

Annotated Bibliography

Selected WHO Publications on Gender, Women and Health 1999-2005

Contribution to the 10-Year Review
of the Beijing Platform for Action



World Health Organization

INTRODUCTION

This annotated bibliography provides a selected list of publications produced by the World Health Organization focusing on women and/or gender in the last six years. It also includes a comprehensive list of all publications produced by the Department of Gender, Women and Health. While many more publications specifically related to women and gender have been produced by the organization, (including regional and country-level publications), the aim of this compilation is to reference key global documents. For the sake of brevity, specific references to newsletters, reports of meetings, or country-level analyses have been excluded. Please note that additional information on these and other WHO publications relating to gender, women and health can be found on the official WHO website, www.who.int.

This bibliography serves as a follow-up to the 1999 *WHO Review of Activities* which documented specific programs, policies and activities undertaken by the organization to implement the Beijing Platform for Action.

PUBLICATIONS BY THE DEPARTMENT OF GENDER, WOMEN AND HEALTH

Publications on Gender and Health

Beijing Platform for Action: A Review of WHO Activities. Geneva, World Health Organization, 1999. (WHO/CHS/WMH/99.2)

The document reports on the specific activities that WHO has undertaken to implement the Beijing Platform for Action. The document brings together relevant achievements and activities of a variety of WHO technical programmes at Headquarters, Regional and country levels, aimed at improving women's health, status and well-being.

"En-gendering" the Millennium Development Goals (MDGs) on Health. Geneva, World Health Organization, 2003. (WHO/FCH/GWH/01.1)

This advocacy document lists all the Millennium Development Goals (MDGs) and provides "storylines" that help to engender the MDGs, ensuring that those who use the Goals to guide their work will not fall short of maximum success through failure to address important and relevant gender realities.

Gender Analysis in Health: A Review of Selected Tools. Geneva, World Health Organization, 2002. (ISBN 92 4 159040 8)

This review provides guidance on how to assess whether: policies, programmes or research initiatives take into account differences between women and men in terms of roles and responsibilities, access to resources and decision-making power; and what to do to not exacerbate gender-based inequalities. This critical review examines the content of 17 widely used gender tools and their usefulness for gender analysis in health. The review is an invaluable resource for those working on gender and health.

Gender and Tuberculosis: Gender and Health Research Series. Geneva, World Health Organization, 2004. (ISBN 92 4 159251 6)

Research clarifying the role of gender in tuberculosis control is concerned with specific sociocultural, socioeconomic, and structural barriers affecting men and women, as distinct from sex-based differences in the biological vulnerability affecting epidemiology and pathophysiology of pulmonary TB. This review examines various studies in the literature of health and social science research and recent innovative studies undertaken by WHO/TDR.

Gender Considerations in Disaster Assessment. Geneva, World Health Organization, 2005.

Available at: <http://www.who.int/gender/en/gwhdisasterassessment2.pdf>

This document was developed to support disaster assessment workers to ensure that gender considerations are adequately considered in all relief, rehabilitation and reconstruction activities.

Gender in Lung Cancer and Smoking Research: Gender and Health Research Series. Geneva, World Health Organization, 2004. (ISBN 92 4 159252 4)

This paper reviews the need for a gender-sensitive approach to lung cancer research. Lung cancer is a major cause of premature and avoidable mortality around the world, and although in more developed countries mortality rates are beginning to decrease, especially in men, the number of deaths from lung cancer in less developed countries is steadily increasing. While historically more men than women have died from lung cancer as a result of higher levels of smoking, the male:female mortality ratio is now showing signs of narrowing.

Gender in Mental Health Research: Gender and Health Research Series. Geneva, World Health Organization, 2004. (ISBN 92 4 159253 2)

The primary objective of this paper is to argue for a greater emphasis on gender issues in mental health research. Although overall there is little difference between men and women in the prevalence of mental health problems, there are marked male:female differentials in the prevalence of specific disorders, especially the more common ones

Integrating Gender Perspectives in the Work of WHO: Who Gender Policy. Internal WHO Document. Geneva, World Health Organization, 2002. Available at:

<http://www.who.int/gender/documents/en/engpolicy.pdf> (WA 540 MW6 2002WO)

The WHO has identified gender as an issue cutting across all of its programmes and activities. In 2002, the Director-General of the WHO issued a policy statement highlighting a strong and visible political commitment to promoting gender equity in health. (Available in Arabic, Chinese, French, Russian and Spanish)

Publications on Violence Against Women

Annotated Bibliography on Violence Against Women: A Health and Human Rights Concern. Geneva, World Health Organization, 1999. (WHO/CHS/GCWH/WMH/99.2)

This bibliography aims to refer health policy-makers to documents that can help in developing a greater understanding of the causes of violence against women and strategies for its prevention and redress. The titles included in this bibliography are classified into seven categories, ranging from health consequences of violence against women to strategies for action and prevention.

Guidelines for Medico-legal Care for Victims of Sexual Violence. Geneva, World Health Organization, 2003. (ISBN 92 4 154628 X)

The guidelines aim to improve professional health services for all individuals who have been victims of sexual violence by providing health care workers with the knowledge and skills that are necessary for the management of victims; standards for the provision of both health care and forensic services to victims; and guidance on the establishment of health care and forensic services for victims.

Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva, World Health Organization, 2001. (WHO/FCH/GWH/01.1)

These recommendations are designed for use by anyone intending to do research on domestic violence against women (investigators, project coordinators and others implementing such research), and by those initiating or reviewing such research (i.e. donors, research ethical committees). The guidelines focus on the specific ethical and safety issues associated with planning and conducting research on the topic. (Available in French and Spanish)

Violence Against Women: A Priority Health Issue. Geneva, World Health Organization, 1997. (WHO/FRH/WHD/97.8)

This set of papers is intended to contribute to discussions and actions aimed at curbing violence against women. It contains papers on the definition and scope of violence against women in families, rape and sexual assault, violence against women in situations of armed conflict and displacement, abuse of girl children, the consequences of violence, what health workers can do and what WHO and NGOs are doing. It includes a selected reading list, a summary of relevant human rights documents and the World Health Assembly Resolution on the issue.

WHO Multi-Country Study on Women's Health and Domestic Violence Against Women. Geneva, World Health Organization, 2002. (WHO/FCH/GWH/02.2)

Violence against women is one of the major public health and human rights problems in the world today. WHO conducted a study in eight countries to document the magnitude and nature of the problem with a view to identifying solutions. This brochure describes the study, the partners who came together to make it happen, and some of its impact at country level.

Zimmerman, C, Watts, C. WHO Ethical and Safety Recommendations for Interviewing Trafficked Women. Geneva, World Health Organization, 2003. (ISBN 92 4154625 5)

Intended mainly for researchers, media persons and service providers unfamiliar with the situation of trafficked women, this document aims to build a sound understanding of the risks, ethical considerations, and practical realities related to trafficking of women.

Publications on HIV/AIDS

Ensuring Equitable Access to Antiretroviral Treatment for Women: WHO Policy Statement. Geneva, World Health Organization, 2004. Available at:

<http://www.who.int/gender/violence/en/equitableaccess.pdf>

This policy brief identifies actions needed to address the gender dimensions of equity in access to ART. To adequately address gender issues in the scale up of ART, action is required in four areas: development of a supportive policy environment; strengthening health systems to make them more responsive to the specific needs of women and men; promotion of programmes that overcome obstacles to equitable access; And development of benchmarks and indicators to measure progress.

Gender Dimensions of HIV Status Disclosure to Sexual Partners: Rates, Barriers, and Outcomes: A Review Paper. Geneva, World Health Organization, 2004. (ISBN 92 4 159073 4)

This review paper aims to synthesize the current information available on HIV status disclosure among HIV-infected individuals. With a particular emphasis on women's experiences, the paper identifies the major barriers to disclosure as well as strategies and recommendations to address these barriers and support women during the disclosure process.

HIV Status Disclosure to Sexual Partners: Rates, Barriers and Outcomes for Women: Document Summary. Geneva, World Health Organization, 2004. Available at:

http://www.who.int/gender/documents/en/VCTinformationsheet_%5b92%20KB%5d.pdf

This information sheet summarizes some of the key findings of a new WHO document Gender Dimensions of HIV Status Disclosure to Sexual Partners: Rates, Barriers, and Outcomes.

Integrating Gender into HIV/AIDS Programmes: A Review Paper. Geneva, World Health Organization, 2003. (ISBN 92 4 159039 4)

This review paper brings together up-to-date knowledge on how gender norms increase the risk of, and vulnerability to, HIV/AIDS. It also reviews approaches for addressing gender in HIV/AIDS programmes as well as examples of different types of HIV/AIDS programmes.

Violence Against Women and HIV/AIDS: Critical Intersections - Intimate Partner Violence and HIV/AIDS. Geneva, World Health Organization, December 2004. (WHO Information Bulletin Series, No. 1). Available at: <http://www.who.int/gender/violence/en/vawinformationbrief.pdf>

This information bulletin is the first in a series of four, presenting evidence on how violence against women and girls in its different forms increases their risk of HIV infection and undermines AIDS control efforts. It focuses on the links between intimate partner violence and HIV/AIDS. The information aims to spur action at different levels and across sectors to integrate programming for violence against women with HIV prevention and AIDS treatment and care; reduce women and girls' vulnerability to HIV; and protect and promote their right to be healthy and free from violence. (Available in French)

Violence Against Women and HIV/AIDS: Critical Intersections - Sexual Violence in Conflict Settings and the risk of HIV. Geneva, World Health Organization, December 2004. (WHO Information Bulletin Series, No. 2), Available at: <http://www.who.int/gender/en/infobulletinconflict.pdf>

This information bulletin is the second in a series highlighting the intersections of violence against women and HIV/AIDS and it focuses on sexual violence against women in conflict settings and their risks for acquiring HIV. Violence against women, particularly sexual violence, is widespread in conflict settings. In such situations, women and girls face increased risks of acquiring STI and HIV. There is an urgent need for identifying, testing and implementing effective strategies for integrating programs that address both violence against women and HIV prevention and AIDS treatment and care in conflict settings. (Available in French)

Violence Against Women and HIV/AIDS: Setting the Research Agenda. Meeting Report, Geneva, 23-25 October 2000. Geneva, World Health Organization, 2001. (WHO/FCH/GWH/01.08)

This is a report of a meeting that brought together researchers, activists and policy-makers working in the area of violence against women and HIV/AIDS in low and middle-income countries. The meeting focused on current research activities in the area of violence against women and HIV/AIDS; identifying key research questions and opportunities to integrate issues of violence into ongoing HIV/AIDS research activities; and discussing methodological, ethical and safety issues associated with conducting research in relevant areas of violence against women and HIV/AIDS. The report includes recommendations and proposals for a research agenda to address violence against women and HIV/AIDS.

Information Sheets Related to Gender and Health

Gender and Blindness. Geneva, World Health Organization, January 2002. Available at: http://www.who.int/gender/other_health/en/genderblind.pdf

Blindness affects 40-45 million people worldwide. This figure will double over the next 25 years without increased prevention of blindness efforts. Most of the blind are elderly and live in developing countries. Globally, women bear a greater burden of blindness than men. (Available in French)

Gender and Health in Disasters. Geneva, World Health Organization, July 2002. Available at: http://www.who.int/gender/other_health/en/genderdisasters.pdf

There is a general lack of research on sex and gender differences in vulnerability to and impact of disasters. The limited information available from small scale studies suggests that there is a pattern of gender differentiation at all levels of the disaster process: exposure to risk, risk perception, preparedness, response, physical impact, psychological impact, recovery and reconstruction. (French translation also available). A update of this document completed in 2005 is available at <http://www.who.int/gender/en/gwhgendernd2.pdf> (Available in French)

Gender and HIV/AIDS. Geneva, World Health Organization, November 2003. Available at: http://www.who.int/gender/documents/en/Gender_factsheet.pdf

There are important differences between women and men in the underlying mechanisms of HIV/AIDS infection and in the social and economic consequences of HIV/AIDS. These stem from biology, sexual behaviour and socially constructed 'gender' differences between men and women in the roles and responsibilities, access to resources and decision-making power.

***Gender and Mental Health.* Geneva, World Health Organization, June 2002. Available at: http://www.who.int/gender/other_health/en/genderMH.pdf**

Socially constructed differences between women and men in roles and responsibilities, status and power, interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health seeking behaviour of those affected and responses of the health sector and society as a whole. More is known about differences between males and females in some mental health problems such as depression and schizophrenia than others; about adult men and women than about adolescents and children; and about the situation in industrialized countries than in the developing world.

***Gender and Road Traffic Injuries.* Geneva, World Health Organization, January 2002. Available at: http://www.who.int/gender/other_health/en/genderttraffic.pdf**

Globally, almost three times (2.7) as many males as compared to females die from road traffic in-juries, accounting for the largest sex differentials in mortality rates from unintentional injury. Injury and fatality rates for males are higher for every category of road injury victim in several developing countries.

***Gender, Health and Aging.* Geneva, World Health Organization, November 2003. Available at: http://www.who.int/gender/documents/en/Gender_Aging.pdf**

The basic diseases which afflict older men and women are the same: cardiovascular diseases, cancers, musculoskeletal problems, diabetes, mental illnesses, sensory impairments, incontinence, and – especially in poorer parts of the world – infectious diseases and their sequelae. However, rates, trends, and specific types of these diseases differ between women and men. Perhaps more importantly, the gender picture of a given society – the complex pattern of roles, responsibilities, norms, values, freedoms, and limitations that define what is thought of as “masculine” and “feminine” in a given time and place – has a great bearing on the health of the aged.

***Gender, Health and Tobacco.* Geneva, World Health Organization, November 2003. Available at: http://www.who.int/gender/documents/en/Gender_Tobacco_2.pdf**

Traditional gender roles help to explain sex-linked patterns of tobacco use around the world. However, these social origins are rarely given the attention they deserve, as if these behaviours were natural, rather than learned. Popular interest in 'gender and health' is synonymous with 'women and health', with the result that connections between masculinity and risk behaviours are overlooked. Both sex and gender are in fact relevant for tobacco control.

***Gender, Health and Work.* Geneva, World Health Organization, September 2004. (forthcoming on www.who.int/gender)**

The proportion of women in the paid labour force has increased dramatically. On average, women make up about 42% of the estimated global paid working population, making them indispensable contributors to national economies. Women's visible employment has stimulated reflections on how their health should be protected, and, in turn, on how gender affects their health related to work.

***Violence Against Women and HIV/AIDS.* Geneva, World Health Organization, December 2004. Available at: <http://www.who.int/gender/en/infosheetvawandhiv.pdf>**

This information sheet provides key statistics, research and findings in bullet-point form detailing the links and effects that violence against women has on HIV/AIDS transmission, prevention and treatment.

PUBLICATIONS BY HEALTH TOPIC

ADOLESCENT HEALTH

Bott, S. et al., eds., *Towards Adulthood: Exploring the Sexual and Reproductive Health of Adolescents in South Asia*. Geneva, World Health Organization, 2003. (ISBN 92 4 156250 1)

The chapters in this volume are detailed summaries of papers and panel discussions from an international conference entitled "Adolescent Reproductive Health: Evidence and Programme Implications for South Asia", held in November 2000 in Mumbai, India. The volume covers a range of issues, including: factors that undermine adolescents' ability to make informed sexual and reproductive choices; the social context and health consequences of early marriage and childbearing; the sexual behaviour and attitudes of adolescents before marriage; sexual coercion against young people; the extent to which adolescents take measures to protect themselves from unwanted pregnancy and sexually transmitted infections (STIs); abortion among married and unmarried adolescents; the physiological, behavioural and social risk factors surrounding STIs/HIV among adolescents; communication between adolescents and adults; and the extent to which family relationships can be dominated by fear and violence. Wide-ranging policy and programme recommendations are suggested.

***Boys in the picture: gender based programming in adolescent health and development in Europe*. Copenhagen, WHO Regional Office for Europe, 2000. (EUR/00/5017720)**

This is a short advocacy document that provides arguments for programmers and policy makers to include adolescent males in programming for adolescent health and development. It lays out what the main challenges are and what steps can be taken to bring boys in the picture.

Brown, A. et al., *Sexual Relations among Young People in Developing Countries: Evidence from WHO Case Studies*. Geneva, World Health Organization, 2001. (WHO/RHR/01.8) Available at:

www.who.int/reproductivehealth/adolescent/publications/RHR_01_8/RHR_01_08_abstract.en.html

A comprehensive review of sexual practices among young people through 34 case studies done in 24 countries in Africa, Asia, and Latin America conducted between 1992 and 1996. A number of recommendations are offered. These cover pragmatic recommendations to build negotiation skills, dispel misconceptions, counter sexual violence, involve young people in programme design, tailor fertility regulation services to meet young people's needs and communicate the messages that every unprotected sexual act involves risk of contracting disease or of unwanted pregnancy.

***Working with adolescent boys: Programme Experiences - consolidated findings from regional surveys in Africa, the Americas, Eastern Mediterranean, South-East Asia, and Western Pacific*. Geneva, World Health Organization, 2000. (WHO/FCH/CAH 00.10) Available at: <http://www.who.int/child-adolescent-health/>**

Presents important lessons learned from programmes that pay special attention to adolescent males. These findings were gathered through a survey conducted among selected projects in Africa, Asia, the Americas and the Middle East and provide relevant insights for programmes that want to step up their efforts to reach adolescent males.

***Working with adolescent boys : Report of a Workshop, Geneva, 17-19 May 1999*. Geneva, World Health Organization, 2000. (WHO/FCH/CAH 00.9) Available at: <http://www.who.int/child-adolescent-health/>**

This document summarizes the discussions of a 3-day workshop on working with adolescent boys in which important research and programming questions were asked and the strategic directions for WHO's work on adolescent males were formulated.

EMERGENCY SETTINGS

Clinical management of survivors of rape : developing protocols for use with refugees and internally displaced persons. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004. (ISBN 92 4 159263 X)

This revised edition includes the most recent technical information on the various aspects of care for people who have been raped. It aims to guide the development of protocols for use in refugee and internally displaced person situations. It can also be used in planning care services and training health care providers. The guidance is presented in eight steps: making preparations to offer medical care to rape survivors; preparing the survivor for examination; taking history; collecting forensic evidence; performing the physical and genital examination; prescribing treatment; counselling; and follow-up care.

Reproductive Health During Conflict and Displacement A Guide for Programme Managers. Geneva, World Health Organization, 2000. (WHO/RHR/00.13)

This manual is based on WHO norms and guidelines and discusses technical issues related to reproductive health. It is designed to complement the Inter-agency field manual by providing a tool that defines how to develop practical and appropriately-focused reproductive health programmes during each phase of conflict and displacement—pre-conflict, conflict, stabilization and post-conflict. The manual has been field-tested in a variety of refugee settings and is intended for use by national and international programme managers.

ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Kane, P. ed. Women and occupational health; issues and policy paper prepared for the Global Commission on Women's Health. Geneva, World Health Organization, 1999. (WHO/CHS/GCWH/99.1)

This document provides a series of twelve policy papers focusing on different aspects of occupational health for women. The policy papers include: Women's Representation in the Workforce; Understanding Occupational Disease in the Workforce; Issues in Occupational Mortality of Women; Occupational Morbidity; Paid Work, Gender and Health; Household Labour and Health; Migration, Workforce and Health; Reproductive Health and Occupational Hazards Among Women Workers; The Health of Care Providers; Sex Workers and Health; Sexual Harassment in the Workplace.

FEMALE GENITAL MUTILATION

A Systematic Review of the Health Complications of Female Genital Mutilation including Sequelae in Childbirth. Geneva, World Health Organization, 2000. (WHO/FCH/WMH/00.2)

The review aims to identify primary data on health complications of FGM with particular emphasis on sequelae in childbirth, including psychosexual outcomes. The longer term aims of the systematic review are to use this information for a number of purposes including identification of outcome measures of complications of FGM for studies to quantify the risk attributable to FGM at each stage in the life cycle; identification of country specific and ethnic group specific outcome measures of FGM that can be used to provide focus to optimise health care provision for care of such complications; and identification of sites world-wide where opportunities exist for research into the health sequelae of FGM.

Female Genital Mutilation: An Overview. Geneva, World Health Organization, 1998. (ISBN 92 4 156191 2)

This overview provides the information needed to understand both the social importance of this practice and the dangers it presents to the health of the women and girls who undergo it. It explains what the different types of female genital mutilation, what kinds of mental and physical complications result, and what research still needs to be done in order to put an end to the practice. The authors present ample evidence on why female genital mutilation should be eradicated.

***Female Genital Mutilation: Integrating the Prevention and the Management of the Health Complications into the Curricula of Nursing and Midwifery A Student's Manual.* Geneva, World Health Organization, 2001. (WHO/RHR/01.17)**

This manual serves as a key reference guide for students. It covers strategies for involving individuals, families and communities in the prevention of FGM. It prepares students to manage clients with health complications of FGM including caring of women with FGM during pregnancy, labour and the postpartum period. It is intended primarily for nurses and midwives during either basic or post-basic courses, but may be useful for medical students, clinical officers, public health and other health care providers.

***Female Genital Mutilation: Integrating the Prevention and the Management of the Health Complications into the Curricula of Nursing and Midwifery A Teacher's Guide.* Geneva, World Health Organization, 2001. (WHO/RHR/01.16)**

This teaching guide is aimed for those responsible for providing training nurses and midwives with knowledge and skills necessary for the prevention and the management of health complications of female genital mutilation (FGM). The document covers the theories and principles on FGM and provides step-by-step guide to assessment, counselling, referral of clients and how to open up a type III FGM (infibulation). Although the guide is intended for use primarily during basic and post-basic nursing and midwifery courses, it will also be of use to those teaching and training medical students, clinical officers, and other health care providers.

***Female Genital Mutilation Programmes to date: What Works and What Doesn't A Review.* Geneva, World Health Organization, 1999. (WHO/CHS/WMH/99.5)**

Designed to serve as a programming tool and/or a baseline for monitoring the evolution of FGM elimination efforts, the analysis of the data is based on a behaviour-change perspective. To document the current status and trends in FGM programming and to identify crucial elements that need to be prioritized for future support, PATH, with support from WHO and the Wallace Global Fund, undertook this review of FGM programmes in Africa. PATH carried out a review of FGM programme documents to guide the development of the phase-two survey questionnaire and later to support interpretation of data collected; a survey of 365 national and international organizations and analysis of data from 88 agencies that had current FGM programmes to yield information about FGM programmes; an assessment of programmes implemented in five countries (Egypt, Ethiopia, Uganda, Burkina Faso and Mali) and two programme case studies from Senegal and Kenya. The results were compared with survey findings to describe innovative approaches and give a general perspective on national-level programmes.

***Female Genital Mutilation: The Prevention and the Management of the Health Complications Policy Guidelines for Nurses and Midwives.* Geneva, World Health Organization, 2001. (WHO/RHR/01.18)**

This manual is intended for use primarily by those responsible for developing policies and directing the working practices of nurses, midwives and other frontline health care providers. It includes international resolutions and conventions against female genital mutilation as well as five policy statements for the prevention of female genital mutilation.

***Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa.* Brazzaville, WHO Regional Office for Africa, 1997. (WP 660 97RE)**

Demonstrates how working in close collaboration with all partners in the interest of liberating girls from the victimization of this practice can be accelerated. It reflects a multisectoral and multidisciplinary approach to the elimination of the practice and management of its health complications within existing primary health care programmes and other initiatives in the areas of women's health and development, reproductive health and safe motherhood, child survival and development and HIV/AIDS and other sexually transmitted diseases. It has been developed as a broad strategy to support and coordinate the planning of implementation of country activities for the prevention and elimination not only of female genital mutilation but also of other harmful traditional practices which affect the health of women and children in the Region.

FOOD SAFETY

Poster: *Five keys to safer food*. Geneva, World Health Organization, 2001. (WHO/SDE/PHE/FOS/01.1)

This colourful educational poster targeting women explains in 5 key points how food hygiene can prevent the transmission of pathogens responsible for many foodborne diseases.

HEALTH AND DEVELOPMENT

***Gender Mainstreaming in Development Strategies. Community-Based Initiative Series, Volume 6*. Cairo, WHO Regional Office for the Eastern Mediterranean. (WHO-EM/CBI/015/E/G)**

This document provides a regional situation analysis of key women's indicators and sections on impediments to women's participation in development; mainstreaming gender in WHO Regional programmes; and a strategy for gender mainstreaming in EMRO and is currently being updated with expected completion in 2005.

***Investing in Women's Health: Central and Eastern Europe*. Copenhagen, WHO Regional Publications European Series, 55, xvi:44, 1995. (ISBN 92 890 1319 2)**

This document summarizes the findings from studies of women's health status conducted in 11 pilot countries and one pilot city (St. Petersburg) in central and Eastern Europe. By presenting and comparing country-specific data, the report aims to show how recent dramatic changes in these countries have influenced women's health, to identify the most important gender-specific problems, and thus to provide the basis for the development of policies that address the needs of women. The report represents the first overview and comparative analysis of women's health in countries of central and Eastern Europe and the newly independent states of the former USSR.

***Women in Islam and her Role in Human Development. Community-Based Initiative Series, Volume 11*. Cairo, WHO Regional Office for the Eastern Mediterranean. (WHO-EM/CBI/022/E/G)**

This volume includes the perspective of Islam on women and empowerment as well as on equality of the sexes. In addition sections discuss the role of Muslim men and women in the community; women's lack of access to equality; and why and how women should be involved in human development and health promotion.

HEALTH SECTOR REFORM

***Discrimination Against Women in the System of Provisional Health Institutions*. Washington, D.C., PAHO/Gender, Equity, and Health Sector Reform Project, 2002. (Chile, Gender and Health Reform Series 4)**

This publication describes and analyzes the key elements of the regulation system of the private health care system, ISAPRE, that permit health discrimination against women, and offers alternatives. (Available in Spanish)

***Gender Equity and Health in the Americas: Elements for a Diagnostic*. . Washington, D.C., PAHO, 2004.**

This folder includes three documents that examine some of the most characteristic elements of gender inequality and the determinants of health in the region of the Americas. (Available in Spanish)

***Gender Notes for an Economy of Health*. Washington, D.C., PAHO/Gender, Equity, and Health Sector Reform Project, 2002. (Chile, Gender and Health Reform Series 3)**

This document provides empirical evidence and theoretical concepts on the central importance of health care in homes as an integral part of the global health system, and provides guidelines to consider this economic development of nations. (Available in Spanish)

Guezmes, A. *Health Sector Reform and Sexual and Reproductive Rights*. Washington, D.C., PAHO, 2004.

This publication contributes to the ongoing identification of the conceptual and empirical intersections between health sector reforms, gender equality, and the demand of citizen rights in the area of sexual and reproductive health in Latin America and the Caribbean. (Available in Spanish)

***Health Sector Reform Processes and Sexual and Reproductive Health Programs in Latin America: Five Case Studies*. Mexico City, PAHO and various, 2004.**

The case studies described in this publication focus on topics including: decentralization and availability of contraceptives in Mexico, accessibility of sexual and reproductive health services in Colombia, and citizen participation in women's health in Brazil among others. The objective of this publication is to offer empirical evidence of the relationship between the process of reform and visible consequences with regard to access and provision of sexual and reproductive health services in various countries across Latin America.

***Gender, Equity and Health Reform Project*. Washington, D.C., PAHO, 2004.**

This CD contains 16 documents produced by the Gender, Equity, and Health Sector Reform Project that was recorded for region-wide distribution.

***Reproductive Health and Health Sector Reform Policies in Latin America: Issues of Equity in Access to Health Care. Reproductive Health, Unmet Needs and Poverty*. CICRED. (in press)**

HIV/AIDS

***Guidelines on care, treatment and support for women living with HIV/AIDS and their children in resource-constrained settings*. Geneva, World Health Organization, 2004. (ISBN 92 4 159209 5)**

These guidelines present recommendations for the use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants in resource-constrained settings. It contains a summary of the scientific rationale and programmatic considerations for these recommendations. The document is intended to guide the selection of antiretroviral regimens to be included in programmes to prevent mother-to-child transmission of HIV. Moreover, it is intended to support and facilitate antiretroviral treatment for pregnant women and women of reproductive age who have indications for treatment. The guidelines may also be useful for health service providers as specific recommendations are provided for the most frequently encountered clinical situations.

***HIV-infected Women and Their Families: Psychosocial Support and Related Issues*. Geneva, World Health Organization, 2003. (WHO/RHR/03.07)**

This publication is divided into three sections. Section one provides a synthesis of the reviewed literature on prevention of mother-to-child transmission of HIV, voluntary counselling and testing, and other issues that impact on the care, psychosocial support and counselling needs of HIV-infected women and their families in the perinatal period. Section two provides examples from around the world of projects that focus on the care and support of women and families, with a focus on mother-to-child transmission of HIV. The final section contains recommendations on psychosocial support and counselling for HIV-infected women and families.

***New Data on the Prevention of Mother-to-Child Transmission of HIV and their Policy Implications*. Geneva, World Health Organization, 2001. (WHO/RHR/01.28) Available at: http://www.who.int/child-adolescent-health/publications/NUTRITION/New_data.htm**

Presents conclusions and recommendations of a Technical Consultation of the UNFPA/ UNICEF/UNAIDS Inter-Agency Team on Mother-to-Child Transmission of HIV, held in Geneva on 11-13 October 2000. The reports includes recommendations on both use of antiretrovirals and infant feeding.

Women's Human Rights Related to Health-Care Services in the Context of HIV/AIDS. Geneva, World Health Organization, 2004. (Working Paper Series No. 5) Available at: http://www.who.int/hhr/information/en/Series_5_womenshealthcarerts_MacNaughtonFINAL.pdf.

This paper outlines the legal framework for addressing human rights issues that people, especially women and girls in developing countries, face in seeking HIV/AIDS-related health care services. It was prepared for WHO by Gillian MacNaughton with support of INTERIGHTS, London.

IMMUNIZATIONS, VACCINES AND BIOLOGICALS

Efficacy and other milestones for HPV vaccine introduction. *Vaccine*, 2004, 23:569-578.

This article summarizes the discussions and conclusions reached over the course of a consultation among experts on how to measure Human Papillomavirus Virus vaccine efficacy and effectiveness. The experts agreed that it would be desirable to have a globally-agreed, measurable efficacy endpoint for considering deployment of HPV vaccines in public health settings. Ethical and time considerations make it necessary to use a surrogate endpoint, and not invasive cervical cancer, to define efficacy of HPV vaccines.

Development of human papillomavirus vaccines for prevention of cervical cancer: a potential tool to improve global women's health. *Proceedings from Global Forum for Health Research Conference 6, Conference Program, 12.*

This paper provides general information on novel vaccines as tools to prevent and control cervical cancer, which is caused by Human Papillomavirus infection, and represents the foremost cause of cancer mortality among women in developing countries.

Control of rubella and congenital rubella syndrome (CRS) in developing countries. Geneva, World Health Organization, 2000. (WHO/V&B/00.03)

Congenital rubella syndrome (CRS) can lead to deafness, heart disease and cataracts, as well as a variety of other permanent manifestations. This document reviews various methods for assessing the disease burden due to CRS in developing countries. During rubella outbreaks, seven studies in developing countries have documented rates of CRS per 1000 live births as high as those reported from industrialized countries prior to vaccine introduction. Special studies of rubella have been conducted in all WHO regions. Results are reported for rubella serosurveys of women of childbearing age conducted in 45 developing countries. One section of the report discusses use of rubella vaccine reported to WHO in a survey conducted in 1996, and reviews various rubella immunization strategies.

NON-COMMUNICABLE DISEASES

Bonita, R. Women, Ageing and Health Achieving Health Across the Life Span. *Report for the Third Meeting of the Global Commission on Women's Health.* Geneva, World Health Organization, 1996. (WHO/HPR/AHE/HPD/96.1)

The report sets out a conceptual framework to guide efforts to improve the health of ageing women in developed and developing countries alike. The report identifies certain health needs shared by all ageing women, discusses their determinants, and then shows how these needs can be met through cost-effective strategies. Three stages of ageing are covered: the post-menopausal, or "mid-life", women over the age of 50, the "young old", and the "old old".

Making a Difference to Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth. *Proceedings of the WHO International Conference on Tobacco and Health.* Kobe, Japan, 14-18 November 1999. (WHO/NCD/TFI/Kobe/99.6)

The report includes the following items and sections: the Kobe Declaration; the Opening speech by Dr Gro Harlem Brundtland in her capacity as Director-General of the World Health Organization; The purpose of the WHO International Conference; A Call to Action; Prevalence and impact on health; Determinants; Strategies - local to global; Pledges and Commitments; Recommendations; and a list of resources.

Samet, J., Yoon, S., eds. *Women and the Tobacco Epidemic: Challenges for the 21st Century*. Geneva, World Health Organization/Institute for Global Tobacco Control/Johns Hopkins School of Public Health, 2001. (WHO/NMH/TFI/01.1)

Global estimates indicate that about 12 percent of women smoke compared to about 48 percent of men. The rates of smoking are increasing among youth and young women in several regions of the world. In areas where tobacco use is still relatively low among women and girls, a golden opportunity exists for preventing increased uptake and future premature deaths. The purpose of this book is to contribute to the global effort to confront and control the tobacco epidemic. The book compiles the background papers that were commissioned for the WHO International Conference on Tobacco and Health: Avoiding the Tobacco Epidemic in Women and Youth, 14-18 November 1999, Kobe, Japan. Topics range from prevalence of tobacco use among women and girls to addiction and treatment.

***Women, Ageing and Health: A Gender Perspective*. Forthcoming (October 2005)**

Examines the health of women as they age through the twin lenses of gender and culture and from a determinants of health perspective. The publication, which builds on an earlier publication entitled "Active Ageing. A Policy Framework", examines the policy implications of the determinants of health over the life-course and the current realities of older women's lives. It offers practical approaches on how to achieve the three pillars of Active Ageing: health, security and participation.

***Women and the Rapid Rise of Noncommunicable Disease, NMH Reader #1*. Geneva, World Health Organization, 2002. (WHO/NMH/02.01)**

This paper describes some of the determinants of the rapid rise in noncommunicable diseases and the challenges this advance poses. It pays specific attention to the impact of noncommunicable diseases on women. For women, the rapid rise in noncommunicable diseases not only affects their health directly, it can also severely impact on their assumed gender role as unpaid carers of the sick.

SEXUAL AND REPRODUCTIVE HEALTH

How do perceptions of gender roles shape the sexual behaviour of Croatian adolescents? *Social science research policy briefs*. Series 1, No. 1 August 2004. Available at: http://www.who.int/reproductive-health/hrp/Policy_briefs/pb6.pdf

This brief discusses the result of a study that was carried out in 2001-2002 at four sites in Croatia to explore adolescents' perceptions and attitudes towards gender roles, ways in which gender norms and beliefs shape their sexual experiences and expectations, perceptions of risk and responsibility in sexual encounters and relationships, and use of contraceptives (especially condoms) during sexual encounters.

***Information Folder: Sexual and Reproductive Health—the Facts*. Geneva, World Health Organization, 2004. (Available upon request from the Department of Reproductive Health)**

This folder contains 11 sheets containing solid facts about the sexual and reproductive health situation in the world today. It is ideal for those seeking to advocate for reproductive health. Also included is a poster that lists the number of deaths, lifetime risk of maternal death and number of perinatal deaths for each country.

***Reproductive Health Strategy*. Geneva, World Health Organization, 2004. (WHO/RHR/04.8)**

World Health Assembly adopted the first global strategy on reproductive health and a resolution on family health. Five priority aspects of reproductive and sexual health are targeted in the strategy: improving antenatal, delivery, postpartum and newborn care; providing high-quality services for family planning, including infertility services; eliminating unsafe abortion; combating sexually transmitted infections, including HIV, reproductive tract infections, cervical cancer and other gynecological morbidities; and promoting sexual health.

Safe Abortion: Technical and Policy Guidance for Health Systems. Geneva, World Health Organization, 2003. (ISBN 92 4 159035 1)

This technical and policy guidance document is the outcome of a technical consultation, an extensive review of evidence, and additional review by experts from around the world in the fields of medicine, social science, law, ethics, provision of services and information, and health policy. The publication should be of use to a wide range of health professionals and others inside and outside governments that are working to reduce maternal mortality and morbidity. It provides a comprehensive overview of the many actions that can be taken to ensure access to good quality abortion services as allowed by law.

Working with Individuals, Families and Communities to Improve Maternal and Newborn Health. Geneva, World Health Organization, 2003. (WHO7FCH7RHR703.11)

Proposes a framework for developing interventions involving individuals, families and communities to improve maternal and newborn health. The book proposes strategies to help empower women, their families and communities so that they are better able to access and use health services. The interventions are organized into four priority areas: developing capacities for self care, increasing awareness of rights, strengthening linkages for social support and improving the quality of care.

Transforming Health Systems: Gender and Rights in Reproductive Health - A Training Curriculum for Health Programme Managers. Geneva, World Health Organization, 2002. (WHO/RHR/01.29)

The result of a four-year testing and adaptation process involving collaboration with institutions in different parts of the world, this book contains a training curriculum for health managers in gender and rights in reproductive health care delivery. The book contains six core modules covering gender and ethical issues in research policy and how to influence change, and health systems.

Advancing Safe Motherhood through Human Rights. Geneva, World Health Organization, 2001. (WHO/RHR/01.5) Available at: http://www.who.int/reproductive-health/publications/RHR_01_5_advancing_safe_motherhood/RHR01-5-Text.pdf

This document considers how human rights laws can be applied to promote safe motherhood. It outlines how the dimensions of unsafe motherhood can be measured and comprehended, and how causes can be identified by reference to medical, health system and socio-legal factors. It introduces human rights laws and explains how many of these can be used to advance safe motherhood.

The Female Condom: A Guide for Planning and Programming. Geneva, World Health Organization, 2000. (WHO/RHR/00.8)

This guide is intended to assist programme managers in the design, implementation, monitoring and evaluation of activities to introduce, or expand access to, the female condom in ongoing activities for the prevention of pregnancy and sexually transmitted infection. It provides an overview of the female condom and summarizes current knowledge and programme experience with its provision in a variety of settings. Also included are guidance for the development of training materials for providers, as well as detailed practical advice and materials for communicating information about the female condom to potential users.

TUBERCULOSIS

Abouihia, A. Gender in Tuberculosis Research. Geneva, World Health Organization, 2004. (ISBN 9241592516)

Research clarifying the role of gender in tuberculosis control is concerned with specific sociocultural, socioeconomic, and structural barriers affecting men and women, as distinct from sex-based differences in the biological vulnerability affecting epidemiology and pathophysiology of pulmonary TB. This review examines various health and social science research studies and recent innovative studies undertaken by WHO/TDR.

Uplekar, M. *Gender and Tuberculosis Control: Towards a Strategy for Research and Action*. Geneva, World Health Organization, 1999. (WHO/CDS/TB/2000/280)

Health seeking and treatment behaviour of men and women suffering from TB is largely determined by how he or she or those around perceive the symptoms, regard the diagnosis, accept the treatment, and stay with it. Gender may influence each of these and affect detection of the disease and its outcome. A framework was developed taking into account the various steps and barriers encountered from onset of symptoms through diagnosis to treatment and cure of the disease.

VIOLENCE AND INJURY PREVENTION

***Preventing Violence: A Guide to Implementing the Recommendations of the World Report on Violence and Health*. Geneva, World Health Organization, 2004. (ISBN 92 4 159207 9)**

The document provides conceptual, policy and practical suggestions on how to implement each of the six country-level activities and promotes a multi-sectoral, data-driven and evidence-based approach. Should the resources for achieving certain aspects of the recommendations be lacking, the information contained in the guide will still be useful for planning purposes.

***World Report on Violence and Health*. Geneva, World Health Organization, 2002. (ISBN 92 4 154561 5)**

The World Health Organization launched the first *World report on violence and health* on October 3rd, 2002. The goals of the report are to raise awareness about the problem of violence globally, to make the case that violence is preventable, and to highlight the crucial role that public health has to play in addressing its causes and consequences. Contains two chapters focusing on violence against women and sexual violence.

VIOLENCE AGAINST WOMEN

***Domestic Violence: Women's Way Out*. Washington, D.C., PAHO, 2000.**

This publication presents a research protocol to address violence against women and improve the services available for women affected by domestic violence. (Available in Spanish)

***The Integrated Model of Attention to Intra-Family Violence*. San José, PAHO, 2001.**

This document presents the framework and methodology for the construction of a model of integrated and comprehensive care of intra-family violence, and the translation of this framework into a concrete social response. Emphasis is placed on the pivotal role of the health sector in identifying and addressing the concerns of women affected by intra-family violence.

***Model of Laws and Policies Regarding Intrafamily Violence Against Women*. Washington, D.C., PAHO, 2004.**

This document serves as a reference for designing, implementing, monitoring, and evaluating the laws and public policies about intra-family violence against women. (Available in Spanish)

Rothman, E, et al., *Intervening with perpetrators of intimate partner violence: a global perspective*. Geneva, World Health Organization, 2003. (ISBN 92 4 159049 1)

This descriptive study presents information on the characteristics, operational philosophies, funding mechanisms, intervention goals and content, availability of evaluation results, and other features of interest for batterer intervention programmes in 37 countries outside Canada, the United Kingdom and the United States