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.

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 2019 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/O. 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.

Women’s Health Coalition (IWHC)

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

Extensive audio-visual and print material was developed, mostly in the six official WHO languages. GWHN 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. © WHO/J. Hoffman

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

The mission of the Department of Gender, Women and Health (GWH) 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-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.

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 15 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.

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.

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.

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 development 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.

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 Strategic direction 1: Building capacity for gender analysis and actions

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