



**Pan American
Health
Organization**

Regional Office of the
World Health Organization

Office of Gender, Diversity, and Human Rights

Best practices that incorporate a gender and ethnic equality perspective in health

Winners

2013

ECUADOR: “Improving Lives and Strengthening the Identity of the Andean Population of Cotacachi through Reinforcing Intercultural Practices in Ancestral Health,” Ministry of Public Health and Asdrubal de la Torre Hospital

The rates of maternal and infant mortality are indicators of inequity and the increased vulnerability of the indigenous population. This initiative seeks to strengthen the cultural identity of the Andean population of Cotacachi. Healthcare personnel are trained and their awareness raised in relation to an intercultural health model, ancestral health and culturally-adequate births, and the program includes ancestral healthcare providers such as midwives in the formal healthcare system.

ARGENTINA: “Much More Than Two,” Health Secretariat of Municipality of Florencio Varela

The regulations for the prevention of the vertical transmission of HIV, with available testing for all pregnant women and placing responsibility for the health of the child on her, favors their access to an early diagnosis. This opportunity is not offered to men, who have a higher proportion of late HIV diagnoses, thereby exposing women to infection during pregnancy and breastfeeding. This program encourages co-responsibility and the participation of men in procreation and women’s empowerment, and improves men’s access to the timely prevention, diagnosis and treatment of HIV and other sexually-transmitted infections.

2012

BOLIVIA: “Municipal Public Hearings on Health,” DIMA-COMIBOL

The objective of this program was to ensure the participation of women in the accountability process in the Municipal Hearings on Health in Colquechaca. The result has been public hearings that enjoy active participation from women, resulting in clear improvements in infrastructure, team configuration and prevention activities. There are already efforts to implement this program in other communities.

PERU: “Participation of Women and Men from Tutumbaru in Communal Surveillance in Maternal and Infant Health - Ayacucho, Peru,” Management Sciences for Health

The management of health issues in the community of Tutumbaru saw little participation from women because decisions were made solely by men. The program sought, and achieved, increased participation from women in decision-making and involvement from men in areas of health traditionally assigned to women.

COLOMBIA: “Safe Maternity in the Pacific Region of Cauca: The Road to a Happy Birth,” PAHO Colombia, Cauca Departmental Secretariat of Health, Municipal Secretariats of Health of Guapi, López de Micay y Timbiqui; Empresas Sociales del Estado de Guapi and ESE Occidente; Red de Mujeres Matamba y Guasa; and Grupo de Parteras del Pacífico Caucano

The program prioritized indigenous and Afro-descendant peoples as well as displaced populations in the Pacific region of Cauca, Colombia. It sought to train midwives so that they could identify risk factors and warning signs among pregnant women and newborns, which, in turn, would reduce barriers to accessing formal health services. The training was done through educational materials that focused on cultural diversity and has already been replicated in other communities.



URUGUAY: “Change in Health Relationships: the Uruguay Model of Risk and Harm Reduction in Unsafe Abortions,” *Asociación Civil Iniciativas Sanitarias*

This initiative was aimed at implementing and monitoring a strategy to reduce risks and harms resulting from unsafe abortions by way of integrated interventions from health professionals, health teams, users and service providers. The model developed clinical guides with expert and ethical information so that women could make decisions in a free, responsible and safe manner on whether to continue with or stop the pregnancy, with guaranteed comprehensive care following an abortion. This initiative is adaptable to countries that have restrictive legislation when it comes to abortion.

2011

ARGENTINA: “Promotion of sexual and reproductive health and HIV prevention for adolescents and youth living in marginal areas of Buenos Aires,” *Fundación Huesped*

This initiative aimed to generate an integrated program that actively engages key youth groups, including HIV positive youth, those living in poverty, migrants and indigenous groups. The experience is based on evidence that highlighted inequalities between men and women, particularly qualitative ones. Starting with the transformation of attitudes and practices, it strived to improve the quality of life of men and women by enabling them to exercise their right to sexual and reproductive health. The initiative resulted in a significant increase in the number of appointments, particularly by boys, as well as in the use of condoms. The project had a multiplier effect, demonstrated by formation of the Network of United Latin American Youth in Response to HIV, comprised of six countries in the region and approximately 100 organizations.

TRINIDAD AND TOBAGO: “Prevention between discordant heterosexual HIV positive couples,” *Tobago Health Promotion Clinic with PAHO support*

Discordant heterosexual couples were an increasing group with a high risk of HIV infection in the country. There were no strategic plans aimed to address their needs, specifically prevention and sexual and reproductive health needs. In this context, the program aimed to support diverse groups, including 100 discordant heterosexual HIV positive couples, in order to reduce the number of separations, the level of domestic violence related to the HIV status, as well as to train participants in conflict resolution techniques. The program helped to decrease anxiety related to HIV status disclosure, especially when coupled with pregnancy. It was expanded around the country to include HIV positive mothers, while obtaining support from local medical practitioners, the community and some church leaders on issues related to HIV.

2010

EL SALVADOR: “Reducing maternal and neonatal mortality among youth and adolescents,” *Ministry of Public Health and Social Welfare and PAHO*

This program was implemented in the Nahuizalco Municipality to address the great inequalities in maternal and neonatal health among adolescent women. It aims to promote health as a sexual and reproductive right through participatory planning that includes capacity building for health service users, improving the quality of health services, and involving different stakeholders from the civil society organizations, municipalities, governmental and non-governmental organizations. Thanks to this participative experience, maternal and infant mortality rates have decreased and pre-natal visits and institutionalized births have increased.

ARGENTINA: “Reducing the risks and dangers in reproductive and sexual health in the context of comprehensive care of adolescents,” *Agudos Cosme Argerich General Hospital and Foundation for Adolescents’ Health of 2000 (FUSA 2000)*

This program benefits 15% of migrant adolescents, women and men in Buenos Aires. It was developed to respond to the high rates of teen pregnancy, lack of prevention in sexual and reproductive health, and the number of medical referrals due to induced abortions. The comprehensive program transformed waiting rooms into workshops that advise teens on sexuality, gender and rights, and that address the daily life situations of adolescents. Results include an increase in the number of offered workshops, an increase in the number of adolescent boys and girls who participated and sought advice, and a marked decrease in complications related to pregnancy.



BRAZIL: “Programs H and M: Engaging young men and empowering young women to promote gender equity and health,” *Promundo*

The program benefits low-income youth of Rio de Janeiro and aims to engage them in critical reflections on the gender norms and their relation with sexual and reproductive health, gender-based violence and other health issues. It uses group-education and a radio soap opera for youth to address unplanned pregnancy, condom use, and adolescent parenthood. Evaluation impact studies show that, after participating in the program, young men show greater acceptance of domestic work, higher rates of condom use, and low rates of violence against women.

2009

BOLIVIA: “Primary health care with a gender approach” (Star Health Services), *Department Health Services, La Paz - Ministry of Health and Sports, and the PAHO/WHO Representative Office*

This program benefits migrant women and Aymara indigenous women living in poverty in urban sections of the La Paz municipality. The initiative emerged in light of the low coverage and participation of women in disease prevention and care, due to discrimination, bad treatment, and their felt needs. Through coordination with health care service providers, groups of women managed to transform the services so that they better respond to the specific needs of the users by using an intercultural approach, thereby increasing care coverage, especially for labor (giving birth).

BRAZIL: “Empowering families in order to combat domestic violence,” *Federal University of Sao Carlos, Brazil, School Health Unit (USES), Analytical Laboratory of Violence Prevention (LAPREV)*

This program was developed in the city of Sao Carlos and began in the police stations. Subsequently, it became part of health system in order to address the violence prevention and treatment needed because of the high occurrence rates. The program, a university and municipality partnership, worked with mothers and fathers, giving follow up to 800 beneficiaries to change their violent behavior and relationships with their children. The results include a reduction in violent relationships and improvements in the providers’ ability to detect and address cases of violence.

2008

BOLIVIA: “Building bridges between the community and health services with a focus on gender and interculturalism,” *Program for Comprehensive Health Coordination (PROCOSI)*

Through its focus on women’s empowerment, community participation, and a cultural and gender perspective, this best practice has helped reduce maternal and infant mortality in Calamarca and Morochata. Community health workers, with the active participation of local women, increased these women’s knowledge about their reproductive health and human rights; and, as a result, they demanded and gained access to better health care. The women involved men, health officials, and health care providers so as to garner more support for their rights and demands.

MEXICO: “Incorporation of the gender perspective into the national program for prevention and control of diabetes mellitus,” *National Center for Gender Equity and Reproductive Health, Secretariat of Secretary of Health of Mexico*

This best practice, implemented throughout the country, focused on effective information dissemination and improved methods to manage the differences in the way men and women with diabetes behave and the way they are affected by the disease. The initiative was part of the national campaign “Men and women are taking measures”, which included the dissemination of gender-specific information for men and women users as well as for health personnel, in order to improve the health care coverage of this disease.