

Pan American
Health Organization

***Gender
Equality
Policy***







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Gender Equality Policy



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Foreword

I am pleased to present the Pan American Health Organization (PAHO) Gender Equality Policy, officially adopted by the Directing Council of this Organization, through Resolution CD46.R16 of 30 September 2005.

The content of this policy reflects PAHO's unwavering commitment to the principles of equity, respect for human rights, and the exercise of citizenship, in addition to its determination to actively participate in global efforts to eliminate all forms of gender discrimination. It is also an expression of the institutional resolve to increase the effectiveness and efficiency of public health practice in the Americas.

Pursuant to the gender policy of the World Health Organization (2002) and the mandates of the Fourth World Conference on Women (Beijing, 1995), PAHO has formally indicated that it will integrate gender equity considerations into all facets of its work, including technical cooperation, national policy development, and human resource management inside the Organization itself and in health systems. Furthermore, as a critical tool for the attainment of the Millennium Development Goals (2001), this policy is geared to achieving Goal 3 —“Promote gender equality and empower women”—which has been emphasized as an end in itself and as a prerequisite for achieving the remaining objectives.

The challenges posed by this policy are certainly formidable, and overcoming them will require not only firm action on the part of all institutions in the sector, but also the collaboration of the government sectors working in health, academia, other national and international agencies, and most importantly, organized civil society.

I would like to underscore the central role that this policy assigns to the production and analysis of data disaggregated by sex. Documentation of health differences and their determinants by sex is the foundation for action aimed at the elimination of unfair inequalities between women and men in their dual role of health care beneficiaries and providers. I stress the word “providers” to emphasize that the gender equality objectives underpinning this policy apply not only to the sphere of action of health institutions but to democratic participation in the distribution of responsibilities, rewards, and power in health development

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PAHO Gender Equality Policy

Considering the pervasive presence of gender inequalities in health, responding to the gender equality mandates emanated from global and inter-American conferences and the States' commitments to promoting gender equality in the formulation of all public policies and programs, and in line with its long-standing commitment with health equity, as a matter of policy and good public health practice, PAHO/WHO will integrate gender considerations in all facets of its work. This resolve is also framed within the 2002 WHO Gender Policy, currently being adopted by all Regions.

PAHO/WHO's Policy on Gender Equality is to work with governments and civil society in Member States and with other relevant actors to eliminate health disparities between women and men and advance towards the achievement of gender equality and women's empowerment goals. PAHO/WHO is also committed to advancing gender equality in its own work force.

The goal of this policy is to contribute to the achievement of gender equality in health status and health development through research, policies, and programs which give due attention to gender differences in health and its determinants, and actively promote equality between women and men.

This policy applies to all work throughout the Organization. Effective implementation of the policy will require senior-level commitment and validation and organizational support for activities to advance the knowledge and skills of staff for efficient gender mainstreaming in



their areas of work. Managers will be expected to institutionalize mechanisms for building capacity among their staff, providing financial resources, information, training, and technical support needed to assure the policy's implementation. The Gender, Ethnicity, and Health Unit will coordinate the formulation and implementation of the mainstreaming initiative work, and develop a short-, medium-, and long-term plan for implementation, with an effective monitoring and evaluation mechanism to track whether gender is, in fact, being mainstreamed into work programs.



Background and Rationale

Pan American Health Organization's (PAHO) work is guided by the vision of being "the major catalyst for ensuring that all the peoples in the Americas enjoy optimal health and contribute to the well-being of their families and communities." The search for equity, the core value of this vision, is seen as the quest for "fairness and justice by eliminating differences that are unnecessary and avoidable" among different subpopulation groups. It is increasingly well recognized that there are systematic disparities between women and men's health that do not derive from biological sex traits but from the different positions that women and men occupy in society. This unequal positioning is reflected in dissimilar and often inequitable patterns of health risks and access to and control over health resources and services. It also translates into asymmetries in the way in which women and men contribute to the health of their families and communities, and are rewarded for this contribution. The dynamics of gender in health are of profound importance and they have long been overlooked.¹

Important gender equality mandates have emanated from global and inter-American conferences, where national governments committed themselves to promoting gender equality in the formulation of all public policies and programs. The most explicit of these global mandates include the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979), the Cairo Program of Action (1994), the Beijing Platform for Action (1995), and the internationally agreed-upon goals contained in the Millennium Declaration

¹ Beijing Platform of Action (Article 105) states that "In addressing inequalities in health status and unequal access to and inadequate health-care services between women and men, Governments and other actors should promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes, so that, before decisions are taken, an analysis is made of the effects for women and men, respectively."

...there are systematic disparities between women and men's health that do not derive from biological sex traits but from the different positions that women and men occupy in society.

(2000), which identified “gender equality and empowerment of women” one of the goals and a crucial condition for achieving all the others. At the regional level, the most pertinent dictates come from the Convention of Belem do Pará on the Elimination of Violence against Women, and the Summits of the Americas, more specifically the gender equality goals from the Quebec Charter of the Summit of the Americas, 2002.

Considering the pervasive presence of gender inequalities in health, responding to the above mandates in line with its long-standing commitment to health equity, and as a matter of policy and good public health practice, PAHO will integrate gender considerations in all facets of its work. PAHO’s Policy on Gender Equality is to work with governments and civil society in Member States and with other relevant actors to eliminate health disparities between women and men and advance towards the achievement of gender equality and women’s empowerment goals. This resolve is framed within the 2002 WHO Gender Policy, currently being adopted by all Regions. It is also in harmony with the decision, now being implemented across the United Nations system,² that integration of gender considerations, i.e., gender mainstreaming, must become standard practice in all policies and programs. It further responds to the Strategic Plan for the Pan American Sanitary Bureau for the Period 2003-2007, which states that “Reducing the impact of poverty, gender, and ethnicity as determinants of inequities in the health situation and in access to health care needs, to be integrated into all programs.”³ This type of action will lead to increasing the coverage, effectiveness, efficiency, and impact of health interventions, while contributing to the achievement of the broader United Nations’ goal of social justice.

² E/1997/L.30 adopted by ECOSOC 14. 7. 97

³ Resolution WHA50.16 (1997) specifies 50% target for recruitment rate of females from professional and higher levels, subsequently increased to 60% by the Director-General in 1998, and a 50% target for female representation on scientific and technical advisory bodies, as temporary advisers and consultants. The policy outlined in Cluster Note 99/10 supports the resolution to reach gender parity by the end of the decade.

Gender equality mandates have emanated from global and inter-American conferences, where governments committed themselves to promoting gender equality in the formulation of all public policies and programs.



PAHO is also committed to advancing gender equality in its own work force, particularly at decision-making levels, as well as in scientific and technical advisory bodies and among temporary advisers and consultants. This commitment is in line with World Health Assembly Resolution WHA50.16, the “Employment and Participation of Women in the Work of WHO”⁴ and other resolutions of the World Health Assembly and the United Nations General Assembly.⁵

Guiding Principles

Gender equality in health means that women and men have equal conditions for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results. Achieving gender equality will require specific measures designed to eliminate gender inequities.

Gender equity means fairness and justice in the distribution of benefits, power, resources, and responsibilities between women and men. The concept recognizes that women and men have different needs, access to, and control over resources, and that these differences should be addressed in a manner that rectifies the imbalance between the sexes. *Gender inequity in health* refers to those inequalities between women and men in health status, health care, and health work participation, which are unjust, unnecessary, and avoidable. Gender equity strategies are used to eventually attain equality. Equity is the means, equality is the result.⁶

⁴ Resolution WHA50.15 Recruitment of International Staff in WHO on Geographical Representation (1997) and Resolution 55/69 Improvement of the Status of Women in the United Nations System, adopted by the UN General Assembly (A/RES/55/69, February 2001). The Medium-term Action Plan for Employment and Participation of Women in the Work of WHO (2000-2005) focuses on measures to improve the in-flow of women to WHO as well as their retention, with a view to attaining gender equity.

⁵ Canadian International Development Agency. CIDA's Policy on Gender Equality, Quebec, 1999.

⁶ Canadian International Development Agency, CIDA's Policy on Gender Equality, Quebec, 1999.

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Empowerment is about women and men taking control over their lives: being able to perceive alternatives, make choices, and fulfill those choices. It is both a process and an outcome, and it is collective and individual. Women's empowerment is essential to achieving gender equality. Outsiders cannot empower women, only women can empower themselves. However, institutions can support empowering processes both at the individual and collective levels.

Diversity in the approach means recognizing that women—and men—do not constitute homogeneous groups. Women's and men's diversity with respect to age, socioeconomic status, education, ethnicity and culture, sexual orientation, ability, and geographical location must be taken into account whenever issues of gender and health are addressed.

Gender mainstreaming is "... the process of assessing the implications for women and men of any planned action, including legislation, policies, or programs, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality".⁷ A mainstreaming strategy may include affirmative initiatives directed towards either women or men.



Gender inequity in health refers to those inequalities between women and men in health status, health care, and health work participation, which are unjust, unnecessary, and avoidable.

⁷ E/1997/L.30 adopted by ECOSOC 14.7.97.



Goals and Objectives

The goal of this policy is to contribute to the achievement of gender equality in health status and health development through research, policies, and programs which give due attention to gender differences in health and its determinants, and actively promote equality and equity between women and men. PAHO will integrate—and support the integration by its Member States of a gender equality perspective in the planning, implementation, monitoring, and evaluation of policies, programs, projects, and research, in order to achieve the following objectives:

- Attainment of optimal health status and well-being by women and men, throughout the life course and across diverse subpopulations. Integral component of this attainment is the elimination of all forms of violence against women, including trafficking of women.
- Equity in the allocation of resources that ensures women's and men's access to appropriate health care according to their specific needs throughout all the life-cycle, including but going beyond sexual and reproductive health. Equity implies giving more to those who have less, in order to rectify imbalances in the outcomes.
- Equal participation of women and men as decision-makers in matters related to their own health, the well-being of their families and communities, and the definition of health policy agendas. The individual and collective empowerment of women is seen both as a highly important end in itself and as an essential condition to achieve gender equality and sustainable development.
- Fairness in the distribution among women and men of the burden and rewards associated with health development work, both in the public sphere and within the domestic realm of the family.

The incorporation of a gender approach to health-related analysis and interventions will apply to (a) Member States; (b) PAHO's technical cooperation at Headquarters, regional centers, and country offices; and (c) PAHO's own human resources policies. This mainstreaming strategy will include the following components:

- Building at PAHO's Secretariat and in Member States, an evidence base on gender and health to inform the development, implementation, monitoring, and evaluation of health policies and programs. It includes, collecting, analyzing, and sharing data disaggregated by sex and other relevant variables, and networking with academia and the private sector to promote gender-sensitive research. Gender-sensitiveness in research encompasses the whole research process, including research questions and design, instruments and mechanisms for data collection and analysis, and participation of men and women both as research objects and as researchers themselves.
- Developing tools and building capacities in PAHO's Secretariat and Member States for the integration of a gender equality perspective in the development, implementation, monitoring, and evaluation of policies and programs.
- Increasing and strengthening the participation of civil society, with emphasis on women's groups and other gender equality advocates, in the identification of priorities, and formulation and monitoring of health policies and programs at regional, national, and local levels.
- Institutionalizing gender-responsive policies as well as monitoring mechanisms to track specific mainstreaming results, in line with results-based management methodologies, and evaluating the effectiveness of gender interventions on health outcomes.



PAHO's Commitment to Implementation

The promotion of gender equality through the process of gender mainstreaming depends on the skills, knowledge, and commitment of the staff involved in its management and implementation. The sustainability of organizational commitments to gender mainstreaming relies on the development of knowledge, skills, and the institutionalization of policies and practices. Gender equality commitments should be routinely included in institutional policies and programming, such as Biennial Program Budgets (BPs), with specific funding and resources set aside to ensure that these commitments are adequately implemented and monitored.

Successful realization of this policy will require consistent and active participation by all PAHO staff at Headquarters, regional centers, and country offices, as well as by ministries of health in Member States.

Successful realization of this policy will require consistent and active participation by all PAHO staff at Headquarters, regional centers, and country offices, as well as by ministries of health in Member States. Responsibilities and actions will require collaboration and effective linkages across all departments and levels of the Pan American Sanitary Bureau and the ministries of health, other relevant government sectors, academic and research institutions, and nongovernmental organizations. Special emphasis will be assigned to creating and strengthening linkages between governments and civil society's organizations, particularly women's groups. Gender focal points will be identified and trained in each of PAHO's technical and administrative areas as well as in each country office and ministry of health to facilitate the implementation and evaluation of the commitments to gender mainstreaming.

Senior management will take the necessary steps to ensure the policy is translated into action in both technical and management aspects of programs. They





This policy applies to all work throughout the Organization: research; policy and program planning, implementation, monitoring, and evaluation; human resource management; and program budgeting.

will transmit the policy to technical and administrative staff and monitor its consistent and effective application throughout the work for which they are responsible. They will be accountable to the Director and the Governing Bodies for the successful incorporation of gender considerations into their work.

This policy applies to all work throughout the Organization: research; policy and program planning, implementation, monitoring, and evaluation; human resource management; and program budgeting. Effective implementation of the policy will require senior-level commitment and validation and organizational support for activities to advance the knowledge and skills of staff, including those of health care providers, for efficient gender mainstreaming in their area of work. Managers will be expected to institutionalize mechanisms for building capacity among their staff, providing financial resources, information, training, and technical support staff needed to assure the policy's implementation.

General guidance and support will initially be provided by the Gender, Ethnicity, and Health Unit under the Office of the Assistant Director (AD/GE), in collaboration with gender focal points in every regional area, center, country office and ministry of health. However, all areas and units in the Secretariat and the ministries of health will be expected to collect data disaggregated by sex and other relevant variables, review and reflect on the gender aspects of their respective areas of work, and develop gender-responsive content-specific materials and interventions. These actions will help ensure the integration of gender considerations in all of PAHO's work in different fields.

In collaboration with Headquarters, country offices will be expected to strengthen or create mechanisms and assign resources to promote the integration of gender issues in health systems, working with ministries of health, other sectors, nongovernmental organizations, and civil society.



AD/GE will coordinate the formulation and implementation of the mainstreaming initiative; develop a short, medium and long-term plan for implementation, with an effective monitoring and evaluation mechanism to track whether gender is, in fact, being mainstreamed into work programs; assist and support the development of methodologies and materials for gender analysis, the introduction of standardized terminology to ensure coherent communication about gender issues, and the implementation of a strategy for appropriate capacity building across the Organization; and prepare a resource mobilization and partnership strategy to support the implementation of the policy in the shortest possible time. AD/GE will also contribute to the building of an appropriate evidence-base on gender-related health issues in the Organization.

Annex Resolution CD46.R16

(Ninth meeting, 30 September 2005)

The 46th Directing Council,

Having considered Document CD46/12 on implementing a PAHO Gender Equality Policy;

Taking into account the persistence of gender inequalities in health and development in the Hemisphere;

Recalling the Beijing Declaration (1995), the recommendations of Beijing Plus 10 (2005), the Millennium Declaration of the United Nations (2000), and the 2002 WHO Gender Policy;

Aware of the existence of internationally accepted evidence that indicate the incorporation of the criteria of gender equality in health policies and programs respond to the principles of efficacy and efficiency in the practice of public health;

Aware of the ongoing work of WHO in the development of a Gender Strategy and Gender Plan of Action;

Acknowledging the debate on a WHO Gender Equality Policy and recognizing the adoption and implementation of gender equality policies in Member States, the United Nations system, and the inter-American system; and

Noting the need to take all appropriate measures to prevent the trafficking of people (women and girls) in the Region, and eliminate the demand for them; and acknowledging that poverty and gender inequity are root factors that encourage trafficking, especially of women and girls,

Resolves:

- 1. To adopt the PAHO Gender Equality Policy.**
- 2. To urge the Member States to:**
 - (a) implement the Gender Equality Policy, in collaboration with relevant government sectors, the United Nations system, the inter-American system, and the civil society stakeholders;
 - (b) generate and analyze data disaggregated by sex and other relevant variables;
 - (c) include, as appropriate, in the National Health Accounts indicators for the unremunerated time devoted by men and women to health care in the home, as a function of the total expenditure of the health care system;
 - (d) incorporate a gender equality perspective, as appropriate, in the development, monitoring, and evaluation of policies and programs, as well as on research and training activities;
 - (e) strive for parity between the sexes in matters of recruitment and career development, including employment in decision-making positions;
 - (f) promote and support the active participation of men and boys in programs aimed at achieving gender equality in health.
- 3. To request the Director, within the available financial means, as mandated within the various processes of institutional strengthening, to:**
 - (a) develop an action plan for the implementation of the Gender Equality Policy, including a performance monitoring and accountability system;
 - (b) give priority to data generation and analysis, disaggregated by sex and other relevant variables;

- (c) mainstream the gender approach into the policies and programs of the Organization, including research and training activities;
- (d) develop training materials and programs that promote gender equality;
- (e) support efforts by Member States and civil society to monitor the impact of health policies and programs on gender equality, as well as their impact on the reduction of maternal mortality and gender-based violence;
- (f) strive for parity between the sexes in matters of recruitment, career development, and employment in decision-making positions within the Secretariat;
- (g) include gender equality in the different political and managerial fora held by the Organization at the regional, subregional, and national levels.





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