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Development of Regional Strategic Direction to Integrate Gender into Health Policies and Programmes in the SEA Region

Report of a Regional Consultation
Greater Noida, Uttar Pradesh, India, 20–22 June 2007

World Health Organization
Regional Office for South-East Asia

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Contents

Executive summary

The World Health Organization's (WHO) global Gender Strategic Direction, Plan of Action 2008-2013 was announced at the 120th Session of the Executive Board in January 2007 and approved by the Sixtieth World Health Assembly (WHA) in May 2007.

Gender issues differ among various countries. Gender-based violence has been mentioned in nine of the eleven Member Countries of the South-East Asia (SEA) Region of WHO (except Timor-Leste and Democratic Peoples' Republic of Korea (DPR Korea), and gender education has been mentioned in four countries (India, Indonesia, Thailand and Nepal). Women and men face different health risks, and experience different responses from health systems and in their health-seeking behaviours on account of social, gender and biological differences. These facts reveal that SEA Region has specific emphasized issues which might differ from that of other Regions.

In countries of the SEA Region, the implementation of the above global strategic direction will require advocacy, information, technical support and guidance to staff. This could entail adapting existing policies and programmes so that they could respond to specific needs. Thus this would enable all people to participate in and benefit from the efforts to achieve health and development and to promote gender equality.

In order to be used by Member States, the global agenda needs to be finalized in a more specific direction keeping in mind regional needs and environments to further the Plans of Action for implementation in the countries.

The consultative process of this Region as Strategic Development in the Regional Office has already begun started with all offices of the WHO Representatives since September 2006. The Regional Office aims to provide support to Member States in formulating and implementing effective gender-responsive health strategies. Further activity would be capacity strengthening of senior officials in the MoH to undertake gender analysis. This will be introduced gradually and evaluated regularly.

GWH/SEARO has received financial support from WHO/HQ to address gender-based issues to carry out activities related to integrating gender into health policy.

The objectives of the meeting were to develop a Regional Strategic Direction to integrate gender into health policies and programmes.

The meeting involved presentation, displays, group discussions and question and answer sessions. It was chaired by Mr Marcelo Amaral from Timor-Leste and Dr Sri Hermiyanti from Indonesia served as Rapporteur. Different groups also selected their chairperson, secretary and rapporteur during the three-day discussions.

Countries mentioned about cultural constraints (patriarchal; male domination) and the need for clear examples to state benefit of gender programmes towards management support on gender mainstreaming which brought up the need of strategic direction to priorities more systematic management and implementation of the global strategy in the country and Region.

The seven key points on Regional Strategic Direction agreed for further implementation in the country are: 1) National action plan; 2) Capacity building for WHO and stakeholders; 3) Data, information and analysis networking; 4) Accountability system for gender equality in health; 5) Adaptation models; 6) Implementation of gender mainstreaming in health, and 7) Monitoring and Evaluation.

Priority elements of the National Action Plan have a multi-sectoral approach, although there were constraints since most countries have no specific gender focal points. However the Gender, Women and Health Network (GWHN) is hoped to emerge as an alternative.

Recommendations included developing a National Action Plan, data management on gender in health with the support of the WHO Regional Office, developing capacity building through advocacy and sensitization of high-level officials and technical staff for addressing gender in health issues developing model gender-health related inequity issues, to encourage appointment of gender focal point in the WHO country offices in the Region, to facilitate the adjustment of health information systems to take into account for sex-disaggregated data/gender perspectives on certain issues of health inequality with appropriate indicators related to gender in health, and to strengthen the GWH networking in the country (particularly on the three priorities: prevention of gender-based violence/domestic violence, addressing gender perspectives in sexual and reproductive health and improve the data disaggregated by sex/gender perspective).

1. Opening session

Dr Erna Surjadi, Regional Adviser, Gender, Women and Health (GWH) WHO/SEARO welcomed the participants after inaugurating the workshop, introduced the participating delegates and stated the objectives of the consultation. Dr Neena Raina, Regional Adviser, Adolescent Health and Development (AHD) delivered the address of the Regional Director, WHO, SEA Region, Dr Samlee Plianbangchang, in her capacity as Acting Director, Family and Community Health, SEARO. Of the eleven Member countries of SEA Region, representatives from nine were present.

In his opening address Dr Samlee Plianbangchang said WHO's policy and strategy on gender, women and health (GWH) is focused on addressing gender inequality in health and access to health care, and developing a robust evidence base for assessing the impact of gender stereotyping on the health of both women and men. The Millennium Development Goal (MDG) No 3 also emphasizes gender equality and women's empowerment.

Women in South-East Asia constitute about 52.44% of the population. It is an accepted fact that in an emergency, war, social conflict or epidemic, women and children are the most vulnerable, he said.

The SEA Region suffers from high maternal mortality, gender-based violence, trafficking, sexually transmitted infection, and considerable number of cases of pregnant women suffering from HIV/AIDS, tuberculosis and other diseases. Each of these above-mentioned conditions is further compounded by the status of women with regard to economic, decision-making, educational, social and demographic issues. The lack of clear understanding of the gender prospective in the implementation of basic human rights worsens the situation, the Regional Director said.

Dr Samlee also added that the process of developing a Regional Strategic Direction would involve focal points for gender from all WHO representative offices and country offices, since gender is a cross-cutting issue involving social, economic, cultural and political determinants.

He further expressed the hope that this Consultation will yield some positive results regarding the strategic directions aimed at integrating gender into health policies and programmes towards supporting the achievement of MDG No 3 pertaining to gender equality and women's empowerment. He concluded his address saying "sustained political support and leadership are necessary for accelerating the response to health inequity using the gender perspective". Several examples of partnerships are available within the UN collaborative system in the Region. Therefore, the network among relevant parties which aims to support collaborative work on gender needs to be encouraged along with the efforts to achieve the desired goal of harmonious, balanced and healthy lifestyles in the Region."

Dr Adepeju Olukoya, Coordinator, Integrating Gender into Public Health (GPH) from HQ and Director, Sustainable Development and Healthy Environments (SDE), SEARO, Dr Sattar Yoosuf had joined the Consultation.

2. General objectives

To develop the Regional Strategic Direction to integrate gender into health policies and programmes.

3. Specific objectives

(1) To share and discuss the Global Gender Policy and Strategic Directions.

(2) To review and set up issues and priorities in the regions for GWH programmes and activities over the programmatic and institutional gender mainstreaming.

(3) To review and obtain consensus on the draft Regional Strategic Direction to integrate gender into health policies and programmes.

4. Expected outcome

- Consensus on the Regional Strategic Direction to Integrate Gender into Health Policies and Programmes in the SEA Region.
- Country inputs on issues, priorities, approaches and resources.

- Identification of challenges and constraints in carrying forward the Strategic Direction (2008-2013) to Integrate Gender into Health Policies and Programmes in the SEA Region.
- Identification of multicountry activities.
- Recommendations for facilitating the implementation of the Regional Strategic Direction.

5. Technical sessions

5.1 Session 1

General consideration and technical updates

Dr Adepeju Olukoya, Coordinator, Integrating Gender into Public Health (GPH) WHO, HQ, Geneva, in her presentation "Gender and Health Issues across the Life Course" elucidated the gender differences in health at various stages in the life cycle of men and women and focused on WHO's efforts to support Member States in mainstreaming gender in health policies and programmes.

The presentation was followed by discussions. Some of the queries raised by delegates from Bangladesh, Bhutan and Indonesia were related to the apprehensions decision-makers have in mainstreaming gender due to cultural and social mindsets. Dr Olukoya agreed that there are no easy answers for removing these prejudices. However, she said, the use of right language plays an important role and the use of the term "gender" in place of "women" definitively helps. She also shared her experiences with countries where gender had been successfully integrated in health policies.

Indonesia also raised the question of unavailability of accurate and extensive data about the programmes being gender responsive as is often required at senior levels. Nepal raised a pertinent question about the increasing trend in the Region regarding the privatization of health services and its implications for women. Thailand suggested that a few issues could be handpicked as an exercise with a fixed time frame to workout solutions in order to ascertain how individual countries respond. Sri Lanka expressed the will to follow up actions based on this Consultation.

Mr S. Seppanen, Health and Human Rights, SEARO was of the view that there should not be any contradiction between Human Rights and Women's Rights at the policy level as the two are inclusive of each other. The discussions were wrapped up by Dr Sattar Yoosuf, who stressed the importance of terminology, which he said, plays a very important role. He called for careful and positive handling of such terms so that they are not intimidating in their connotation and usage.

5.2 Session 2

Orientation to group discussions

Guidelines for group discussions were provided by Dr Rahmat Santika, who was the Resource person.

Dr Rahmat Santika, Temporary Adviser from Indonesia, explained the methodology for group discussions on country reports in order to highlight the issues, priorities and approaches involved. The participants were divided into two groups for this purpose.

Group A was comprised of Bangladesh, Bhutan, Indonesia, Sri Lanka and India with Dr. Sriwarna Poolsuppasit from Thailand as the Chair and Dr Silu Aryal from Nepal as the Secretary.

Group B was comprised of Nepal, Maldives, Thailand and Timor-Leste with Dr KWMN Mapitigama from Sri Lanka as the Chair and Ms. Sangay Wangmo from Bhutan as Secretary.

5.3 Session 3

Group discussion on country reports

Both the groups held detailed and extensive discussions based on the country reports and their experiences and came up with their respective lists.

Country reports were received from Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand; while Bangladesh and Timor-Leste shared their country situations within the group discussion.

The results are summarized in the following table.

Table: *Summary of country reports*

No.	Topics	Remarks
1.	Country Issues	(1) Violence against women and children (a) Domestic violence. (b) Marital rape. (c) Sexual violence against children and women. (d) Sexual harassment against women. (e) Pornography. (2) Natural disaster (3) Abortion (4) HIV/Aids (5) Mental Health (6) Lack of management supports (7) Lack of sex disaggregated data
2.	Action Taken	(1) Violence Act/Law (Indonesia, India, Thailand – Nepal (on progress)) (2) Health Insurance (Thailand, Indonesia) (3) One Stop Crisis Center (Indonesia, Thailand, Myanmar0 (4) 24 hour Hot-line center (Thailand) (5) Medical council/education on gender curriculum (India, Indonesia, Nepal, Thailand, Timor Leste) (6) Gender & Health campaign (Thailand, Indonesia, Maldives) (7) Gender & Health research (Bhutan, Maldives, Indonesia, India, Myanmar) (8) Networking (Thailand, Indonesia)

No.	Topics	Remarks
3.	Collaboration	(1) Ministry of Women Empowerment/Women and Child/ Gender equality (Indonesia, India, Maldives, Nepal, Thailand) (2) National Commission on Women's Affairs (NCWA)/ National Commission on Women and Children (NCWC)/ National Commission on Women (Thailand, Bhutan, Indonesia) (3) University (Medical, Health Polytechnic, Midwifery and Nursing faculty) for Nepal, Thailand, India, Indonesia (4) UN agencies such as: UNFPA, UNIFEM, UNDP, Ford Foundation, Population Council, UNICEF for Indonesia, India, DPR Korea, Timor Leste, Bangladesh, Sri Lanka, Myanmar and Nepal. (5) Other Foundation on Women: Bhutan, Indonesia and India

5.4 Session 4

Group presentations

Both the groups made their presentations in the session moderated by Dr Sattar Yoosuf. The three broad issues which emerged from the discussions could be classified as:

(1) Gender-based violence and its various manifestations.

(2) Gender dimension in sexual and reproductive health.

(3) Lack of sex-disaggregated data.

Dr Yoosuf observed that some of the issues discussed were more women-specific and not so much as gender-specific. Lack of time was cited as one of the reasons for not having elaborate discussions on the subject.

Some members from both the groups met later in the day for further deliberations on the issues, approaches, targets and resources involved in order to arrive at a regional consensus on Strategic Directions for integrating gender into health policies and programmes.

5.5 Session 5

Regional Strategic Discussion and Plans

Dr Rahmat Sentika started the day's proceedings by projecting the country matrix agreed upon by select members of both groups. All members agreed that the three major issues common to their countries are gender-based violence/domestic violence, addressing dimension gender in sexual reproductive health (abortion, MMR, HIV/AIDS) and lack of sex-disaggregated data and gender analysis. The targets set were legislation, advocacy, setting up integrated services for victims and support from policy makers/religious leaders, increasing access to reproductive health services, community empowering and formatted sex-disaggregated data and gender analysis, and improving the format of disaggregated data in the data collection system.

The approaches to be taken into consideration were prevention, community integrated programmes, and human rights-based approach, empowering women and children, reaching people through religious leaders, eliminating community barriers to women's access to reproductive health services, capacity building for persons in the health management information system, and improvement of the gender analysis of the health management information system.

In order to achieve the above activities, resources are required. These resources can be used for establishing One Stop Crisis Centre and centre homes for institutions that integrate gender. Tools and guidelines to address the gender dimension in the sexual reproductive health, to eliminate barriers against women's reproductive health services, and advocacy materials for community awareness are required.

During the discussions which followed some useful suggestions were made. It was suggested that linguistic issues be included in the resources section. Different perceptions regarding the terminology of issues, targets, approach and resources need to be clarified from the Regional Office and Headquarters.

Dr Ernanti Wahyurini, Temporary Adviser from Indonesia, made a presentation on the draft proposal of the Regional Strategic Direction to Integrate Gender into Health Policies and Programmes in South-East Asia. It

was made clear that this is only a draft and a framework which is subject to change after this consultation. "One of the basic purposes of this consultation is to get inputs from the countries in the Region regarding relevant aspects", Dr Wahyurini said. In her presentation she focused on WHO's gender policy and its Plan of Action, particularly integrating gender dimensions into health policies and programmes through the gender mainstreaming mechanism. She also covered issues and priorities regarding health disparities, strategic directions, and supporting roles towards GMS implementation. The latter part of her presentation also focused on the proposed Gender, Women and Health Network, its expected role and functions at the SEA Regional level, and implementation at the GWHN country level.

The floor was opened to discussion after Dr Wahyurini's presentation and responses from the countries were encouraged.

Delegates from Timor-Leste observed that these directions will help them to integrate gender dimensions in health programmes and policies, emphasizing the need to have practical ways to integrate gender.

Bangladesh seconded this need.

Thailand raised the question of how each country could follow the Strategic Directions 2008-13 and where the resources came from and how to decide the priorities in the form of short-middle-and long-term plans.

Dr Erna Surjadi explained the role of the Regional Office in this context. The Regional Office will provide technical support to the countries but the countries are expected to develop their own National Action Plans and decide their priorities. As far as resources are concerned, these are available within the countries. Headquarters can contribute by helping in the adaptation of various modules already developed so that these don't have to be developed from scratch.

She further highlighted the fact that through this consultation 10 Members countries put forward their gender plans for integration into their proposals. She emphasized the importance of the Gender Women's Health Network and the need to further coordinate and collaborate.

Thailand pointed out that it is difficult to decide where to begin since the plan is only for five years for the Region.

Dr Adepeju Olukoya responded that this should not be a discouraging factor. Each country has to determine the contents of its action plan. The purpose of the Consultation is to decide whether the countries agree with the Strategic Directions and get their inputs. Dr Erna Surjadi clarified further that the Regional Office is only trying to facilitate this process.

Bhutan acknowledged that its understanding of gender issues has improved after the consultation. Since Bhutan does not have a gender unit, the delegates asked about the suitability of the person to be involved in developing the National Action Plan.

Dr Erna Surjadi said that the National Plan of Action is not a one-man task. The support of different units should be solicited along with the cooperation of the GWH Network.

Dr Adepeju Olukoya added that interest, more than ability was the touchstone. WHO is preparing the capacity-building tools which can contribute to developing an understanding of gender concepts at different levels. She cited the example of best practices from Uganda where the Planning Unit of the Ministry of Health is conducted an entire gamut of programmes in coordination with different health-specific units. Since all the fund providers deal with the Planning Unit, it offers an additional advantage.

Dr Ernanti Wahyurini added that the decision on how to develop the National Action Plan ultimately lies with the individual country. The Regional Office could also help in starting the process.

5.6 Session 6

Group work sessions on the Gender, Women and Health Network (GWHN) and the preparations for strategic implementation:

For encouraging inputs to the Regional Strategic Direction to integrate Gender into Health Policies the group was divided into two for the discussions. **Group A** consisted of Bhutan, Bangladesh, India, Sri Lanka, and Indonesia with Dr Kaur from India as the Chair.

The Group was asked to work for inputs from pages 12-19 of the Draft Regional Strategic Direction focusing on:

(1) Mechanism of work of the GWHN and its six key elements;

(2) Main suggested activities;

(3) Members of the GWHN country;

(4) Approaches;

(5) Matrix of gender and health issues in the region.

Group B consisting of Maldives, Myanmar, Nepal, Thailand and Timor-Leste was asked to discuss and deliberate upon the Strategic Implementation (2008-2013) and the skills, resources, tools and evaluation for action, objective, output and methods of the Regional Strategic Direction presented in the Summary form from pages 19-21.

5.7 Session 7

Group presentations

Group A's deliberations and inputs were presented by Dr Kaur from India. The group agreed to the GWH Network as the key mechanism to catalyze the process of gender mainstreaming into health policies and programmes, utilizing a multi-sectoral and interdisciplinary approach.

The GWHN should be at two levels: the Regional Office and the country level. The Group is in favour of formal networking with the Ministry of Health as Gender Focal Point and GWHN should be at a higher hierarchy and chaired by decision makers at a senior level. The seven main suggested activities related to gender issues were agreed upon with some additional inputs. Regarding the members of the GWHN country the Group differed and insisted that GWHN should not be under the WHO Country Office but the WR Country office can initiate and provide technical assistance to facilitate the GWHN.

There were 9 items stated in the matrix for gender and health related issues in the Region as under:

(1) Gender-based violence

(2) Gender and mental health

(3) Gender and HIV/AIDS

(4) Gender and reproductive health

(5) Gender mainstreaming in health

(6) Adolescent pregnancy

(7) Gender and Humanitarian action

(8) Gender health curricula and

(9) Gender sensitivity

An additional item 10 as disaggregated data by region, class, urban-rural, socio-economic and so on was added. It was suggested that natural/man made disasters and conflict situations should be included under item No.7 above. Each item, likewise, could include other issues in it.

The presentation was followed by discussions. Merits and disadvantages of having a formal or informal network were debated and discussed. Dr Adepeju Olukoya shared the experience of different models of networking across the globe. She also emphasized the need of having a high level formal commitment to gender at the country level. She felt that the virtual network may work in this Region with good Internet connectivity.

Indonesia stressed the role of stakeholders saying MoH Focal point should collaborate with all the stakeholders in the country.

Timor-Leste raised the question of assuming responsibility for this networking. Dr Erna Surjadi responded that WHO Focal Points can perform this function. Doubts were raised by the Indonesia country office about GWHN being too big for them.

The presentation on behalf of **Group B** was made by Ms Ali Laila from Maldives. This dealt with suggested changes in the Summary of Strategic Directions. It was suggested to take into account the human rights-based approach as one of the objectives while developing the plan of action. Few additions in the methods, viz. policy level discussions, field training and advocacy, were made. Special emphasis was given to the collection of sex-disaggregated data and gender analysis. The participants agreed with all the suggestions.

Dr Adepeju Olukoya was asked to share her experience on GWHN with other participants. She mentioned that WHO has a strategy in GMS and there is a need to consider what other UN agencies have done in this regard. Evidence/examples are available to follow, learn and adapt at different levels. WHO should make it a mandate for focal points to follow up this issue in all meetings.

Dr Erna Surjadi spelled out the agenda for the next morning's session with special focus on the constraints, joint planning, challenges and final recommendations.

5.8 Session 8

Country discussions and plan

Dr Rahmat Sentika recapped the proceedings of the previous day. The morning session was also devoted to group work spelled out the previous day by RA-GWH, SEARO.

This session with Dr Sattar Yoosuf, SDE as the Moderator and Chair was devoted to the final presentations by both the groups. **Group A's** deliberations were presented by Dr Kaur from India. The constraints and challenges related to the seven Action Points from the Summary of Strategic Direction (2008-13) were spelled out in detail. Joint Planning and multi-country activities in all actions except no 1, 3 and 6 were recommended in the form of sharing of experience and experts for common modules/models and training sessions and also data networking. The Group came up with a set of recommendations addressed to WHO/SEARO.

Dr Sattar Yoosuf congratulated the Group for incorporating details in their presentation and invited **Group B** to make their presentation. Dr Silu Aryal made a brief presentation on constraints and challenges relating to the seven action areas of the strategic directions and related recommendations.

Dr Sattar Yoosuf commented that though the presentation was short it was able to highlight the generic issues. He invited discussions from the floor and suggested that the findings and recommendations from both the groups could be collated for final presentation.

Dr Erna Surjadi voiced her concern about the lack of clarity as there were too many generalizations. The discussions further focused on the issues relating to data and data collection mechanisms. Dr Santika spoke about capacity building of officials and the constraints in integrating gender dimensions in the Health Management Information System (HMIS).

Dr Hermiyanti drew attention to the fact that it is not only a question of constraints on how to integrate dimension but also of the course of action when no data available. Dr Yoosuf suggested that the recommendations may need to be worded differently. He further said that he appreciated the constraints and challenges. In WHO, the new management approach has brought in new tools to find solutions to problems. Team building is an important ingredient and planning is the key factor in programme management. He concluded the session by complementing both the Groups for laying out the issues and challenges in the countries so well.

6. Summary and drafting recommendations

The participants from countries were divided into two groups. Issues and challenges that emerged were deliberated thoroughly. Each group came out with their recommendation which was shared and presented.

6.1 Recommendations

The recommendations of the countries were:

- Country Office with support from WHO/SEARO to facilitate and provide technical assistance for development of national action plan, data management on gender in health;
- WHO/SEARO to provide technical assistance and capacity building within the region through advocacy to high-level officials and technical staff for integrating gender in health issues;
- WHO HQ and SEARO Support to develop appropriate indicators related to gender in health;
- SEARO to encourage gender focal point in country offices in the Region;

- Adjustment of health information system to take into account sex-disaggregated data/gender perspectives;
- WHO country offices with support from WHO/SEARO to establish and strengthen the GWH networking in the region (particularly on the three priorities: Gender-based violence/domestic violence, gender perspective in RH and data-disaggregated by sex/gender perspective);
- WHO HQ and SEARO to provide technical assistance for model development/adaptation.

6.2 Conclusions

Dr Surjadi invited Dr Olukoya from Headquarters to say a few words in conclusion. Dr Olukoya expressed satisfaction with the reaffirmation of basic concepts and the agenda of the consultation after the initial confusion was overcome. She urged the participants to take the Strategic Direction forward to develop their own National Plans at the earliest. On a more personal note she said she enjoyed working with all. Dr Surjadi thanked Dr Olukoya and proposed a token of appreciation to all participants and resource persons.

7. Closing session

The consultation came to an end with closing remarks by Dr Yoosuf. He expressed his thanks to all participants, country focal points for gender, Temporary Advisers and to Dr Olukoya for providing support from HQ. He further stressed that the strategic directions arrived at the meeting need to be discussed threadbare for further implementation in Member countries. The role of networking among technical units as well as different sectors and disciplines in the gender areas, which sometimes overlap, is very important for follow up action in Member countries. He hoped the group would ensure implementation in the countries by integrating gender into health policies and programmes. The constraints in the implementation process could be eliminated gradually through joint planning and networking as well as collaboration of the Member countries in the SEA Region.

Dr Yoosuf again congratulated all concerned for the successful conduct of this consultation and sincerely acknowledged their efforts and inputs for arriving at recommendations unanimously. He formally declared this meeting as closed.

Dr Surjadi proposed a vote of thanks.

Annex

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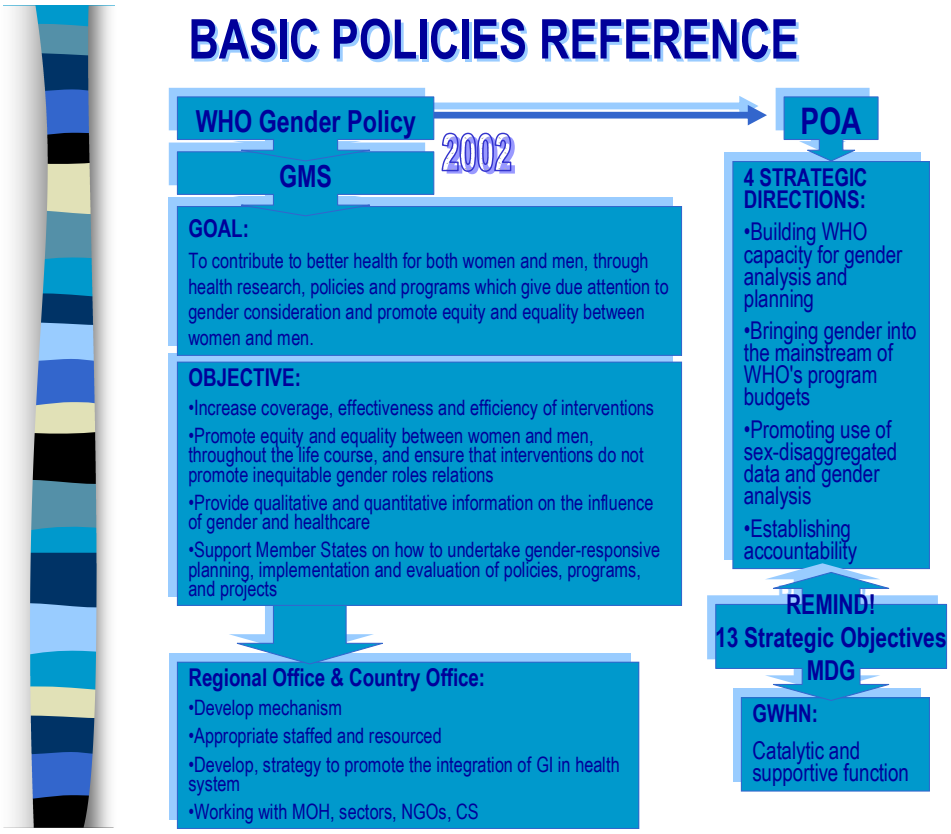
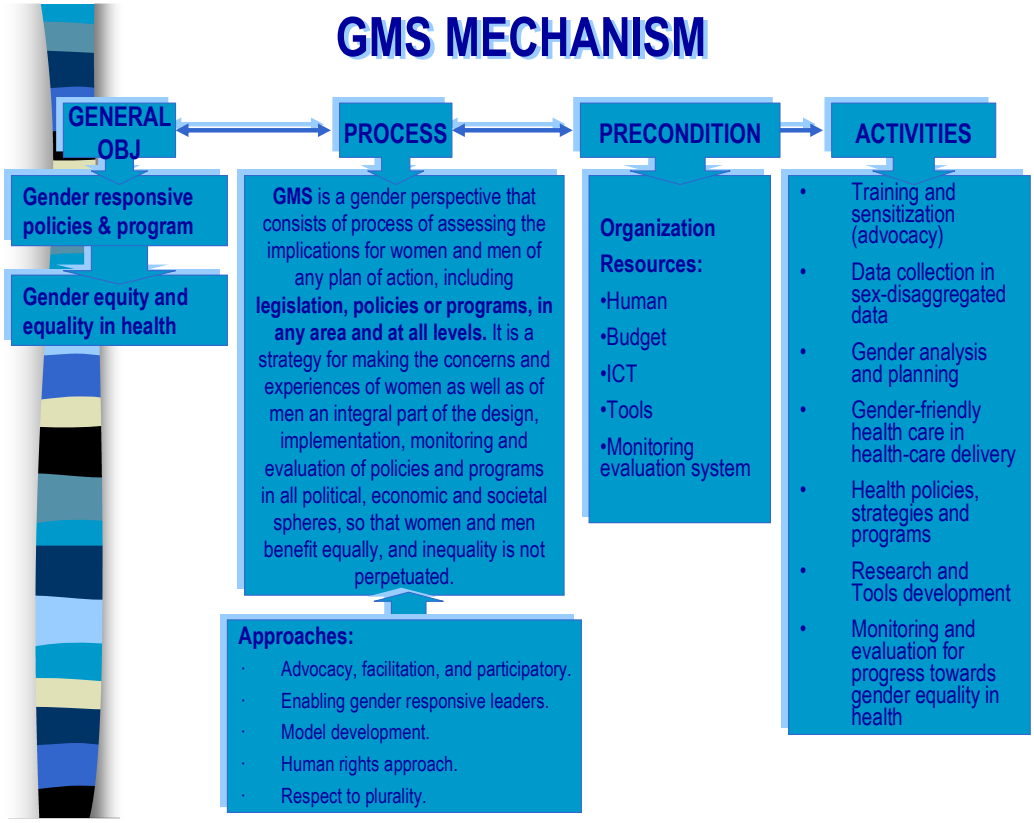

BASIC POLICIES REFERENCE
WHO Gender Policy
2002
GMS
POA
GOAL:
To contribute to better health for both women and men, through health research, policies and programs which give due attention to gender consideration and promote equity and equality between women and men.
OBJECTIVE:
•Increase coverage, effectiveness and efficiency of interventions
•Promote equity and equality between women and men, throughout the life course, and ensure that interventions do not promote inequitable gender roles relations
•Provide qualitative and quantitative information on the influence of gender and healthcare
•Support Member States on how to undertake gender-responsive planning, implementation and evaluation of policies, programs, and projects
4 STRATEGIC DIRECTIONS:
•Building WHO capacity for gender analysis and planning
•Bringing gender into the mainstream of WHO's program budgets
•Promoting use of sex-disaggregated data and gender analysis
•Establishing accountability
REMIND!
13 Strategic Objectives
MDG
GWHN:
Catalytic and supportive function
Regional Office & Country Office:
•Develop mechanism
•Appropriate staffed and resourced
•Develop, strategy to promote the integration of GI in health system
•Working with MOH, sectors, NGOs, CS

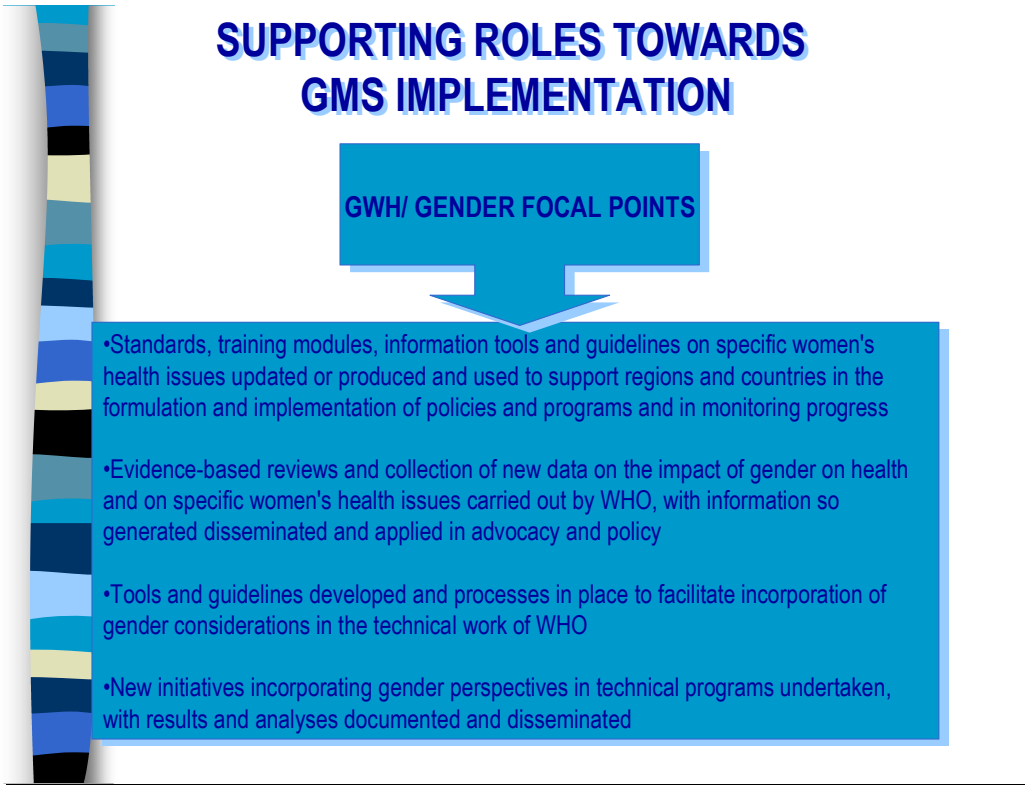

GMS MECHANISM
GENERAL OBJ
PROCESS
PRECONDITION
ACTIVITIES
Gender responsive policies & program
Gender equity and equality in health
GMS is a gender perspective that consists of process of assessing the implications for women and men of any plan of action, including legislation, policies or programs, in any area and at all levels. It is a strategy for making the 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 societal spheres, so that women and men benefit equally, and inequality is not perpetuated.
Approaches:
· Advocacy, facilitation, and participatory.
· Enabling gender responsive leaders.
· Model development.
· Human rights approach.
· Respect to plurality.
Organization
Resources:
•Human
•Budget
•ICT
•Tools
•Monitoring evaluation system
• Training and sensitization (advocacy)
• Data collection in sex-disaggregated data
• Gender analysis and planning
• Gender-friendly health care in health-care delivery
• Health policies, strategies and programs
• Research and Tools development
• Monitoring and evaluation for progress towards gender equality in health

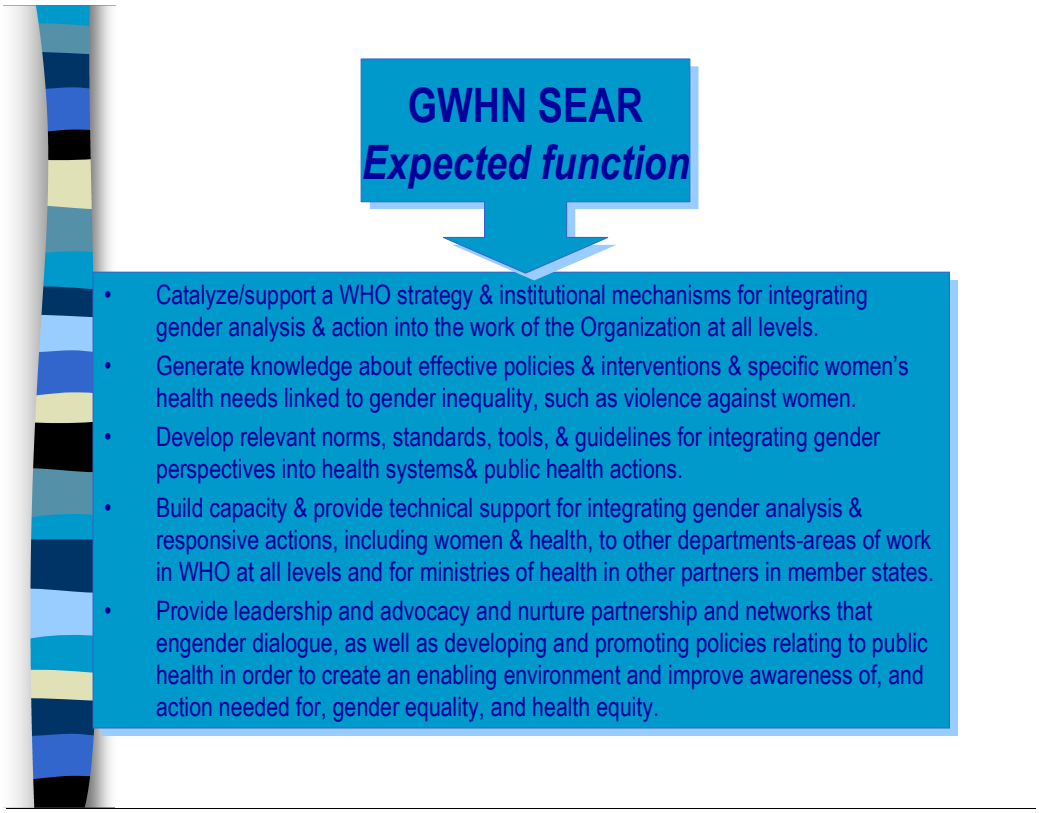
ISSUES & PRIORITIES OF HEALTH DISPARITIES

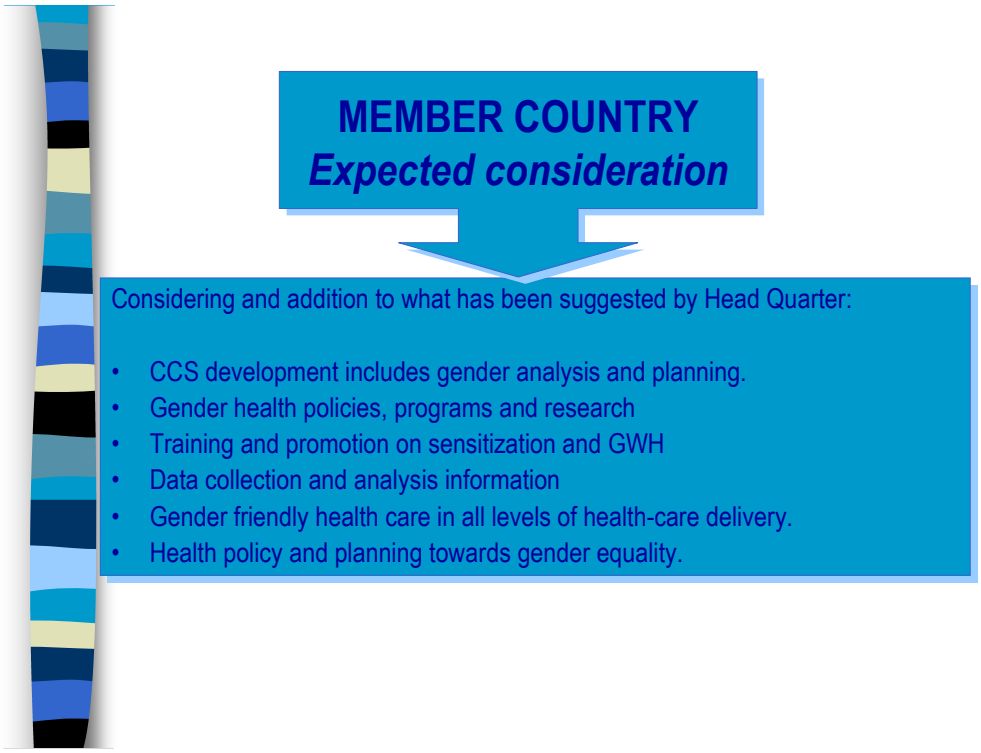
no	TOPIC	ISSUES
1	Gender Based Violence/ violence against women & girls	■Human Rights ■Child health ■Violence during pregnancy ■Violence from intimate partner
2	Gender & mental health	Wife abuse
3	Gender & HIV/Aids	■HIV/AIDS in pregnant women ■People living with HIV/AID
4	Gender and Reproductive Health with aspect of Human Rights	Maternal mortality and morbidity
5	Gender mainstreaming in health	■Women's profile ■Gender statistics ■Gender budgeting
6	Gender and adolescent pregnancy	Death of young pregnant girls
7	Gender and humanitarian action in crisis	Tsunami victims
8	Gender Health curricula	■Nursing curriculum ■Midwifery ■Medical Exam ■Protocol Evaluation
9	Gender and Nutrition	Probability of girls dying at home

STRATEGIC DIRECTION

NO	ACTION	OBJECTIVE	OUTPUT	METHOD
1	Enabling development of National Action Plan	■To build commitment in implementation of integrating gender into health policies and programs (consensus on each role	National action plan	Workshop
2	Enhancing knowledge, attitude and skill		skills	Participatory training
	- Senior officers	To enhance commitment of integrating gender into health policies and programs		
	- Middle managers	To enhance gender policy analysis		
	- Program managers of each priority.	To enhance gender program analysis and actions		
	- Community : NGO, CSO etc		Gender sensitivity, Gender awareness	Public knowledge: mass media etc
3	Enabling availability of data and Establishing base line data	To build commitment in providing sex disaggregated data and building mechanism of data-information networking	Data availability	Workshop Coordination meeting assessment
4	Facilitating development of accountability system	To develop performance indicator	Set of Indicators	Workshop
5	Facilitating GMS practical models and its valuation	To get effectiveness of the model to reduce health inequity	Implementation of models	Workshop Field test
6	Energizing GMS in health for sustainability	To get sustainability of GMS process in health	Equality access, opportunity, control and benefit for women and	Assessment and feedback mechanism


SUPPORTING ROLES TOWARDS
GMS IMPLEMENTATION
GWH/ GENDER FOCAL POINTS
•Standards, training modules, information tools and guidelines on specific women's health issues updated or produced and used to support regions and countries in the formulation and implementation of policies and programs and in monitoring progress
•Evidence-based reviews and collection of new data on the impact of gender on health and on specific women's health issues carried out by WHO, with information so generated disseminated and applied in advocacy and policy
•Tools and guidelines developed and processes in place to facilitate incorporation of gender considerations in the technical work of WHO
•New initiatives incorporating gender perspectives in technical programs undertaken, with results and analyses documented and disseminated


GWHN SEAR
Expected function
• Catalyze/support a WHO strategy & institutional mechanisms for integrating gender analysis & action into the work of the Organization at all levels.
• Generate knowledge about effective policies & interventions & specific women's health needs linked to gender inequality, such as violence against women.
• Develop relevant norms, standards, tools, & guidelines for integrating gender perspectives into health systems& public health actions.
• Build capacity & provide technical support for integrating gender analysis & responsive actions, including women & health, to other departments-areas of work in WHO at all levels and for ministries of health in other partners in member states.
• Provide leadership and advocacy and nurture partnership and networks that engender dialogue, as well as developing and promoting policies relating to public health in order to create an enabling environment and improve awareness of, and action needed for, gender equality, and health equity.


MEMBER COUNTRY
Expected consideration
Considering and addition to what has been suggested by Head Quarter:
• CCS development includes gender analysis and planning.
• Gender health policies, programs and research
• Training and promotion on sensitization and GWH
• Data collection and analysis information
• Gender friendly health care in all levels of health-care delivery.
• Health policy and planning towards gender equality.