



Gender equality, women and health: implications for actions

A discussion paper for further consultation and inputs

The Fourth World Conference on Women (FWCW) in Beijing, the International Conference on Population and Development (ICPD) in Cairo and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) established the framework for addressing women's health grounded in the gender equality and women's empowerment approach. This was reinforced by the Millennium Development Goals (MDG), in particular MDG 3, which speaks to gender equality and women's empowerment. As WHO releases a report titled *Women and health: today's evidence tomorrow's agenda*, the follow-up actions from this need to be set within the parameters of these major international frameworks.

Four key pillars of a gender equality and empowerment approach to women's health, which are based on the principles articulated in the above international frameworks, are outlined below.

Pillar 1: Gender equality is a key determinant of women's health: Addressing the health of women requires an examination of gender inequalities sustained by sociocultural, economic and political factors. This includes addressing harmful norms and practices (e.g. sexual and gender-based violence, differential access to health-related resources, etc.) and laws and policies that perpetuate discrimination against women and girls (e.g. age of marriage, lack of property and inheritance rights for women).

Pillar 2: The health of women must be safe-guarded and promoted throughout their life-course: Health opportunities and risks in childhood can have lasting effects across the life-course. In order to adopt comprehensive approaches to women's health, girls, adolescents, adult women and older people's health risks, concerns and needs must be adequately addressed.

Pillar 3: Realizing women's rights is a basic element for improved health outcomes for women: Promoting women's empowerment and rights, including their participation as agents of change, is essential for the development of responsive health policies and services.

Pillar 4: Engaging men improves the health of women: As gender inequalities between women and men contribute to health challenges for women and girls, improvements cannot be realized without involving men as partners so as to change harmful male norms and behaviours and foster equitable relationships between men and women.

The release of the World Health Organization (WHO) report on the health of women provides an opportunity to examine WHO's ongoing work and develop a platform for WHO's future responses to the health of women in a gender equality and women's empowerment framework. This framework has worked and needs to be systematically and consistently considered and taken to scale. Selected examples of WHO's response, illustrating a gender equality approach to women's health are highlighted below. These examples also suggest a way forward.

1. Gender mainstreaming in health programmes and policies:

WHO's response to women's health has been and will continue to be guided by the "Strategy for integrating gender analysis and actions into the work of WHO" and its accompanying Resolution 60.25, approved by the World Health Assembly in 2007. The strategy guides WHO's efforts to integrate gender into its technical work and management processes. A basic step in understanding the relationship of gender with other determinants of health is gender analysis, which systematizes the identification of, and the response to gender inequality and health inequities. WHO's efforts at gender mainstreaming enhance its ability to conduct gender analysis and enable WHO staff and partners, including Member States, to identify and respond to gender inequalities that impede progress on women's health.

2. Addressing determinants of women's health:

Recognizing the increasing importance of determinants of health (e.g. living conditions, access to education etc.) - WHO established a Commission on Social Determinants of Health (CSDH) in 2005. A key theme of the CSDH was women and gender equity, reflected in the Women and Gender Equity Knowledge Network (WGEKN), which outlines 7 areas of action to reduce gender inequities in health for women and girls.

Recommendations of the CSDH: Women and Gender Equity Knowledge Network (WGEKN)

1. Tackling structural dimensions of gender inequity such as laws, policies, access to resources and education;
2. challenging gender stereotypes, norms and practices;
3. reducing health risks for women by tackling gendered exposure and vulnerabilities;
4. transforming health systems by taking into account women's problems as producers and consumers of health care;
5. improving access to health care and making them more accountable to women;
6. improving the evidence base for policies by changing gender imbalances in content and processes of health research;
7. mainstreaming gender into the organizational functioning and supporting women's organizations.

3. Addressing harmful practices that adversely affect women's and girls' health:

Harmful practices including female genital mutilation (FGM), child marriages and violence against women have adverse effects on the health of women and girls. WHO is addressing harmful practices affecting women's health through World Health Assembly Resolution 47.10 and Resolution 61.16 on accelerating actions to eliminate female genital mutilation (FGM). WHO supports research and evidence on the economic costs of FGM, its effects on health outcomes and community interventions for ending the practice and advocates with other partners to end this practice.

WHO has highlighted violence against women as not only a harmful practice rooted in gender inequalities, but also as a priority public health problem with consequences on women's reproductive health, mental health and HIV/AIDS. In 2005, WHO released the findings of a multicountry study conducted in 11 countries that systematically measured prevalence of violence in adult women. The methodology keeps women's safety in mind, and the protocols of the study are now being adopted by other countries that want to document prevalence of violence against women.

4. Integrating gender into the WHO Framework Convention on Tobacco Control:

The WHO Framework Convention on Tobacco Control is a key public health convention of this century, and highlights the importance of incorporating gender and diversity concerns in better understanding the tobacco epidemic and in tobacco control. WHO developed an evidence base documenting the gendered aspects of tobacco use and a policy brief with key recommendations for implementing gender-responsive tobacco control strategies. Furthermore, WHO is currently supporting countries in the Western Pacific Region to pilot gender-responsive tobacco control strategies. The work on gender and tobacco control acknowledges the implications for the health of women beyond their reproductive roles as well as the implications of tobacco marketing strategies aimed at women that are based on gender stereotypes of women's bodies and sexuality.

5: Engaging men in promoting gender equality:

Recognizing that men's roles, changing men's behaviours and involving them is critical to promoting the health of women, WHO works with the MenEngage Alliance on policy advocacy to better involve and engage men in promoting gender equality in health. For example, WHO has produced a review of interventions that engage men in changing gender-based inequity in health and is developing a policy brief as well as a capacity building module to support countries to undertake or strengthen ongoing efforts to engage men and address male norms.

The Department of Gender, Women and Health welcomes your comments and inputs on this discussion paper, as it prepares to work with partners to undertake policy dialogues to improve the health of women.

Please send us your inputs to: genderandhealth@who.int

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