



## 2. Provide technical leadership to advance the knowledge and the application of norms and standards

GWHN is gathering evidence, developing norms and standards and designing effective tools to enhance the skills in gender analysis and actions of WHO and Member States.

### Gender and HIV

Globally, half of all people living with HIV are women. Hence, GWHN launched a tool to improve the health sector's responsiveness to women's needs.



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The tool targets programme managers and service providers of HIV/AIDS programmes such as HIV testing and counselling, prevention of mother-to-child transmission, treatment, care and support. Various sections of the tool were field-tested in five countries: Belize, Honduras, Nicaragua, Sudan and the United Republic of Tanzania.

*"Each section of the manual is a gem, even the Preface, a terrific exposition of what investments should be, but rarely are, made to produce a user-friendly tool... This manual should be widely introduced, not simply disseminated, by WHO and all others engaged in the delivery and funding of HIV/AIDS services in the health sector."*

**Adrienne Germain**, President, International Women's Health Coalition (IWHC)

### Review of gender mainstreaming in health sector planning and processes in Yemen

The Ministry of Public Health and Population in Yemen, with support from the WHO Regional Office for the Eastern Mediterranean, the WHO country office of Yemen and the WHO Department of Ethics, Equity, Trade and Human Rights, carried out a human rights and gender equality review of the third five-year health development plan. The resulting document presents the findings and proposes strategies and practical actions for further integration of gender considerations.

### Gender, climate change and health

While disasters create hardships for everyone, natural disasters kill, on average, more women than men or kill women at a younger age than men. In response, GWHN, in collaboration with the WHO Department of Protection of the Human Environment (PHE), developed a discussion paper, *Gender, climate change and health*.



The paper provides a framework for countries to develop standardized health risk assessments and climate policy interventions that are beneficial to both women and men, taking into consideration their differential needs and challenges. It also highlights areas that need further research and evidence.

## 3. Define a strategic focus and agenda for improving women's health in collaboration with a range of stakeholders and partners

GWHN, in collaboration with WHO departments and donors, is working to improve women's health through policy dialogue, advocacy and policy implementation in several ways.

### International Women's Day

International Women's Day on 8 March focused on the theme "Women and men united to end violence against women and girls". Violence is a leading public health problem worldwide, and there is evidence that engaging men in addressing unequal power relations and social norms that condone violence can yield positive results.

### Online discussion on women and health

WHO moderated an online discussion, *Women and health: how far have we come since Beijing*, hosted by WomenWatch. The discussion was one of the liveliest in a United Nations series, with 326 community members from 66 countries. The resulting report summarizes the review of achievements, challenges, gaps, good practices and recommendations in the implementation of the Beijing Platform for Action from various perspectives.

### Best practices competition

The Pan American Health Organization (PAHO), in cooperation with UNFPA and the World Bank, focuses its attention on best practices that address the different health needs of women and men. One of the 2009 winners, Brazil's Federal University of Sao Carlos, aims at changing violent behaviours within families, in collaboration with the city's municipality.



Dr Mirta Roses, PAHO Director and Marcos Nascimento, Promundo, representing the Brazilian winner. © PAHO/D. Spitz

The project *Empowering families in order to combat domestic violence* was first implemented in police stations and then integrated into the municipal drive to address violence in the home.

*"Our annual Best practice competition, in its third year now, rewards those whose best practice contributes to efficiency, access and equity in policies, programmes and health services. Changes in attitudes towards violence have been noticed among the 800 beneficiaries, mainly parents, of the Federal University of Sao Carlos' programme to combat domestic violence."*

**Marijke Velzeboer-Salcedo**, Chief, Gender, Ethnicity & Health Unit, PAHO

### WHO report "Women and health"

Despite considerable progress in the past decades, societies still fail to meet the health care needs of women at key moments of their lives, particularly in their adolescent years and in older age. These are the key findings of the WHO report *Women and health: today's evidence tomorrow's agenda*.



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GWHN facilitated the worldwide launch of the report with the financial support from the Aspen Institute's Realizing Rights: Ethical Globalization Initiative and hosted an event at Geneva Headquarters to call for urgent action both within the health sector and beyond.

*"We look forward to working with WHO and other multilateral partners in taking this agenda forward. The focus must be on achieving improved tangible health outcomes for girls and women. It will require leadership, political will and prioritization of resources towards these goals."*

Swedish Presidency of the European Union, November 2009

Extensive audio-visual and print material was developed, mostly in the six official WHO languages. GWH mobilized more than 20 statements of endorsement from WHO key partners, governments and nongovernmental organizations. More than 200 media pieces were published in the first two days following the press conference, and the number of visitors on the relevant WHO web pages more than doubled, demonstrating the profound interest in women's health.



Press launch of the report.

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In 2010 and 2011, GWHN will facilitate policy dialogue on various aspects of the agenda set forth in the report.

المساواة بين الجنسين تصب في مصلحة الصحة

男女平等有益健康

Gender equality is good for health

L'égalité entre les sexes :  
un atout pour la santé

Гендерное равенство  
благоприятно влияет на здоровье

La igualdad de género  
es buena para la salud

Most documents referred to in this flyer  
can be downloaded or ordered here:

[www.who.int/gender](http://www.who.int/gender)

To learn more about the work of the Gender, Women  
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**Department of Gender,  
Women and Health**

## The Gender, Women and Health Network

The mission of the Department of Gender, Women and Health (GWH) at the World Health Organization (WHO) is to provide leadership to advance the field of gender, women and health. The principles of gender equality and health equity guide its work.

A great asset for WHO's impact on the ground thereby is the Gender, Women and Health Network (GWHN). It is composed of GWH and gender focal points and/or units located at Headquarters and in WHO regional and country offices.

WHO gender focal points  
around the world



The technically diverse and highly committed Network brings a skill mix that includes research, programme and policy development and implementation, capacity building, health service delivery, monitoring and evaluation, statistics, communication and advocacy as well as expertise in gender mainstreaming in health, gender equality and women's health, sexual and reproductive health, HIV and adolescent health.

Every region and country faces different challenges and has a different approach to eliminating gender-based health inequities, adding to the effectiveness of the Network.

Highlights of its work in 2009 follow, structured by the GWH department's three strategic objectives:

1. Accelerate progress in the implementation of the *WHO Gender strategy*
2. Provide technical leadership to advance the knowledge and the application of norms and standards
3. Define a strategic focus and agenda for improving women's health

### 1. Accelerate progress in the implementation of the WHO Gender strategy and WHO resolution WHA60.25 in WHO and in countries

While the *WHO Gender strategy* focuses on gender analysis and actions in WHO's own work, resolution WHA60.25 calls on Member States to achieve gender

equality in the health sector. The implementation of the strategy at Headquarters, in regions and countries and in all four strategic directions below is crucial for WHO to best serve its Member States.



#### Strategic direction 1: Building capacity for gender analysis and actions

GWHN trained health professionals from more than 40 countries, often in partnership, to ensure staff and Member States develop capacity to analyse the impact of gender on health outcomes, national health plans, policies and activities and design action to address the negative impacts.

For example, the Network convened more than 50 gender focal points from regional and country offices, ministries of health and programme managers from all six WHO regions at its third inter-regional capacity building seminar. Participants learned how to mainstream gender in health and develop plans to scale up regional and national gender mainstreaming efforts. The American Austrian Foundation supported the workshop, which was held in Austria, through a grant from the Open Society Institute.



Participants at inter-regional capacity building seminar.  
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Capacity building efforts have led to policy developments at the national level. For example, in Uganda, gender and human rights were included in the national health plan. In Yemen, it led to revisions to the national health plan. In Kyrgyzstan, a workshop was timed to support the review of the *Manas*

*taalimi*, the Kyrgyz Republic National Health Sector Strategy. As a result of the workshop, strategic planning and other technical units in the Ministry of Health increased their commitment to better address gender-based health inequities across national health priorities.

All capacity building workshops used the user-friendly manual *Gender mainstreaming for health managers: a practical approach*, which will be published officially in 2010.

Furthermore, GWHN provided technical assistance in a concerted effort to selected WHO programmes such as food safety, HIV, malaria, tobacco and the workplace. The Network also provided technical assistance to the Roll Back Malaria Partnership, UNAIDS and The Global Fund. In fact, GWHN trained representatives of dozens of countries in how to integrate gender into their Global Fund Round 9 proposals.

#### Strategic direction 2: Bringing gender into the mainstream of WHO's management

As achieving gender equality and health equity is a cross-cutting objective in WHO's work (see *11th General Programme of Work*), gender actions should be integrated when country cooperation strategies, strategic objectives, the programme budget and workplans are drawn up.

Hence, WHO integrated a "gender classification" into WHO's Global Management System (GSM). The electronic system prompts WHO staff involved in the preparation of workplans to indicate if their products and services are gender responsive. This initiative helps increase accountability and track corporate progress on the implementation of the *WHO Gender strategy*. To help staff tick "yes, the project is gender-responsive", GWH conducted two workshops. The workshops were promoted on the WHO training web site and through distribution of advocacy tray mats at the WHO Restaurant.



GWHN is pleased that the UK Department for International Development (DFID) has accepted a GSM-based gender indicator in the Joint UK-WHO performance framework, i.e. the percentage of budget centres that have in their workplan at least one product or service classified as gender responsive.

#### Strategic direction 3: Promoting the use of sex-disaggregated data and gender analysis

What is measured gets done. WHO is strongly advocating the collection, analysis and use of sex- and age-disaggregated health data for evidence-based policy-making.

Therefore, GWHN has been building capacity in countries. The Pan American Health Organization (PAHO), for example, convened a workshop in Quito, Ecuador, for Bolivia, Chile, Colombia, Ecuador and Peru.



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The workshop was attended by around 40 participants from ministries of health, gender and women, statistical bureaus and women's organizations involved in data collection and analysis. GWH provided inputs into the workshop methodology and, as co-facilitator, assisted participating countries in selecting core gender and health indicators for regional reporting.

#### Strategic direction 4: Establishing accountability

Accountability is essential to ensure that the *WHO Gender strategy* is fully implemented.

To track progress, GWHN conducted a baseline assessment and developed an implementation plan to address the gaps. The first step was to develop a monitoring and evaluation framework, including 16 indicators, to arrive at baseline values. The next step was to conduct interviews with workplan focal points from selected departments; analyse the content of key WHO publications, workplans and senior management speeches; and offer a survey to all staff. 2000 – a remarkable one in four – volunteered to participate.

In 2010, GWHN is conducting a mid-term review of the progress that will have been made since then.