



# PLAN OF ACTION

for Implementing the Gender  
Equality Policy of the Pan American  
Health Organization  
2009–2014



**Pan American  
Health  
Organization**

Regional Office of the  
World Health Organization

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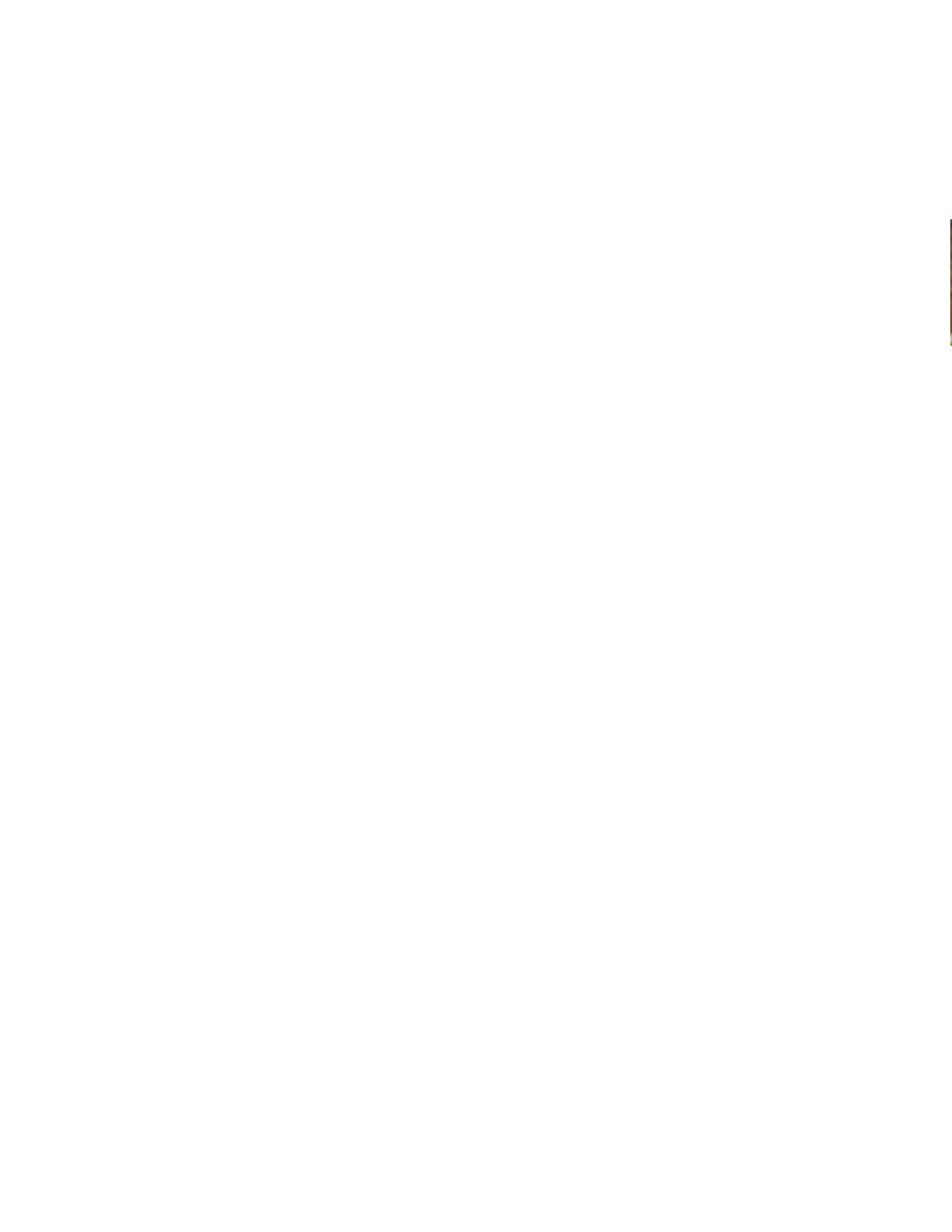
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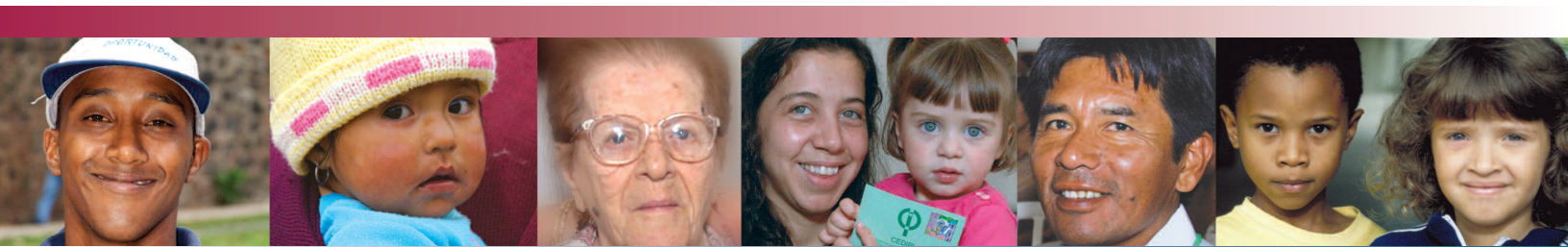
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**T**he Five Year Plan of Action<sup>1</sup> (PoA) for implementing the Gender Equality Policy<sup>2</sup> aims to guide the Pan American Sanitary Bureau (PASB) and the Member States that make up the Pan American Health Organization (PAHO) in the implementation of the Gender Equality Policy, thereby contributing to reducing gender inequities in health.

The Plan of Action includes specific indicators and assigns these to responsible entities for monitoring and reporting on the Policy's implementation. The strategy and indicators have been widely consulted with representatives of ministries of health, women's ministries, academia and other civil society organizations, especially women's groups and other gender equality advocates, as well as United Nations (UN) agencies. These stakeholders were also represented on the PAHO's Technical Advisory Group on Gender Equality and Health that contributed to the development of the Plan. A working group of representatives from the PASB Technical Areas, Country Offices and management, supported the Gender, Ethnicity and Health Office in finalizing the Plan. All played instrumental roles resulting in the final approval by the 49th Directing Council of the Plan of Action that aims to improve the opportunities of women and men of the diverse populations of the Americas to equally enjoy optimum health.

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<sup>1</sup> Complete text of the Plan of Action approved in 2009 by the 49th Directing Council's Resolution CD49/13  
[http://new.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&gid=2767&Itemid=](http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=2767&Itemid=)

<sup>2</sup> PAHO's Gender Equality Policy approved in 2005 by the 46th Directing Council's Resolution CD46.R16:  
<http://www.paho.org/English/ad/ge/PAHOGenderEqualityPolicy2005.pdf>

## WHAT IS GENDER? HOW DOES GENDER RELATE TO HEALTH?

**Gender** describes those characteristics of women and men that are socially constructed, while sex refers to those which are biologically determined.

**Gender Equality** in health means that women and men have equal opportunities for realizing their full rights and potential to be healthy, contribute to health development, and benefit from the results.

**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. Equity is the means, equality is the result.

**Gender Analysis** in health examines the interaction of biological and socio-cultural factors to highlight how they positively or negatively affect health behaviors, risks and outcomes, access and control over health resources, and contribution to care.

**People are born female or male but learn to be girls and boys who grow into women and men. This learned behavior makes up gender identity and determines gender roles.**

## COMMITMENTS TO GENDER EQUALITY IN HEALTH

In 2005 PAHO Directing Council approved the Gender Equality Policy in response to the persistent gender inequities in the Region, and to the UN resolution that called for all UN agencies to mainstream gender and women's empowerment throughout the UN system.<sup>3</sup>

PAHO's policy aims "to contribute to the achievement of gender equality in health status and health development [...] and actively promote equality and equity between women and men." It calls for PAHO and its Member States to implement the Policy and to integrate a gender perspective in the planning, implementation, monitoring, and evaluation of policies, programs, projects, and research in order to attain optimal health status among women and men, equitable allocation of resources, and equality and fairness in the distribution of the rewards and burdens of health care and wellness. It also calls for a Plan of Action that includes a system for accountability and monitoring performance.

<sup>3</sup> United Nations Economic and Social Council resolution E/1997/L.30 adopted by ECOSOC 14. 7. 97: <http://www.un.org/documents/ecosoc/docs/1997/e1997-66.htm>.

This Plan of Action for implementing PAHO's Gender Equality Policy calls for a dynamic, strategic approach that will consolidate PAHO's commitment to reducing gender inequities in health in the Americas, thereby contributing to the fulfillment of international and regional commitments to achieve gender equality and the Millennium Development Goals (MDG)<sup>4</sup>. It is grounded in the World Health Organization's (WHO) Constitution, which states that, "the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition,"<sup>5</sup> and is in line with the WHO 2002 Gender Policy and the Strategy for Integrating Gender Analysis and Action into the Work of WHO<sup>6</sup> (May 2007). It is also consistent with UN and Inter-American human rights conventions and protocols<sup>7</sup> such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),<sup>8</sup> the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children,<sup>9</sup> and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Pará).<sup>10</sup>

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<sup>4</sup> <http://www.un.org/millenniumgoals/gender.shtml>

<sup>5</sup> Stated in the World Health Organization Constitution's Preamble, and adopted by the International Health Conference, New York, 1946; signed by 61 States and entered into force 1948. See PAHO 47th Directing Council Doc. CD47/15 (Disability: Prevention and Rehabilitation in the context of the Right to the Highest Attainable Standard of Health and other Related Rights) 2006, pp. 10–15. Available from <http://www.paho.org/english/gov/cd/CD47-15-e.pdf>.

<sup>6</sup> <http://www.who.int/gender/mainstreaming/strategy/en/index.html>

<sup>7</sup> See PAHO's Regional Strategy for Improving Adolescent and Youth Health, Document CD48/8, 48th Directing Council, October 2008. Available from <http://www.paho.org/english/gov/cd/CD48-08-e.pdf>

<sup>8</sup> Entered into force in 1979, ratified by Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay and Venezuela.

<sup>9</sup> Entered into force in 2003 and has been ratified by Argentina, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Uruguay and Venezuela.

<sup>10</sup> Entered into force in 1995 and has been ratified by Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Colombia, Costa Rica, Chile, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Suriname, Trinidad and Tobago, Uruguay and Venezuela.



## PAHO'S GENDER EQUALITY POLICY

**Goal:** 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.

### Critical lines of action:

- Build a **gender and health evidence base** to inform the development, implementation, monitoring, and evaluation of health policies/programs within PAHO and Member States
- **Develop tools and build 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.
- Increase and strengthen the **participation of civil society, with emphasis on women's groups and gender equality advocates**, in identifying priorities, formulating policies, monitoring of policies/programs at all levels.
- **Institutionalize gender-responsive policies as well as monitoring mechanisms** to track mainstreaming results, in line with results-based management methodologies, and evaluating the effectiveness of gender interventions on health outcomes.

## GENDER EQUALITY IN HEALTH IN THE AMERICAS

### Situation analysis<sup>11</sup>

Although the Region of the Americas has greatly improved the health of its women and men, inequities remain among and within countries, especially among excluded populations. Gender —along with social class and ethnicity— is a key structural determinant of equity in health that results in differential opportunities for women and men, and girls and boys, to enjoy optimal health. Even though gender conditions emerge from women’s unequal position in society, they have come to be seen as a true relational category that can also help to understand the men’s condition. In terms of health, as gender interacts with biological characteristics and with social and economic determinants, the result is different —often inequitable— patterns of exposure to health risks, health outcomes, and access to and use of health services. Gender also plays a decisive role in how women and men contribute to health development and how they share its benefits.

Gender inequality in the Americas —the most unequal region of the world— limits women’s and men’s opportunities to enjoy optimal health, to be free from preventable diseases. While there has been some progress in addressing inequalities in the Region, gender inequalities continue to be reflected in high maternal mortality rates, unmet needs for family planning, adolescent pregnancies, cervical cancer rates, and an increase of HIV infection among young women in many Caribbean countries. While one third of women in the Americas continue to suffer violence at the hands of their partners, incidents of violence suffered by men are predominantly related to traffic accidents, homicide, occupational accidents, suicide, and substance abuse.

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<sup>11</sup> For a gender and health situation and indicators see PAHO’s publications: “Gender, Health and Development in the Americas, Basic indicators” and “Health of Women and Men in the Americas, 2009” available at: [www.paho.org/gender\\_ethnicity](http://www.paho.org/gender_ethnicity)

## Gender Inequalities Persist in the Americas<sup>12</sup>

**Women continue to experience social and economic disadvantages, with their attendant health consequences.** Women overall have higher levels of education but are overrepresented among the poor, their employment rates and income continue to be lower than men's, and they predominate in the informal sector.<sup>13</sup> More than 50% of women devote their time to caring for others without earning an income. This unequal situation limits their access to resources and information for health care, and for pension and health–insurance coverage that accrue through employment in the formal sector.

**Women live longer than men and have lower mortality throughout their lifetime; the added years are not necessarily quality years, given that older women have less access to social protection and resources and experience more poverty, loneliness, and disability.** In some countries where poor women experience higher mortality during childbearing years, the gap in life expectancy is narrower, erasing the alleged biological advantage women enjoy under more optimal health and development conditions.

**Gender inequities are even more explicit when illness and death are caused by health situations that are preventable, and that disproportionately affect poor, adolescent, minimally educated and ethnic women.** Lack of access to simple, low–cost reproductive health services to prevent pregnancy and abortion complications has resulted in persistently high maternal mortality rates in the Region, averaging 94.5 per 100,000 live births, ranging from 5.6 in Canada to 630 for Haiti. 10–40% ECLAC of uneducated and 17–58% of adolescent women have an unmet need for family planning which contributes to unwanted and teen pregnancies (10%-25% of teenage girls). Cervical cancer, preventable with low–cost screening and treatment, continues to kill more than twice as many women in poor communities. While men make up the largest proportion of people living with HIV/AIDS, new infections are reported among young women 15–24 years old at more than twice the rate of young men in Barbados, Dominican Republic, and Jamaica, and at six times the male rate in Suriname.

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<sup>12</sup> Most of the indicators are obtained from PAHO Publication, *Gender, Health and Development in the Americas, Basic Indicators 2007*, and the unpublished document by Elsa Gómez, "Género como un determinante estructural de inequidad en salud: contribución de AD/GE al capítulo 1 de Salud en las Américas," 2007.

<sup>13</sup> CEPAL (2006), *Panorama Social de la América Latina 2005*, Santiago, CEPAL.

**The persistently high rates of gender-based violence that one third of the Region's women experience at the hands of their partners,** attest to the continued tolerance for gender discrimination, impunity of perpetrators, and lack of screening for prevention. Even though the majority of countries in the Americas have passed legislation prohibiting interfamily violence, these laws are rarely implemented due to a lack of political will and insufficient allocated resources for prevention, care, training, and protection.

**Overall, women have a greater need for health services than men,** mainly, but not exclusively, due to their reproductive role, which account for 34% of women's burden of disease and can result in 16%-50% higher out-of-pocket expenditures, as well as interrupted earnings. It makes it more difficult for women to become eligible for health care coverage and increases their risk of slipping into poverty as a consequence of illness, especially during old age.

**Women shoulder most of the care for children, the sick, and the disabled in their families and communities.** More than 80% of health care is provided informally by women, much of it without any support or remuneration. Recent health reform processes have exacerbated gender inequalities in health care through the promotion of cost recovery, privatization, reduction of public services, and regressive systems of financing care. All of these have affected women's access to services and employment in the health sector, while at the same time increasing their burden of providing health care at home and in the community.

**Gender norms also have negative health consequences for men, and are related to their risk-taking behaviors that have negative health outcomes.** These behaviors begin during childhood and eventually result in a 3.5 times higher mortality rate due to accidents, homicides, lung cancer and cirrhosis of the liver due to a higher use of tobacco and alcohol, and an increase of sexually transmitted infections, including HIV/AIDS due to sexual risk-taking. Gender norms discourage men from using reproductive health and other services, from complying with treatment regimens, and from protecting themselves against injury, infection, and disease. Aggressive roles also contribute to discrimination against women and, at worst, to violent behaviors that undermine the rights, welfare, and health of women and girls.

## Gender equality in PASB: Staff Parity

In line with World Health Assembly and UN resolutions on gender equality in the work force,<sup>14</sup> the Gender Equality Policy also calls on the Secretariat to strive for parity between sexes in matters of recruitment and career development, including employment in management-level positions.

In regards to staff parity, PAHO has been recognized as one of the most successful UN agencies in reaching parity in staffing. However, a recent survey showed that although overall sex parity among professionals was reached at PAHO headquarters, at country level women made up only 30 percent of professional staff, and one of the largest professional categories, P4, stood out as the most unequal category with the lowest female representation for long-term or new appointments. These findings show that challenges remain and the Organization should sustain efforts for reaching sex parity on all levels and for implementing and enforcing work/life balance policies.

## PAHO'S FIVE YEAR PLAN OF ACTION

As mentioned, the Plan of Action provides a roadmap and monitoring indicators for PASB and the Member States to implement the Gender Equality Policy. Its framework for technical collaboration with the Member States aims to realize the commitment to include a gender perspective in planning, implementation, monitoring and evaluation of health policies, programs, projects, and research. Execution of the roadmap will ensure that there is greater ownership of gender equality considerations within, PAHO, as well as within the Organization's leadership in ensuring Health for All. The Plan takes into account the Health Agenda of the Americas and will be implemented within the context of PASB's result based management framework and Strategic Plan.

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<sup>14</sup>WHA50.15 Recruitment of International Staff in WHO Geographical Representations (1997) and Resolution 55/69, Improvement of the Status of Women in the UN System adopted by the UN General Assembly (A/RES/55/69, 2001). WHO's Medium-Term Action Plan for Employment and Participation of Women in Work of WHO (2000–2005) requires that measures be established for improving the flow of women in WHO and for their retention, with a view to attaining gender equity.:

## Guiding Principals of the PAHO Plan of Action for implementing the Gender Equality Policy

- Incorporates principles of the PAHO Gender Equality Policy: gender equity, equality, diversity, and the empowerment of women;<sup>15</sup>
- Aims at ensuring “Health for All”<sup>16</sup> and at reducing inequities in health;
- Takes into consideration PAHO’s cross-cutting priorities: gender and ethnic equality, human rights, social protection, health promotion, and primary health care;
- Is tailored to individual country realities and needs;
- Is grounded in evidence and good practices;
- Is oriented to results that can be monitored and evaluated;
- Is based on incentives to improve equity and efficiency, rather than on mandates; and
- Is builds on partnerships and participation.

## The Mainstreaming Strategy

PAHO, as do all other UN agencies, adheres to the UN/ECOSOC resolution calling for the use of mainstreaming as a strategy for implementing the international commitments to gender equality and women’s empowerment within the UN system.

### The United Nation’s ECOSOC resolution defines gender mainstreaming as:

The process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and social spheres so that women and men can benefit equally and so that inequality is not perpetrated.<sup>17</sup>

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<sup>15</sup> PAHO Gender Equality Policy, p. 10.

<sup>16</sup> As defined by the Declaration of Alma-Ata (1978).

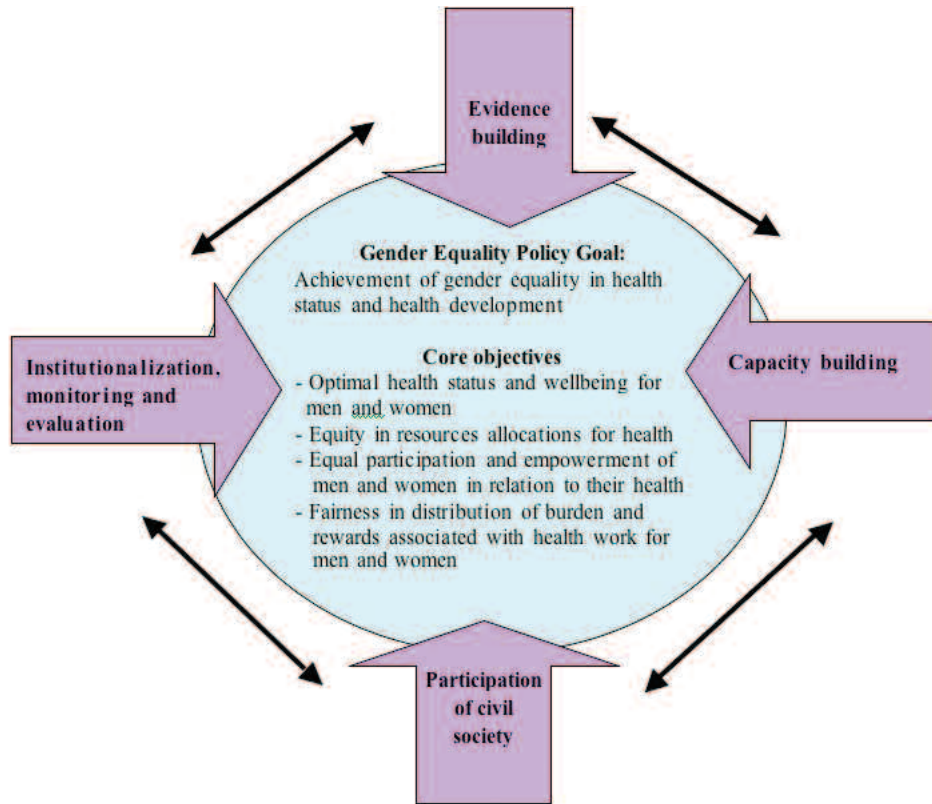
<sup>17</sup> This definition comes from the United Nations Economic and Social Council’s agreed conclusions 1997/2.

Based on international consensus, this strategy includes building capacity, gathering evidence, and creating an environment for including a gender perspective in all health and related policies and programs at all levels. It builds on evidence, empowerment, partnership and knowledge sharing to ensure that women and men have the necessary information, access to quality services, and opportunities to equally and optimally participate in decision-making about their own and their families' health, while recognizing their formal and informal contribution to health. The strategy aims to reduce inequities in health, to improve the efficiency of health services that are integrated and culturally appropriate, and to develop surveillance and monitoring mechanisms to assess progress.

### Strategic Areas of the Plan of Action *(see Annex I)*

The Plan of Action is organized around four interdependent strategic areas derived from the Gender Equality Policy. Indicators and designated responsibility for their monitoring are included in Annex I.

**Four Strategic Areas to Implement the Gender Equality Policy:<sup>18</sup>**



<sup>18</sup> Graph adapted from the World Bank Group Action Plan: "Gender Equality as Smart Economics," 2006.

## Strategic Area 1

**Strengthen the PASB and Member States' capability to produce, analyze, and use information disaggregated by sex and other relevant variables.**

### *Justification*

The situation summarized above highlights the importance of applying a gender analysis to health statistics and research. Information on gender inequalities and gender gaps has increased over the years, but many countries simply disaggregate data without analyzing the underlying reasons that contribute to the differences shown by the data. Those who produce and use data, such as health planners, quality control specialists, and advocates should be able to analyze and apply this information to better target and monitor policies and interventions to reduce existing gender inequities. Gender-based analysis will bring to light inequities in health status and health outcomes based on lack of equal opportunities, imbalances in the distribution of resources, power, and responsibilities, and it will highlight the contributions of women and men to human and economic development. Evidence is also fundamental for monitoring and evaluating progress on fulfilling international and regional commitments, on achieving gender equality within the MDGs objectives, meeting the goals of the Health Agenda for the Americas, and implementing PAHO's Gender Equality Policy.

PAHO's Gender Equality Policy aims at building an evidence base on gender and health to inform the development, implementation, monitoring, and evaluation of health programs. It includes the collection, analysis, and sharing of data disaggregated by sex and other relevant variables and pursues the building of networks with UN agencies, academia, and the private sector to promote gender sensitive research. The Policy also calls on all Member States to generate this data and to include in their National Health Accounts indicators that measure the unpaid health care provided by women and men in the home. It calls on PASB to give priority to the generation and analysis of these data, and to support efforts by Member States and civil society to monitor the impact of health policies, programs and laws on gender equality, including their impact on the reduction of maternal mortality and of gender-based violence.



### ***Specific Objectives of Strategic Area 1***

- PASB will incorporate gender sensitive indicators, disaggregated by age and sex, for developing plans and programs, and for pursuing technical collaboration and other initiatives;
- National and local producers and users of health statistics will have the capability to produce, analyze and use gender sensitive information for decision-making, advocacy, monitoring, and evaluation;
- Interagency collaboration will be strengthened to fulfill international commitments of Member States related to gender indicators and statistics.

### **Strategic Area 2**

**Develop tools and increase capabilities in PASB and Member States for integrating a gender equality perspective in the development, implementation, monitoring and evaluation of policies and programs.**

#### ***Justification***

There have been clear advances in the Region towards achieving gender equality, as Member States have enacted legislation and instituted policies to redress inequalities. The majority of Member States have laws to prevent and penalize gender-based violence; many of them have enacted equal opportunity laws that include health; an increasing number have quota laws to ensure women's political participation; and almost all have established NWMs to monitor and guide the implementation of these policies. Some countries have included achieving gender equality in their health plans and reform processes and have set up gender units within the health sector to guide and monitor these processes. A few countries are actually analyzing their health budgets to improve targeting for gender equity in health programs. Despite this progress, however, implementation has been limited by a lack of political will, insufficient allocation of national resources, and the absence of accountability processes to ensure implementation. It is, therefore, important to strengthen the knowledge and capacities of health policymakers, providers, and advocates to implement these policies, assign resources, and develop systems to monitor the implementation, as well as their effects in reducing gender inequities in health.

PAHO's Gender Equality Policy calls for organizational support for advancing knowledge and skills of staff for efficient gender mainstreaming. Gender Focal Points will be identified and trained in each of PASB'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. PASB area managers will also be expected to institutionalize mechanisms for building capacity among their staff and to provide financial resources, information, training and technical support to ensure the Policy's implementation. The Policy specifically calls on Member States to include a gender perspective in their training programs, and for PASB to develop training materials and programs that promote gender equality.

### ***Specific Objectives of Strategic Area 2***

- Strengthen capabilities and commitment within PASB and the Member States to support the integration of gender analysis with a human–rights approach in health sector policies, programming, monitoring, and research;
- Support PASB and Member States in including gender in the formulation and review of staff policies and processes;
- Establish a knowledge platform on gender and health (tools, fact sheets, publications, best practices, etc.), and ensure that it is accessible to PAHO, Member States, and civil society organizations for supporting the implementation of the Gender Equality Policy and Plan of Action.

### ***Strategic Area 3***

**Increase and strengthen civil society participation, especially among women's groups and other gender–equality advocates, in identifying priorities, formulating policies, and monitoring policies and programs at local, national, and regional levels**

#### ***Justification***

Civil society organizations (CSO) play a critical role in monitoring progress and achieving the MDGs. At the same time, the universal and regional human rights conventions mentioned above stress that empowerment of women is indispensable for achieving gender equality. Empowering women should be central to all strategies for reducing gender inequities in health. Equally important for achieving these goals is forging partnerships with men and gender equality organizations. Providing these stakeholders with the

skills, opportunities, and information to participate in decisions about their own health, as well as information on related policies and programs, is key. It is especially important to actively reach out to women and men from rural and poor areas, from ethnic populations, from sexual minorities, from different age groups, who are living with HIV/AIDS, and with disabilities, who are particularly susceptible to gender and other inequalities and who are often excluded from decision-making processes that directly affect them. Greater involvement of constituents and their organizations, in partnership with gender advocates from government, civil society, and international agencies, ensures that policies, programs, and resources will address their differential needs, realities, and opportunities to enjoy and contribute to health.

PAHO's Gender Equality Policy emphasizes the importance of equal participation of men and women in decision-making within their homes, communities, and countries. It places special emphasis on creating and strengthening linkages between governments and civil society organizations, especially women's groups. The related resolution adopting the Policy calls for Member States to promote and support the active participation of men and boys in programs aimed at achieving gender equality in health.

### ***Specific Objectives of Strategic Area 3***

- Leaders of regional civil society organizations, especially women's organizations and gender-equality advocate groups, will serve as members of PASB's Technical Advisory Group on Gender Equality and Health (TAG GEH), and advise on the implementation of the Gender Equality Policy within PASB and in Member States;
- Civil society organizations (of women, men, ethnic groups, and human rights, among others) will be empowered to participate on national multisectoral teams that support the ministries of health in implementing, monitoring and evaluating gender equality in health policies and programs;
- Knowledge and capability regarding gender and health issues and advocacy will be increased among gender equality civil society organizations.

## Strategic Area 4

**In line with results-based management methodologies, institutionalize gender-responsive policies, as well as monitoring mechanisms that track specific mainstreaming results, and evaluate the effectiveness of gender interventions on health outcomes.**

### *Justification*

One of the challenges in measuring the effectiveness of gender mainstreaming has been the lack of monitoring indicators and systems to gauge impact. The CEDAW Convention does commit Member States to report on advances, including health. The National Women's Machineries have a mandate to monitor the implementation of international agreements and national policies, but in many countries they do not have the influence or resources to do so. In a few countries where NWMs have political stature, they have identified indicators and set up functioning monitoring, and accountability systems, including gender budgeting, that involve gender departments in the health sector.

The resolution adopting PAHO's Gender Equality Policy urges Member States to include a gender perspective in the development, monitoring, and evaluation of policies and programs. It also requests PASB to include a performance monitoring and accountability system in the Plan of Action for implementing the Policy. Successful implementation of the Policy and, thus, of its PoA requires that PASB commit itself to including gender equality in institutional policies, programs, and systems, such as the biennial work plans, with earmarked funding and resources to ensure that these commitments are adequately implemented and monitored. It calls for PAHO Country Offices to strengthen or create resources to promote the integration of gender issues in health systems, working with Member States and CSOs. In addition, it commits PASB senior management to ensure that the Policy is transmitted into action in technical and management areas, and to monitor its implementation throughout the work for which they are responsible. The Gender, Ethnicity, and Health Office (GEH), as designated by the Policy, will coordinate the formulation, implementation, and monitoring and evaluation mechanisms to track mainstreaming into work programs.

### *Specific Objectives for Action Area 4*

- Ensure PAHO's alignment with WHO's approach to monitoring and evaluating gender mainstreaming, in order to develop appropriate capacity building and gender analysis strategies based on the results;
- PASB will have systems in place for implementing and monitoring the Gender Equality Policy and the Plan of Action;
- Mechanisms will be established to monitor Member States' progress in implementing the Gender Equality Policy and Plan of Action;
- Special initiatives will be carried out for mainstreaming a gender perspective within PAHO which integrates the four strategic areas —evidence, capacity building, civil society participation and monitoring and evaluation —to strengthen ownership and provide concrete lessons.

## CONCLUSION AND FOLLOW UP

The four strategic areas will ensure the achievement of measurable results at the regional, subregional and national levels. PASB Office of Gender, Ethnicity and Health (GEH) will support the Director in the day-to-day implementation of the Plan, with regular guidance from the internal and the external gender working groups, and in regular consultation with Member States. The GEH Office will provide technical collaboration and training to selected technical areas and Country Offices to strengthen their capacity to implement the Gender Equality Policy Plan of Action in their work and their technical collaboration to Member States. The GEH Office at Headquarters will be primarily responsible for providing this support to technical offices, while the decentralized team of a regional coordinator and subregional gender focal points will provide support to countries. The implementation of the Plan will require additional funding during the initial stages and to implement its evaluation, although mainstreaming costs will primarily be covered by the technical offices and Country Offices, as part of the mainstreaming process. The estimated operational budget for the implementation is **US\$ 6,500,000**.

## ANNEX I

### STRATEGIC AREAS BY OBJECTIVES, INDICATOR, ACTIVITIES AND RESPONSIBLE ACTORS/PARTNERS

**Strategic Area 1:** Strengthen the PASB and member states' capability to produce, analyze, and use information disaggregated by sex and other relevant variables.

| Objective   | Indicators  | Activities   | Responsible Actors/Partners  |
|---|---|--|--|
| <p><b>1.1</b> PASB incorporates gender sensitive indicators, disaggregated by age and sex, in developing plans, programs, technical collaboration, and other initiatives.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Health in the Americas (publication)</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> WHO's 2008 assessment of Health in the Americas, 2007 edition.</li> <li>• <b>Indicator:</b> Health in the Americas, 2012 edition includes gender analysis in the Regional volume and in all the country chapters, using the WHO analysis tool.</li> </ul> <p><b>Strategy for strengthening vital and health statistics in the countries of the Americas</b></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2009, guidelines call for disaggregation of data by sex and age for all information systems.</li> </ul> | <ul style="list-style-type: none"> <li>• Disaggregation of all health data produced by PASB, by sex and other relevant variables, and incorporation of a gender perspective.</li> <li>• Baseline analysis of all Country Collaboration strategies for 2008</li> <li>• Integrating a gender analysis in country collaboration strategies</li> <li>• Baseline analysis of existing Regional health surveys in 2008</li> <li>• Technical collaboration to centers and country offices to include gender analysis in key documents and surveys.</li> </ul> | <p><b>Responsible:</b><br/>HDM/Health Analysis (HA)</p> <p><b>Support:</b> Gender, Ethnicity and Health Office (GEH)</p> <p><b>Partners:</b><br/>Areas and PWRs</p> <p><b>Responsible:</b> HDM/HA</p> <p><b>Support:</b> GEH</p> |

continued

| Objective | Indicators  | Activities | Responsible Actors/Partners   |
|-----------|---|------------|---|
|           | <p><b>For the Pan American Health Organization</b></p> <p><i>Country Collaboration Strategies (CCS)</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> proportion of 2008 CCS include analysis using data disaggregated by sex and age, using WHO analysis tool</li> <li>• <b>Indicator:</b> By 2010 all new CCS include analysis based on data disaggregated by sex and age, and strategies to address differences.</li> </ul> <p><i>Health Analysis publications</i></p> <p><b>Indicator:</b> By 2013 all Health Analysis publications will include analysis based on data disaggregated by sex and age</p> <p><b>Regional health surveys</b></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> Proportion of Regional health surveys carried out in 2008 that include a gender analysis.</li> <li>• <b>Indicator:</b> By 2013, all Regional surveys disaggregate data by sex and include gender analysis</li> </ul> |            | <p><b>Responsible:</b> PAHO/WHO Country Representatives (PWR) and Gender Focal Points (GFP)</p> <p><b>Support:</b> GEH and Country Focus Support Office (CFS)</p> <p><b>Responsible:</b> HDM/HA</p> <p><b>Responsible:</b> Area Managers</p> <p><b>Support:</b> GEH</p> <p><b>Partners:</b> PWRs, GFP, MOH, CFS</p> |

continued

| Objective  | Indicators   | Activities  | Responsible Actors/Partners   |
|--|--|---|---|
| <p><b>1.2</b> National and local producers and users of health statistics with the capability to produce, analyze, and use gender-sensitive information for decision-making, advocacy, monitoring, and evaluation.</p> | <p><b>For the Pan American Sanitary System</b></p> <p><i>Tools on Gender and Health Analysis</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> Number of tools on Gender and Health analysis available and accessed on Gender and Health Knowledge Platform.</li> </ul> <p><b>For the Pan American Health Organization</b></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> Number of existing health profiles.</li> <li>• <b>Indicator:</b> By 2014 trained producers and users of information of ten countries develop or improve national health profiles on women and men and use them for planning and advocacy (survey of workshop participants).</li> </ul> <p><b>Contribution of unpaid home-based health care to national health expenditure</b></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> In 2013, three countries will have quantified unpaid home-based health-care provided by men and women as contribution to total national health expenditures.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide tools and training to key national and local producers and users of health information to conduct gender analysis on health data and apply results.</li> <li>• With stakeholders, improve country profiles on health of women and men, applying advocacy or planning. Apply questionnaire regarding use of profile during workshop and for follow up.</li> <li>• Provide technical collaboration to the health sector to include data disaggregated by sex and other relevant variables in health information systems.</li> <li>• Support national research to increase knowledge on gender inequities in health and related issues.</li> <li>• Support application of time-use studies and the quantification of unpaid, domestic health care by men and women as a contribution to national health expenditure.</li> </ul> | <p><b>Responsible:</b> GEH , with support from HA</p> <p><b>Partners:</b> Prairie Women’s Health Center of Excellence–Canada</p> <p><b>Responsible:</b> GEH, PWR and GFP</p> <p><b>Partners:</b> Participants from MOH, NWM, and CSO (Women’s Health Network/LAC), UN agencies (ECLAC, UNIFEM, UNFPA)</p> <p><b>Responsible:</b> Health Systems and Services (HSS)</p> <p><b>Support:</b> GEH</p> <p><b>Partners:</b> UN Agencies (UNIFEM, UNFPA, UNICEF, ECLAC), NWM, CSO, Academia, Gender and Economics Network for LAC (GEMLAC)</p> |



continued

| Objective   | Indicators   | Activities   | Responsible Actors/Partners  |
|---|--|--|--|
|   | <p><b>National mechanisms for analysis and monitoring gender equity in health</b></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> Number of health or gender observatories that have received PAHO support to include gender and health indicators.</li> <li>• <b>Indicator:</b> By 2013, three national or local observatories on gender have integrated health/gender indicators and have published issue papers regarding advances in gender equality in health.</li> </ul> | <ul style="list-style-type: none"> <li>• Strengthen and support national mechanisms of analysis and monitoring gender equity in health (observatories).</li> <li>• Develop best practices on gender–and–health observatory in Chile.</li> </ul>  | <p><b>Responsible:</b> GEH, PWR and GFP, HSS</p> <p><b>Partners:</b> UN Agencies (UNIFEM, UNFPA, UNICEF, ECLAC), NWM, CSO, Academia</p>    |
| <p><b>1.3</b> Interagency collaboration strengthened to fulfill international commitments of Member States related to gender indicators and statistics.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Interagency Regional Observatory on Gender Parity</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> Health indicators included and monitored in Regional Observatory on gender Parity, and support provided in training national partners in their application</li> </ul>  | <ul style="list-style-type: none"> <li>• Contribute to the interagency coalition in developing the health and gender indicators to be integrated in the Regional observatory on gender parity.</li> <li>• Provide gender and health indicators to the interagency MDG monitoring mechanisms.</li> <li>• Provide and support Regional interagency training and events on gender indicators, statistical analysis and time use for national producers and users of information.</li> </ul> | <p><b>Responsible:</b> ECLAC with support of GEH</p> <p><b>Partners:</b> UN Agencies (UNIFEM, UNFPA, INSTRAW), NWM, MOH, CSO, Academia</p> |

continued

| Objective | Indicators  | Activities  | Responsible Actors/Partners  |
|-----------|---|---|--|
|           | <p><b><i>Evidence on Regional Situation of women and men in Latin America and the Caribbean</i></b></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2009, one Regional health profile on women and men published with UNIFEM, UNFPA, and UNICEF, and widely disseminated.</li> <li>• <b>Indicator:</b> By 2014, two biennial statistical brochures published with UNIFEM and UNFPA and are widely disseminated.</li> </ul> <p><b><i>New and existing international and Regional monitoring mechanisms on MDGs</i></b></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> Interagency collaboration on monitoring of MDGs includes gender and health.</li> </ul> | <ul style="list-style-type: none"> <li>• Publish and disseminate regional and sub-regional documents on gender and health with a diversity approach.</li> <li>• Provide support to Country Focus Support (PAHO) and sub-regional NWM coalitions in using the evidence on gender inequities to develop subregional health agendas within the economic integrations processes.</li> </ul> | <p><b>Responsible:</b> GEH, HA</p> <p><b>Partners:</b> UNIFEM, UNFPA, also CSO, NWM, ECLAC</p><br><p><b>Responsible:</b> GEH and SDE, Regional Directors Team, ECLAC</p> <p><b>Partners:</b> UN agencies</p> |

continued

| Objective | Indicators  | Activities | Responsible Actors/Partners  |
|-----------|---|------------|--|
|           | <p><b>For the Pan American Health Organization</b></p> <p><i>Strengthen subregional coalition of National Women's Machineries (NWM) to include gender indicators in subregional health agendas</i></p> <ul style="list-style-type: none"> <li>• <b>Indicators:</b> By 2011, two subregional (Central America and Andean subregion)' profiles on men and women's health developed by subregional coalitions of NWMs to advocate for inclusion of gender indicators in subregional health agendas of the integration processes (the Central American Ministers for Women's Affairs [COMMCA], and the Andean Group of Women Ministers).</li> <li>• <b>Indicator:</b> By 2011, gender indicators included in the Caribbean Cooperation in Health Initiative (CCH3).</li> </ul> <p><i>Regional statistical conferences promote time-use studies</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> 2013, three national time-use studies related to unpaid work include health care</li> </ul> |            | <p><b>Responsible:</b> GEH, FCH, CPC, CFS</p> <p><b>Partners:</b> CPC, PWR/ELS Coalition of NWM (COMMCA for CA, and Andes NWM), CARICOM, AECID, UN agencies (UNIFEM, ECLAC)</p> <p><b>Responsible:</b> HSS<br/><b>Support:</b> GEH</p> <p><b>Partners:</b> ECLAC, UNIFEM, Academia</p> |

**Strategic Area 2:** Develop tools and increase capabilities in PASB and member states for integrating a gender equality perspective in the development, implementation, monitoring and evaluation of policies and programs

| Objective  | Indicators   | Activities  | Responsible Actors/Partners  |
|--|--|---|--|
| <p><b>2.1</b> Capacity and commitment of PASB and Member States strengthened to support PASB and health sector in integrating a gender analysis with human rights-based approach in policies, programming, monitoring, and research.</p> | <p><b>For the Pan American Sanitary System</b></p> <p><i>Collaboration plans for integrating gender in technical areas and country offices developed and implemented</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> Number of collaboration plans developed.<sup>19</sup></li> <li>• <b>Indicator:</b> Number of PASB Offices reporting on advances of collaboration plans as part of annual reporting process.</li> </ul> <p><i>Training PASB staff on gender and health</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 2008 WHO baseline survey on knowledge and capacity of PASB staff and managers.</li> </ul> | <ul style="list-style-type: none"> <li>• Develop, implement, and monitor collaboration plans for integrating gender analysis and interventions with indicators, with selected PASB technical and country offices.</li> <li>• Finalize training tools on gender and health (adapted from WHO modules) and make tools and training packets available on knowledge platform.</li> <li>• Provide subregional training in gender and health with human rights-based approach for national teams of PAHO gender focal points, representatives from the health sector, and gender advocate partners to build capacity, develop national gender and health strategies, and build support networks for implementing them.</li> </ul> | <p><b>Responsible:</b> Area Managers and PWR/GFP, AD, GEH</p> <p><b>Partners:</b> PRB Planning, Budget and Resource Office, Governing Bodies</p> <p><b>Responsible:</b> GEH, PWR and GFP, Area Managers, HR, Director and Assistant Director</p> <p><b>Partners:</b> WHO and UN InterAgency Task Force</p> |

<sup>19</sup> In 2008 GEH started to develop collaboration plans to mainstream gender in 10 AMPES entities, and with country teams during subregional training. The plans are drafted with the selected partners and will form the baseline for future collaboration and evaluation.

continued

| Objective | Indicators  | Activities  | Responsible Actors/Partners  |
|-----------|---|---|--|
|           | <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2010, WHO mid-term assessment shows 50% increase in number of staff and managers responding that they have received training in gender equality and are applying concepts in work.</li> <li>• <b>Indicator:</b> By 2013 evaluation, 75% of staff is applying concepts in work plans.</li> </ul> <p><i><b>PAHO technical gender networks functioning to support implementation of Plan of Action and national gender and health plans</b></i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2009, Internal Gender Working Group (IGWG) of designated representatives of technical areas and subregional gender focal points trained and supporting technical areas and PWRs on implementing and monitoring the Plan of Action.</li> <li>• <b>Indicator:</b> By 2009, Technical Advisory Group of experts has work plan that guides PASB's Director on gender mainstreaming and reports on progress.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish and train a network of GEH in technical areas and country offices to provide training and technical collaboration to their teams and to Member States on integrating a gender analysis and programming in their work.</li> <li>• Include gender in induction training for new staff and develop/apply strategy for engaging managers.</li> <li>• Establish and train external Technical Advisory Group to support PAHO in implementing the Plan of Action. Members include experts from Member States, United Nations agencies, and civil society organizations</li> </ul> | <p><b>Responsible:</b> GEH (HQ, Regional Advisor, Subregional GFP), Area Managers, PWR and GFP, D and AD, PAHO HIV Caribbean Office</p> <p><b>Partners:</b> WHO, Donors (AECID, CIDA, SIDA)</p> <p><b>Responsible:</b> D, AD, GEH, Internal gender Working Group</p> <p><b>Partners:</b> TAG members of Member States, UN agencies, and CSO, and Development Partners.</p> <p><b>Responsible:</b> GEH, PWR and GFP,</p> <p><b>Partners:</b> Health Sector, trained partners from MOH, NWM, CSCO (Including Women's Health Network LAC)</p> |

continued

| Objective | Indicators  | Activities | Responsible Actors/Partners   |
|-----------|---|------------|---|
|           | <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2009, Subregional Gender Networks of PAHO-trained gender focal points and other partners, coordinated by regional GEH advisor and providing technical support to countries in developing and implementing plans within health sector for integrating gender.</li> </ul> <p><b>For the Pan American Health Organization</b></p> <p><i>Integrating gender equality in the health sector</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> Number of preliminary gender and health plans developed in 2008-2009 by participating country teams during the gender and health training workshops.</li> <li>• <b>Indicator:</b> Proportion of national gender and health strategies defined during workshops actually developed and implemented with national partners.</li> <li>• <b>Indicator:</b> Number of intersectoral technical advisory groups formed after workshop that support PWR and MOH in developing, implementing, and monitoring gender and health plans in national health sector.</li> </ul> |            | <p><b>Responsible:</b> PWR and GFP, and intersectoral GMS Advisory Group</p> <p><b>Partners:</b> MOH, NWM, CSO, and UN Agencies</p> |

continued

| Objective  | Indicators  | Activities   | Responsible Actors/Partners  |
|--|---|--|--|
| <p>2.2 Support PASB and Member States in including gender in the formulation and review of policies and processes related to staffing.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Human resource policies attain gender parity and positive work environments that promote gender equality in the workplace</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 2008 Human Resources staff report and WHO baseline.</li> <li>• <b>Indicator:</b> By 2013, WHO evaluation, parity reached at all staff levels, especially in PAHO Country Offices.</li> <li>• <b>Indicator:</b> By 2013, Work/Life Balance Policy approved and operational within PAHO.</li> <li>• <b>Indicator:</b> By 2010, gender competency included in corporate competencies and in staff assessment tools.</li> <li>• <b>Indicator:</b> By 2014, at least five countries supported the incorporation of equal opportunity rules in their health sector human resources policy</li> </ul> | <ul style="list-style-type: none"> <li>• Support development of mechanisms and processes that ensure parity and equal advancement of PASB staff at all levels.</li> <li>• Support development of strategies for improving work/life balance and strengthening leadership capacities of women staff members.</li> <li>• Support inclusion of gender in staff competencies and in staff assessment tools.</li> <li>• Provide technical support to review national laws, and support NWM in integrating parity in the health sector of the National Plan of Equal Opportunities.</li> <li>• Collaborate to include gender indicators in Regional human resources database.</li> </ul> | <p><b>Responsible:</b> Human Resources Office</p> <p><b>Partners:</b> GEH and WHO, Interagency Task Force on Gender Equality</p><br><p><b>Responsible:</b> HSS, PWRs and GFP</p> <p><b>Partners:</b> GEH, MOH, PWR</p> |

continued

| Objective  | Indicators   | Activities  | Responsible Actors/Partners   |
|--|--|---|---|
| <p><b>2.3</b> Knowledge platform on gender and health is established and accessible for PASB, Member States, and civil society organizations to support implementation of the Gender Equality Policy and Plan of Action.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Knowledge platform on gender, ethnicity, and health set up to support country offices, technical areas, and partners</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2010, knowledge platform set up and fully operational (accessed by 1,000 users/month) on gender and health as part of PAHO's information strategy and includes training tools and information packets, database of experts, best practices, and links to networks.</li> <li>• <b>Indicator:</b> Two best practices on integrating gender in health awarded yearly, one internal and one external, during International Women's Day celebration and virtual forum, and included in PAHO database of best practices on gender and health.</li> </ul> <p><b>For the Pan American Health Organization</b></p> <p><b>Access and contribute to gender and health knowledge platform</b></p> <ul style="list-style-type: none"> <li>• Half of all contributions to knowledge platform provided by Member States and other partners (civil society organizations and UN agencies)</li> </ul> | <ul style="list-style-type: none"> <li>• Renew gender and health knowledge platform website for accessing gender and health training tools, information, gender and health expert database, and best practices, and increase accessibility to and contributions by PAHO, Member States, UN agencies, and other partners.</li> <li>• Launch annual Regional competition to award best practices in mainstreaming gender in health for best practices database (awarded on International Women's Day).</li> <li>• Present lessons learned on gender mainstreaming in health during international and Regional conferences.</li> </ul> | <p><b>Responsible:</b> GEH and PAHO Information and Knowledge management Office</p> <p><b>Partners:</b> All PAHO Offices, Member States, CSO and UN agencies</p><br><p><b>Responsible:</b> Member States, MOH and Gender Equality partners from GO, CSO</p> <p><b>Support from:</b> GEH, PAHO Knowledge management office</p> |



**Strategic Area 3:** Increase and strengthen civil society participation, especially among women’s groups and other gender–equity advocates, in identifying priorities formulating policies, and monitoring policies and programs at local, nationals, and regionals level.

| Objective   | Indicators  | Activities   | Responsible Actors/Partners  |
|---|---|--|--|
| <p><b>3.1</b> Leaders of Regional civil society organizations, especially women’s organizations and gender equality advocates groups, serve as members of PAHO’s Technical Advisory Group on Gender Equality and Health (TAG GEH) and advise on the implementation of the Gender Equality Policy in PAHO and its Member States.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Civil society organizations actively participate and support PAHO’s Gender Equality Strategy and Plan of Action</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2009, Technical Advisory Group includes three civil society organization members from women’s or gender equality advocacy organizations.</li> <li>• <b>Indicator:</b> for 2010-2011, biennial plans with the Latin American and Caribbean Women’s Health Network developed, implemented, and monitored, with progress reported to the Executive Committee.</li> <li>• <b>Indicator:</b> Number of civil society organizations consulted in the development of the Plan of Action.</li> </ul> | <ul style="list-style-type: none"> <li>• Select three civil society organization members (in addition to three Member States and three UN agencies) to sit on PAHO’s Technical Advisory Group on Gender Equality and Health.</li> <li>• Biennial collaboration plan with Regional partner civil society organization, the Women’s Health Networks for Latin America and the Caribbean, as the NGO representative to PAHO’s Executive Committee.</li> <li>• National civil society organizations in consultations on development and monitoring of the Plan of Action.</li> </ul> | <p><b>Responsible:</b> GEH, D, AD, Governing Bodies, CSO, including WHNLAC</p> <p><b>Partners:</b> Women and men’s network</p> |

continued

| Objective   | Indicators  | Activities  | Responsible Actors/Partners   |
|---|---|---|---|
| <p><b>3.2</b> Civil society organizations (dealing with women, men, ethnic groups, human rights, etc.) empowered to participate in national multi-sectoral teams to support the MOHs in implementing, monitoring, and evaluating gender equality in health policies and programs.</p> | <p><b>For the Pan American Health Organization</b></p> <p><i>Civil society organizations participate in national health policy making and monitoring processes</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> Number of civil society organizations participating in national advisory groups for developing and implementing the national gender equality health plans developed during the subregional training workshops.</li> <li>• <b>Indicator:</b> By 2013, processes supported, facilitated, and documented in three countries that have included civil society organization participation and resulted in the allocation of health budgets to better address gender inequalities.</li> </ul> | <ul style="list-style-type: none"> <li>• Include representatives of civil society organizations in subregional and national intersectoral capacity building workshops on gender and health and in developing gender equality strategies for the health sector.</li> <li>• Facilitate national mechanisms that promote civil society organization participation in health decision- and policy-making.</li> <li>• Support strengthening the capacity of civil society organizations to influence health policy, including in the analysis and allocation of national health budgets to reflect and address women's and men's differential health needs and opportunities.</li> </ul> | <p><b>Responsible:</b> MOH, NWM, PWR/GFP, CSO participants in Workshop, National Gender Advisory Groups</p> <p><b>Partners:</b> GEH and UN agencies (UNFPA, UNIFEM), Ministry of Finance, OECD Donors that Support the Paris Declaration, CSO Networks (including Women's Health Network LAC)</p> |

continued

| Objective  | Indicators   | Activities   | Responsible Actors/Partners  |
|--|--|--|--|
| <p><b>3.3</b> Increased knowledge and capacity among gender–equality civil society organizations on gender and health issues and advocacy.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Advocacy campaigns implemented to increase awareness on gender equality in health</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> Annually, Regional information campaign carried out on Women’s Health Day.</li> <li>• <b>Indicator:</b> By 2009, Plan of Action widely disseminated and accessible to civil society organizations for comments.</li> </ul> | <p>Implement and evaluate regular advocacy campaigns to increase awareness regarding PAHO’s gender policy, as well as mainstreaming of gender resources available on knowledge platform.</p> | <p><b>Responsible:</b> GEH, PAHO Information Office</p> <p><b>Partners:</b> Women and men’s information networks, CSO, NWM, MOH, UN agencies</p> |

**Strategic Area 4:** In line with results–based management methodologies, institutionalize gender–responsive policies, as well as monitoring mechanisms that track specific mainstreaming results, and evaluate the effectiveness of gender interventions on health outcomes.

| Objective   | Indicators   | Activities   | Responsible Actors/Partners   |
|---|--|--|---|
| <p><b>4.1</b> Ensure PAHO’s alignment with WHO’s approach to monitoring and evaluating gender mainstreaming for developing appropriate capacity building and gender analysis strategies based on the results.</p> | <p><b>For the Pan American Sanitary Bureau and the World Health Organization</b></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 2008 WHO baseline study carried out.</li> </ul> | <p>Institutionalize periodic internal reviews complemented by external evaluation at baseline (2008), mid–term (2010), and final (2013) and disseminate results:</p> | <p><b>Responsible:</b> WHO, GEH,</p> <p><b>Partners:</b> All PAHO staff, PAHO/Planning Budget and Resource area, (PRB), HRM, AD</p> |

continued

| Objective  | Indicators  | Activities  | Responsible Actors/Partners  |
|--|---|---|--|
|  | <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2013, results of WHO's evaluation reported to PAHO staff and to the Executive Committee; results have guided PAHO gender mainstreaming strategy and its implementation.</li> </ul>  | <p>staff knowledge, attitude, and practice survey; interview of managers; review of key documents (Health in the Americas, CCS, Director's speeches).</p>   |  |
| <p><b>4.2</b> PASB has in place systems for implementing and monitoring the Gender Equality Policy and Plan of Action.</p> | <p><b>For the Pan American Sanitary Bureau</b></p> <p><i>Strategies presented to PAHO Governing Bodies</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 2008, number of strategies and action plans presented to the Governing Bodies and percent that included gender analysis.</li> <li>• <b>Indicator:</b> By 2010, all presented strategies and action plans include gender in the situation analysis and differential interventions.</li> </ul> <p><i>Planning and reporting process include gender marker</i></p> <ul style="list-style-type: none"> <li>• <b>Baseline:</b> 2009 baseline analysis of reporting and budgets of biennial work plans using gender marker.</li> </ul> | <ul style="list-style-type: none"> <li>• Carry out baseline gender assessment of 2008 strategies and action plans submitted to the Executive Committee to monitor progress.</li> <li>• Develop tools for including gender in PAHO strategies and action plans.</li> <li>• Develop tools and a marker for including gender analysis and differential health interventions in the planning, budgeting and reporting on the biennial work plan.</li> <li>• Develop baseline on gender analysis of biennial work plan and budgets for monitoring progress.</li> </ul> | <p><b>Responsible:</b> Technical Areas, Governing Bodies (GB) Office</p> <p><b>Support from:</b> GEH, AD</p> <p><b>Partners:</b> Member States</p><br><p><b>Responsible:</b> PRB and PASB Offices</p> <p><b>Support:</b> GEH, Governing Bodies</p> <p><b>Partners:</b> Member States</p> |

continued

| Objective  | Indicators  | Activities   | Responsible Actors/Partners  |
|--|---|--|--|
|  | <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2013, all PASB offices report on gender marker and budget allocations in biennial work plans that include gender collaboration strategies and the implementation of national plans for integrating gender in the health sector.</li> <li>• <b>Indicator:</b> By 2013, 75% of biennial work plans include gender indicators.</li> <li>• <b>Indicator:</b> Director reports to Governing Bodies on progress of Plan of Action implementation in 2011 and 2013.</li> </ul> |  |  |
| <p><b>4.3</b> Mechanisms agreed to and in place at PASB to monitor Member States advances in implementing the Gender Equality Policy and the Plan of Action.</p> | <p><b>For the Pan American Health Organization</b></p> <p><i>Member States Progress in Implementing the Gender Policy and the Plan of Action</i></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> PASB reports to Governing Bodies in 2011 and 2013 on Member States progress in developing, implementing, and monitoring gender equality plans in the health sector.</li> </ul>  | <ul style="list-style-type: none"> <li>• Develop monitoring mechanisms on gender mainstreaming in Member States as part of the Plan of Action.</li> <li>• Carry out a gender equality scan of national health plans in 2008 and 2012.</li> <li>• System in place to track the development and implementation of gender equality plans defined during GEH workshops.</li> </ul> | <p><b>Responsible:</b> Member States, PWR and GFP<br/> <b>Support:</b> GEH, AD, PRB, MOH</p> |

continued

| Objective   | Indicators  | Activities   | Responsible Actors/Partners   |
|---|---|--|---|
| <p><b>4.4</b> Special program gender integration initiatives implemented with technical areas that bring together the four strategic areas—evidence, capacity building, civil society participation, and evaluation—to increase ownership and demonstrate concrete lessons.</p> | <p><b>Special gender mainstreaming programs developed with technical area</b></p> <ul style="list-style-type: none"> <li>• <b>Indicator:</b> By 2013, GEH and three technical areas will develop innovative programs to include gender; programs will be funded and evaluated, and lessons learned will be documented and widely disseminated as best practices in gender mainstreaming in health.</li> </ul> | <ul style="list-style-type: none"> <li>• With a technical area, develop a specific program that analyzes and addresses the differential health effects on women and men, and raise funds to carry it out.</li> <li>• Implement and evaluate a program to document and disseminate lessons learned and increase ownership of the gender mainstreaming process.</li> </ul> | <p><b>Responsible:</b> Two Technical Areas, GEH</p> <p><b>Partners:</b> PAHO and MOH, WHO, UN, CSO and other partners</p> |



## ANNEX II: LIST OF ACRONYMS

|                    |   |
|--------------------|---|
| <b>AD:</b>         | Assistant Director (PAHO)   |
| <b>AECID:</b>      | Agencia Española de Cooperación Internacional para el Desarrollo (Spanish Agency for International Development Cooperation) |
| <b>BWP:</b>        | Biennial work plan (PAHO)   |
| <b>CARICOM:</b>    | Caribbean Community and Common Market   |
| <b>CEDAW:</b>      | Convention on the Elimination of all Forms of Discrimination against Women  |
| <b>CCS:</b>        | Country Collaboration Strategies (PAHO)   |
| <b>CFS:</b>        | Country Focus Support (PAHO)  |
| <b>CIDA:</b>       | Canadian International Development Agency   |
| <b>COMMCA:</b>     | Consejo de las Ministras de la Mujer de Centroamérica   |
| <b>CPC</b>         | Caribbean Program Coordination (PAHO)   |
| <b>CSO:</b>        | Civil society organizations   |
| <b>D:</b>          | Director (PAHO)   |
| <b>EC:</b>         | Executive Committee (PAHO)  |
| <b>ECLAC:</b>      | Economic Commission for Latin America and the Caribbean   |
| <b>FCH:</b>        | Family and Community Health Area (PAHO)   |
| <b>GBV:</b>        | Gender-based violence   |
| <b>GEH:</b>        | Gender, Ethnicity, and Health Office (PAHO)   |
| <b>GEMPLAC:</b>    | Gender and Economics Network for Latin America and the Caribbean and Health Office  |
| <b>GFP:</b>        | Gender focal point (PAHO)   |
| <b>G/H, GH:</b>    | Gender and health   |
| <b>GMS:</b>        | Gender mainstreaming  |
| <b>HDM/HA:</b>     | Health Surveillance and Disease Management /Health Analysis Office (PAHO)   |
| <b>HRM:</b>        | Human Resources Management Area (PAHO)  |
| <b>HQ:</b>         | Headquarters (PAHO)   |
| <b>HSS:</b>        | Health Systems and Services (PAHO)  |
| <b>IGWG:</b>       | Internal Gender Working Group (PAHO)  |
| <b>UN-INSTRAW:</b> | United Nations International Research and Training Institute for the Advancement of Women                                   |



|            |  |
|------------|--|
| LAC:       | Latin America and the Caribbean region                                       |
| LACWHN:    | The Latin America and the Caribbean Women Health Network                     |
| MDGs:      | Millennium Development Goals   |
| MOHs:      | Ministries of health   |
| NGO:       | Non-governmental organization  |
| NWM:       | National Women's Machineries   |
| OECD:      | Organization for Economic Cooperation and Development                        |
| PASB:      | Pan American Sanitary Bureau   |
| PoA:       | Plan of Action (PAHO)  |
| PRB:       | Planning, Budget, and Resource Coordination Office (PAHO)                    |
| PWR:       | PAHO/WHO Country Representative  |
| PWR/GFP:   | Gender focal points in the Country Offices                                   |
| RER:       | Regional Expected Results (PAHO)   |
| SDE:       | Sustainable Development and Environmental Health (PAHO)                      |
| Sida:      | Swedish International Development Cooperation Agency                         |
| SOs:       | WHO's global strategic objectives  |
| TAG GEH:   | PAHO's Director Technical Advisory Group on Gender Equality and Healthlevels |
| UN:        | United Nations   |
| UN/ECOSOC: | United Nations Economic and Social Council                                   |
| UNIFEM:    | United Nation Development Fund for Women                                     |
| UNFPA:     | United Nations Population Fund   |
| WHNLAC     | Women's Health Network LAC   |

## ANNEX III: Gender Inequalities Persist in the Americas<sup>20</sup>

**Women continue to experience social and economic disadvantages, with their attendant health consequences.** Women overall have higher levels of education but are over-represented among the poor, their employment rates and income continue to be lower than men's, and they predominate in the informal sector.<sup>21</sup> More than 50% of women devote their time to caring for others without earning an income. This unequal situation limits their access to resources and information for health care, and for pension and health-insurance coverage that accrue through employment in the formal sector.

**Women live longer than men and have lower mortality throughout their lifetime; the added years are not necessarily quality years, given that older women have less access to social protection and resources and experience more poverty, loneliness, and disability.** In some countries where poor women experience higher mortality during childbearing years, the gap in life expectancy is narrower, erasing the alleged biological advantage women enjoy under more optimal health and development conditions.

**Gender inequities are even more explicit when illness and death are caused by health situations that are preventable, and that disproportionately affect poor, adolescent, minimally educated and ethnic women.** Lack of access to simple, low-cost reproductive health services to prevent pregnancy and abortion complications has resulted in persistently high maternal mortality rates in the Region, averaging 94.5 per 100,000 live births, ranging from 5.6 in Canada to 630 for Haiti. Ten – 40% of uneducated and 17 –58% of adolescent women have unmet need for family planning contributing to unwanted and teen pregnancies (10%–25% of teenage girls). Cervical cancer, preventable with low-cost screening and treatment, continues to kill more than twice as many women in poor communities. While men make up the largest proportion of people living with HIV/AIDS, new infections are reported among young women 15–24 years old at more than twice the rate of young men in Barbados, Dominican Republic, and Jamaica, and at six times the male rate in Suriname.

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<sup>20</sup> Most of the indicators are obtained from PAHO Publication, Gender, Health and Development in the Americas, Basic Indicators 2007, and the unpublished document by Elsa Gómez, "Género como un determinante estructural de inequidad en salud: contribución de AD/GE al capítulo 1 de Salud en las Américas," 2007.

<sup>21</sup> CEPAL (2006), Panorama Social de la América Latina 2005, Santiago, CEPAL.

**The persistently high rates of gender-based violence that one third of the Region's women experience at the hands of their partners,** attest to the continued tolerance for gender discrimination, impunity of perpetrators, and lack of screening for prevention. Even though the majority of countries in the Americas have passed legislation prohibiting inter-family violence, these laws are rarely implemented due to a lack of political will and insufficient allocated resources for prevention, care, training, and protection.

**Overall, women have a greater need for health services than men,** mainly, but not exclusively, due to their reproductive role, which account for 34% of women's burden of disease and can result in 16%-50% higher out-of-pocket expenditures, as well as interrupted earnings. It makes it more difficult for women to become eligible for health care coverage and increases their risk of slipping into poverty as a consequence of illness, especially during old age.

**Women shoulder most of the care for children, the sick, and the disabled in their families and communities.** More than 80% of health care is provided informally by women, much of it without any support or remuneration. Recent health reform processes have exacerbated gender inequalities in health care through the promotion of cost recovery, privatization, reduction of public services, and regressive systems of financing care. All of these have affected women's access to services and employment in the health sector, while at the same time increasing their burden of providing health care at home and in the community.

**Gender norms also have negative health consequences for men, and are related to their risk-taking behaviors that have negative health outcomes.** These behaviors begin during childhood and eventually result in 3.5 times higher mortality rates for accidents and homicides, in higher use of tobacco and alcohol with related illness and mortality from lung cancer and cirrhosis of the liver, and an increase in sexual risk-taking with resulting higher rates of sexually transmitted infections, including HIV/AIDS. Gender norms discourage men from using reproductive health and other services, from complying with treatment regimens, and from protecting themselves against injury, infection, and disease. Aggressive roles also contribute to discrimination against women and, at worst, to violent behaviors that undermine the rights, welfare, and health of women and girls.