4.3 *Achievements at the National Policy Level*

- Multisectoral coalitions were established in 10 countries.
- Legislation was passed in 10 countries and monitoring bodies set up in 6 Central American countries.
- Research results of "The Critical Route that Women Affected by Intrafamily Violence in Latin America Take" in 10 countries were published; including prevalence study on violence affecting women and on the role of men in promoting violence in Bolivia; and 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) were developed and implemented; and more than 15,000 representatives from health and other sectors each year were trained.
- Gender-based violence prevention campaigns were carried out in 10 countries.
- The Integrated GBV Model in health sector reform processes was incorporated in five countries.
- Study of violence was included in primary school curricula in Belize and Peru, and in college curricula in three countries.

4.4 *Achievements at the Community Level*

- 100 community networks comprising health, education, and judicial sectors, police, churches, community leaders, and women’s organizations.
- Community support groups trained and functioning in eight countries.
- Support groups for men and women in five countries.

The Central America Project was recently evaluated in a participative way. Lessons learned were shared with national counterparts to replicate successes and address challenges, and will be addressed during the next biennium to strengthen the model. They will also provide the basis for a PAHO centennial book on the Integrated Model for Addressing GBV.

4.5 *Involving Men in Reproductive Health*

In seven Central American countries, in collaboration with the Division of Health Promotion and Protection and with support from the Government of Germany, HDW is developing models for involving men in reproductive health. The project, which was launched in four countries (Honduras, Guatemala, Nicaragua, and El Salvador) in 2001, consists of participative studies of men's knowledge, attitudes, and practices regarding their and their family's reproductive health. Based on the results, HDW and the PAHO Program on Family Health and Population will coordinate with the ministries of health, men's groups, and other partners to develop male involvement models in health centers in seven countries and a recreation or sports center in the four study countries.

4.6 *Addressing Gender Equity and Mental Health*

The *World Health Report 2001 - Mental Health: New Understanding, New Hope* identifies depression as a priority health problem and indicates a higher prevalence of depressive disorders among women (reviewed studies show women/men ratios between 15:1 and 2:1), while substance abuse and anti-social personality disorders are more common among men.

Through its Integrated Model for Addressing GBV, the Program is already examining mental health problems, especially through community-based self-help groups. During a recent meeting of representatives and coordinators of support groups in Central America, participants agreed on the value of support groups, although they recognized that a lack of findings and strategies prevented them from establishing these groups in the most effective manner.

In 2001, HDW focal points participated in a planning meeting of the PAHO Mental Health Program and in activities in Central America, especially in disaster areas. They have met with the Program Coordinator on Mental Health to promote the use of community approaches and the Integrated Model in addressing mental health and gender within their countries and in Central America. This collaboration will be consolidated in 2002 through a project designed to strengthen community approaches to gender equity and mental health.

5. Reaching out with Information, Education and Communication Strategies and Materials for Advocacy and Training

One of the key objectives of HDW is to provide current information, a training database, and virtual communication channels to its network of focal points, counterparts, stakeholders, health and gender professionals, and advocates throughout the Region.

5.1 *Providing Access to Information for Advocacy and Training via the PAHO Women, Health, and Development GENSALUD Website*[1]

HDW will disseminate a number of its publications in hard copy and through its new interactive GENSALUD website (http://www.paho.org/gender). Among the publications available are: the *HDW Training Guide on Gender, Health, and Development* (in Spanish and English); publications of the Intra-family Violence Project; the *Ethical Guide for Research on Domestic Violence; Smoking, and Adolescent Women* (in Spanish and English); as well as products developed by the Intra-family Violence, Gender Equity and HSR projects. In addition, several publications are available through PAHO's Office of Publications and Editorial Services (DBI), among them *Domestic Violence: Women's Way Out* (English translation of the *Ruta Crítica* Protocol), and a Spanish translation of the Harvard series on *Gender Equity in Health*.

The GENSALUD website also includes an interactive database of gender and health courses and training experts, monthly fact sheets on health and gender issues, and advocacy packets that include a fact sheet, an issue paper, and a Power Point presentation. To date, HDW has developed an advocacy packet with the Inter-American Commission on Women of the Organization of American States on trafficking of women; and advocacy packets on HIV/AIDS and GBV are being developed. HDW's GENSALUD list server (gensalud@paho.org), currently provides more than 400 subscribers with information on websites, publications, conferences, and other relevant information, as well as monthly fact sheets.

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

GENSALUD virtual library is in the process of being transformed into a regional virtual information center on women, gender, health, and development, as part of the Virtual Health Library of PAHO/BIREME. Currently the Information System on Women, Health, and Development (SIMUS) provides requested information and access to an annotated bibliographic database. (http://www.metabase.net/miembros/vermiembros.phtml/SIMUS-OPS).

5.3 *Providing Access to Virtual Curricula in Gender and Health*

During the next biennium, HDW will work with the PAHO Program on Human Resources Development and other United Nations agencies to develop a prototype virtual curriculum on health and gender for the Virtual Health Campus. This curriculum will be made available to gender and health training institutions and universities throughout the Region. Its first modules will be on GBV and reproductive health.

[1] This website will be available in March 2002.

6. Mainstreaming Gender in PAHO and Member State Policies and Programs

HDW collaborates with most PAHO divisions in meeting its mandate to incorporate gender equity in all PAHO technical collaboration, activities, and policies. HDW developed a *"Training Manual on Gender and Health,"* which is widely used in the Region. Within the last two years, HDW has incorporated gender indicators within PAHO health sector reform monitoring tools (Division of Health Systems and Services Development, HSP), as well as in violence surveillance systems (Non-Communicable Diseases, HCN). It has mainstreamed gender in the training, activities, and policies of the Central American Project PLAGSALUD (Division of Health and Environment, HEP); and is collaborating on a participative project to develop health standards for workers in export industries (HEP).

During the next biennium, the priority of HDW is to collaborate with the Division of Disease Prevention and Control (HCP) to strengthen its outreach with women's groups. PAHO aims to partner with these groups to empower women, especially those at risks, to protect themselves from these risks, and to promote healthy behavior to prevent HIV/AIDS and chronic disease, such as cervical cancer.

7. Conclusion

While there is a general recognition that social, as well as biological determinants affect health, gender continues to be an afterthought for most analysts and policymakers. Inequities will persist unless there is a commitment to include gender in health data collection and analysis, in the formulation and monitoring of policies, in the design of innovative and integrated programs and in the training of health care providers.

The commemoration of the 100th anniversary of PAHO provides an excellent opportunity for HDW, PAHO, and its Member States to renew their commitment to breach the gender equity gap in the Americas. The Program commits PAHO colleagues and country counterparts to improve information in order to target and monitor policies and programs aimed at reducing these inequities, to develop models and integrated approaches, to provide information for advocacy and training, and to mainstream gender in PAHO programs and policies.

HDW sets forth the following recommendations, made by the 18th and 19th Sessions of the Subcommittee of Women, Health, and Development, international agreements, and the Symposium 2001: Gender Violence, Health and Right in the Americas.

- To train personnel and allocate resources for producing and disseminating gender and health information needed to guide health policies and monitor the fulfillment of national and international commitments on gender equity in health (19th Session of the Subcommittee on Women, Health, and Development);

- To ensure that users and producers of statistics in government and civil society participate in the definition of contents and processes for the production, dissemination, analysis, and monitoring of information on gender and health (19th Session Subcommittee);

- To develop and implement policies, programs, and training to detect, attend to and prevent GBV (Fourth World Conference on Women, International Conference on Population and Development and Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women);

- To ensure that gender is an explicit component of PAHO's mental health framework (19th Session of the Subcommittee); that mental health services are integrated into primary health care systems; and that primary health care workers are trained to recognize and care for girls and women of all ages who have experienced any form of violence, especially domestic violence, sexual abuse, or other abuse resulting from armed or non-armed conflict (Beijing);

- To encourage and enable men to take responsibility for their sexual and reproductive behavior and their social and family roles and to increase their participation and sharing of responsibility in the practice of family planning (Cairo);

- To promote and strengthen women's social participation in community structures for decision-making about health, without increasing their workload (18th. Session of the Subcommittee); and

- To ensure that medical and other health care training curricula include gender sensitive, comprehensive, and mandatory courses on women's health (Beijing).