

Prevention and Control of Priority Communicable Diseases Project in South America (PAHO/CIDA)

Background

As part of the development and implementation of the Prevention and Control of Priority Communicable Diseases Project in South America (PCPCD), financed by CIDA Canada, a gender equality strategy was incorporated with the following expected result:

“the capacity of target countries to incorporate a gender sensitive approach to the planning, implementation and management of prevention and care programs for priority communicable diseases is strengthened”. By the end of the Project, it was anticipated that national programs of the target countries will develop communicable disease specific gender equality strategies and/or action plans to foster the sustainability of gender initiatives undertaken in this Project.

The Gender Equality Strategy for the PCPCD has the following three objectives:

- (1) Integrate a gender perspective into the delivery of health services to improve access to care, coverage and quality of services
- (2) Ensure the collection, presentation and distribution of data by sex, the gender analyses of data and the development of appropriate indicators to measure advances in gender equality
- (3) Support the design of interventions to improve gender equality in health services specifically in relation to communicable diseases

Actions

- The PCPCD worked with the Women’s Secretariat in Paraguay to contribute to the development of national initiatives to introduce a gender approach within the Paraguayan health system along the lines of action of the *Plan de Igualdad de Oportunidades entre Mujeres y Hombres (2003-2007)* that are consistent with the scope of the PCPCD.
- Working within the Gender Equality Strategy of the PCPCD, collaboration was established between PAHO, Women’s Secretariat, Ministry of Health, and National University of Asunción, Department of Social Sciences. In 2006, this collaboration was extended to include the Moises Bertoni Foundation.
- Gender sensitivity training was carried out with the participation of health professionals and managers from the following programs: HIV/aids, tuberculosis, Chagas disease, surveillance, adolescent and child health, maternal health and dengue. All participants involved in the PCPCD at the national level received training, as well as a wider network.
- The training was developed and implemented by the Women’s Secretariat and the National University of Asuncion and included the following areas: Sex and gender; gender roles; gender and health; practical approaches and strategies with a gender focus; gender and development; application of gender concepts; and, application and evaluation of gender concepts in the National Health Programs.

- In Year 5, *mesas tematicas en género* were introduced as part of the PCPCD work plan. These *mesas tematicas* were initially focused on at a national level with policy makers from different sectors of government and UN agencies, but due to their success have expanded to the departmental and community levels. They have been successful not only in creating gender awareness in communicable disease, but also in achieving commitments for action and including civil society in the gender and health response. For example, a result of a *mesa tematica en genero y VIH/ITS* in 2005 was a signed commitment, and corresponding national resolution in August 2005, to provide all pregnant women and their partners with free testing and treatment for HIV and syphilis.
- In the last two years of the PCPCD, gender actions have focused on integrating a gender perspective in materials, for example in all IMCI strategy documents, and in program planning at the departmental level in PCPCD areas and participatory community diagnosis to develop public education campaigns.

Lessons learned

- It was important to identify national expertise and establish partnerships with key actors to establish entry points to implement the PCPCD gender equality strategy and actions. Linking actions of the PCPCD with the national plan for Equality, and working in collaboration with the Women's Secretariat were instrumental in achieving success in this area.
- In addition to training in gender sensitivity, it was identified there was a need for advocacy on the importance of gender and health in the country, and as a result the *mesas tematicas* were developed to address this gap. In addition to increasing awareness around key issues, the *mesas tematicas* include concrete products as at the end of each session in the form of signed commitments by all participants on how they will work in the thematic area.
- Implementing actions using a phased approach was an important factor in the successful expansion of gender and health actions. For example, the gender sensitivity training was initiated with participation of health professionals at the national level and was later expanded to the departmental and community levels in the PCPCD areas. For the *mesas tematicas*, advocacy was targeted primarily to policy and decision makers and then expanded to include civil society.
- Relating gender and health to practical examples was a successful strategy to demonstrate the importance of gender in the daily work environment. For example, as part of the gender sensitivity training sessions, the participants reviewed their program data and plans from a gender perspective to see how integrating gender would benefit them in their planning of program interventions and evaluation of program outcomes, for example treatment.
- Incorporating civil society in gender and health initiatives played a key role not only in the *mesas tematicas*, but also in the monitoring and sustainability of efforts at the community level.