

# PAHO's PROGRESS ON GENDER EQUALITY IN HEALTH 2009-2019



PASB acknowledges the contributions and transparency of all countries and technical staff in the process of monitoring their advances in gender equality in health.

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# The context of the Americas

## Life expectancy at birth

is higher for women than for men (79.8 compared with 74.0 years).<sup>1</sup>



## New HIV diagnoses

are 3.6 times more among men than among women.<sup>1</sup>



Available data from four countries show that

**out-of-pocket expenditure** in health is from 1.3 to 2.2 times higher among women than men.<sup>2</sup>



In North America (Bermuda, Canada, and the United States of America),

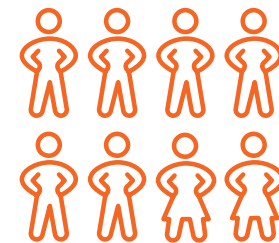
## the adolescent fertility rate

is 17.6 compared with 71.1 in Central America (births per 1,000 women age 15–19 years).<sup>1</sup>



## Men have higher mortality rates

and premature death due to external causes: 96.1 compared with 25.5 for women, per 100,000 population.<sup>1</sup>



*Reducing gender disparities in health outcomes remains a challenge, especially for groups with less economic and social empowerment.*

<sup>1</sup> Pan American Health Organization. Core indicators 2019: Health Trends in the Americas. Washington, DC: PAHO; 2019. Available from: <https://iris.paho.org/handle/10665.2/51542>.

<sup>2</sup> Pan American Health Organization. Out of Pocket Health Expenditure: The need for a gender analysis. Washington, DC: PAHO; 2019. Available from: <https://iris.paho.org/handle/10665.2/54670>.

# Introduction

In 2005, Member States of the Pan American Health Organization (PAHO) approved the PAHO Gender Equality Policy and requested the Director to develop an action plan for its implementation. The Action Plan was approved in 2009, providing a road map with monitoring indicators for the Member States and the Pan American Sanitary Bureau (PASB, or the Bureau). It is underpinned by the basic premise that gender mainstreaming in the health sector, within the broader framework of equity, can contribute significantly to the achievement of gender equality in health.

**The strategic lines of action of the Gender Equality Plan of Action are data disaggregation and analysis, capacity building and institutional integration of gender equality perspectives, participation of civil society, and monitoring and evaluation.**

## Purpose

The goal of the Gender Equality Policy is to contribute to improved commitment and responses from ministries of health and the PASB for better health outcomes for diverse women, men, and children of the Americas. This brochure describes the progress of Member States and PASB toward gender equality in health through the implementation of the Gender Equality Plan of Action (2009–2019).

## Methodology

Based on the analysis of data gathered from Member States and PASB, from discussions with experts, and from the findings of a report on gender mainstreaming in health in the Region prepared by the Bureau in 2019, a comprehensive document PAHO Gender Equality Policy: Progress Report was prepared.<sup>3</sup> Data collection occurred during the months of January and February 2020 through an online self-assessment questionnaire.

**This brochure presents the highlights of the report, describing the clear achievements as well as the gaps in advancing gender mainstreaming in the health sector. It serves as an effective and attractive snapshot of the gains and remaining challenges to achieve gender equality in health in the Americas.**

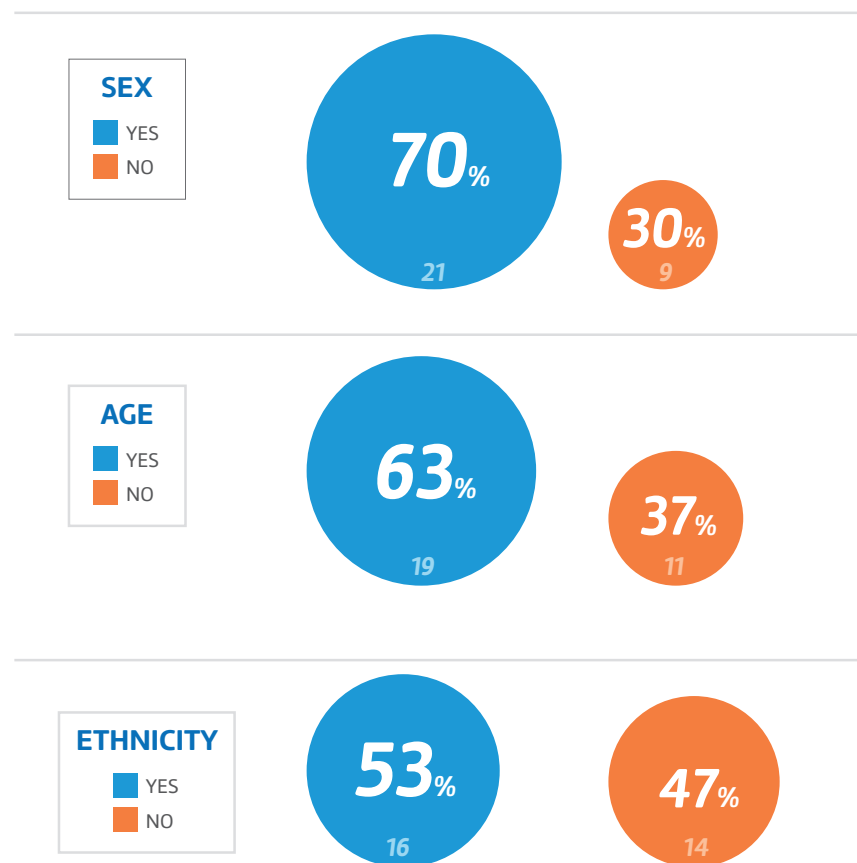
<sup>3</sup> Pan American Health Organization. PAHO gender equality policy: progress report [Internet]. 58th Directing Council, 72nd Session of the Regional Committee of WHO for the Americas; Virtual Session; 2020 Sep 28–29. Washington, DC: PAHO; 2020 Aug 15 (Document CD58/INF/14) [cited 2021 Sep 24]. Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.



# Building evidence on gender equity/inequity in health

Data disaggregation strengthens the capacity of the countries and PASB to generate evidence on gender inequalities and inequities in health, which in turn can be used to guide improved, evidence-based interventions to redress unequal and unjust health outcomes (Figure 1).

**Figure 1. Number and percentage of Member States that report having guidelines with data disaggregated by sex, age, and ethnic group, 2015–2019**



Source: Adapted from Pan American Health Organization. PAHO gender equality policy: progress report [Internet]. 58th Directing Council, 72nd Session of the Regional Committee of WHO for the Americas; Virtual Session; 2020 Sep 28–29. Washington, DC: PAHO; 2020 Aug 15 (Document CD58/INF/14) [cited 2021 Sep 24]. Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.



There is significant progress in disaggregating data, in producing gender and health profiles, and in incorporating gender indicators into national health programs. **Notably, many new regional plans of action, resolutions, and concept documents present and incorporate disaggregated data and analysis. Nonetheless, these actions are yet to demonstrate the sustainability required in national processes.** The Bureau has produced a consolidated framework document with a core set of indicators for monitoring advances toward gender equality and health, ensuring alignment with both the Sustainable Development Goals (SDGs) and the Sustainable Health Agenda for the Americas 2018–2030.<sup>4</sup>

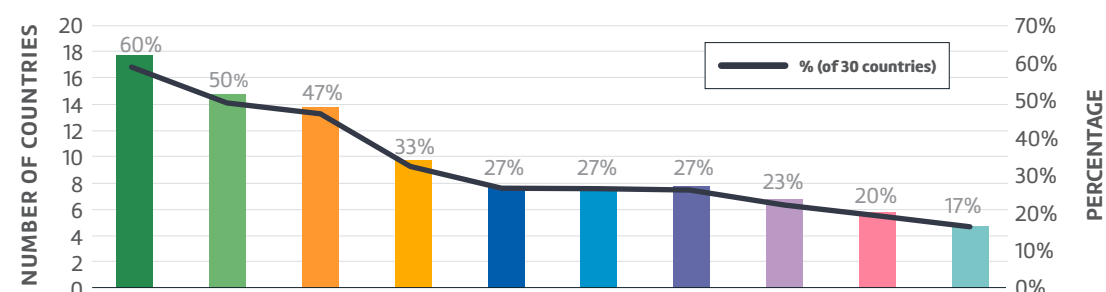
Five statistical brochures were published with United Nations partners, and several countries have also produced national brochures (Argentina, Brazil, Costa Rica, Guatemala, Mexico, and Peru, among others). Data disaggregation and analysis have been incrementally incorporated into all editions of the Health in the Americas publications, including the country chapters, underscoring health equity and including gender inequalities in health.

<sup>4</sup> Pan American Health Organization. A Framework and Indicators for Monitoring Gender Equality and Health in the Americas. Washington, DC: PAHO; 2019. Available from: <https://iris.paho.org/handle/10665.2/51786>.

# Building capacities on gender and health

All countries conduct training and capacity-building on gender and health in the framework of diversity and emphasize the need for continued capacity-building with the support of PASB, calling for new approaches and linkages with health programs as well as on the topic of health organization and service delivery (Figure 2).

**Figure 2. Priority gender-related themes identified by Member States and PASB for technical collaboration**

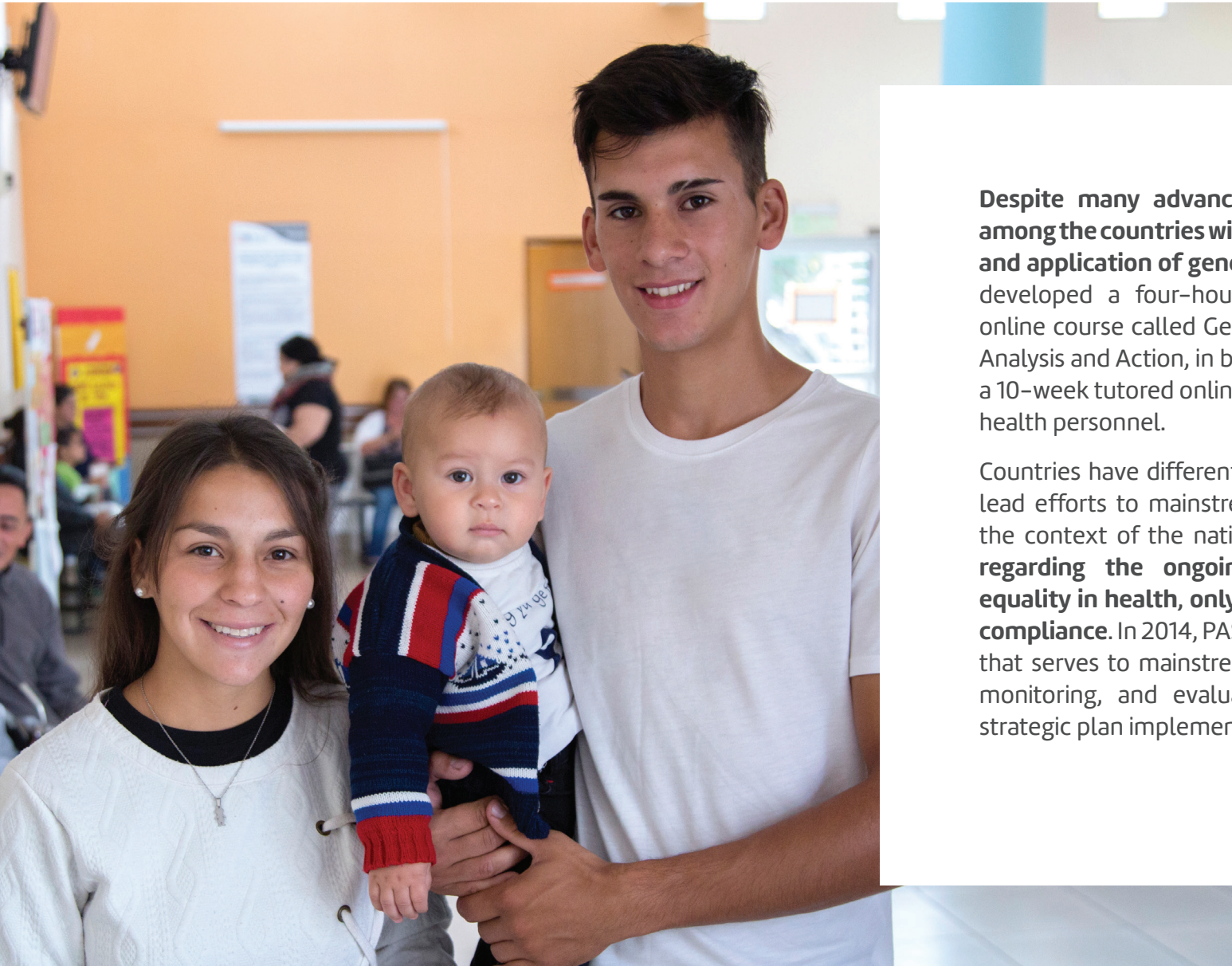


- **GBV:** Gender-based violence, including training, research, impacts, rehabilitation of perpetrators, in workplace, obstetric emergency
- **GM, M&E, Impacts:** Gender mainstreaming, monitoring and evaluation, and analysis of impacts on health
- **Data, GbA, evidence:** Data, gender-based analysis, and evidence
- **Life course, SRH:** Life course and sexual and reproductive health
- **Capacity building:** Capacity building on gender mainstreaming, gender-based violence, and health of diverse groups
- **NCD:** Noncommunicable diseases, including mental health, substance use, cancer, and cardiovascular diseases
- **Men & masculinities:** Men and masculinities
- **Health of LGBTIQ+ persons**
- **Guidance documents:** Development of guidance documents on gender mainstreaming, gender transformative interventions, and communication
- **CD:** Communicable diseases, including HIV, sexually transmitted infections, and tuberculosis, and antimicrobial resistance

Source: Adapted from Pan American Health Organization. PAHO gender equality policy: progress report [Internet]. 58th Directing Council, 72nd Session of the Regional Committee of WHO for the Americas; Virtual Session; 2020 Sep 28–29. Washington, DC: PAHO; 2020 Aug 15 (Document CD58/INF/14) [cited 2021 Sep 24]. Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.



## BUILDING CAPACITIES ON GENDER AND HEALTH



Despite many advances, there is an imbalance among the countries with respect to the knowledge and application of gender theories in health. PASB developed a four-hour, self-tutored introductory online course called Gender and Health: Awareness, Analysis and Action, in both English and Spanish<sup>5</sup> and a 10-week tutored online course for health and allied health personnel.

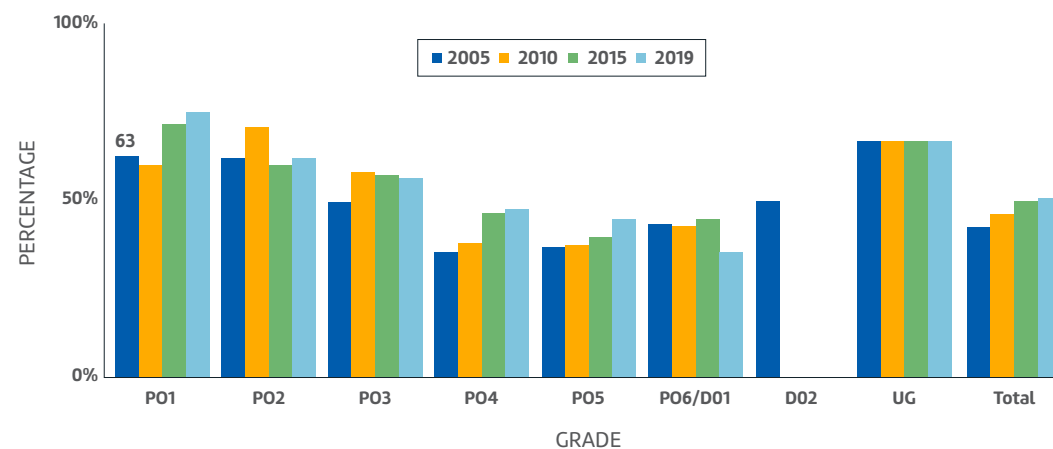
Countries have different groups and individuals who lead efforts to mainstream gender in health within the context of the national health plans. However, **regarding the ongoing monitoring of gender equality in health, only 27% of countries reported compliance.** In 2014, PASB began a corporate process that serves to mainstream gender into its planning, monitoring, and evaluation cycle, guided by the strategic plan implemented with the Member States.

<sup>5</sup> Available from: <https://www.campusvirtualsp.org/es/curso/curso-virtual-de-autoaprendizaje-de-genero-y-salud-conocimiento-analisis-y-accion-2020>.

## Building gender-equal policies related to staffing

Since 2005, sex parity among staff in the Bureau has been consistently improving—more evident at Headquarters than in the country offices. At the P4 level, women’s representation has increased from 36% to 48% in the past 15 years. For P5 staff the parity gap is closing, while for P6/D1 it has widened (Figure 3). With regard to the PAHO/WHO Representatives, 13 of the 27 are women (48%).

**Figure 3. Women as a percentage of total staff (PASB Headquarters and country offices), by Grade, 2005, 2010, 2015, 2019**



Source: Adapted from Pan American Health Organization. PAHO gender equality policy: progress report [Internet]. 58th Directing Council, 72nd Session of the Regional Committee of WHO for the Americas; Virtual Session; 2020 Sep 28–29. Washington, DC: PAHO; 2020 Aug 15 (Document CD58/INF/14) [cited 2021 Sep 24]. Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.



## BUILDING GENDER-EQUAL POLICIES RELATED TO STAFFING

In 2019, eight countries (27%) report having equal opportunity policies for staff in the Ministry of Health.

During the period 2008–2013, PAHO coordinated a best-practice initiative on mainstreaming gender in health, awarding 30 winners. The country winners presented their experiences in highly visible forums, including International Women's Day. Topics included sexual and reproductive health, HIV, gender-based violence, maternal health, and gender policy development. The observance of International Women's Day continues to be a highly publicized event promoting gender equality in health.





# *Building financial sustainability for gender and health plans*

Member States continue to have fragile institutional mechanisms for mainstreaming gender in health, especially with respect to staffing, policy and budgetary mechanisms, and clearly defined results-based plans.

There is a decrease in the number of gender and health policies (57%, down from 59% in 2014), as well as a decrease in access to financial resources through an assigned budget (37%, down from 44% in 2014).



# Gender equality in health monitoring

All countries declare and recognize the significance of gender equality for health development.

There are many advances to note with respect to policy development, expanding programmatic successes, and the creation of new structures and decrees (Table 1).

**Table 1. Number and percentage of Member States that have incorporated gender-sensitive approaches into various national programs, 2019**

National programs	Number of Member States	Percentage of 30 countries that participated in the online survey
HIV	29	97%
Sexual and reproductive health	28	93%
Noncommunicable diseases	24	80%
Gender-based violence	22	73%
Mental health	21	70%
Masculinities	14	47%
Other	15	50%

Source: Adapted from Pan American Health Organization. PAHO gender equality policy: progress report [Internet]. 58th Directing Council, 72nd Session of the Regional Committee of WHO for the Americas; Virtual Session; 2020 Sep 28–29. Washington, DC: PAHO; 2020 Aug 15 (Document CD58/INF/14) [cited 2021 Sep 24]. Available from: <https://www.paho.org/en/documents/cd58inf14-progress-reports-technical-matters-d-paho-gender-equality-policy-progress>.

## GENDER EQUALITY IN HEALTH MONITORING

Countries also showed leadership and ownership of gender equality commitments in the development of the new PAHO Strategic Plan 2020–2025, especially regarding measurable indicators.

Since 2014, PASB has requested that biennial work plans across the Bureau uniformly create specific activities that are linked to gender and health. This process has an impact at every level of the Bureau, through its planning and monitoring exercise. **To date and spanning consecutive PAHO strategic plans, gender equality in health remains a priority for PASB and the Member States, guided by its approved Gender Equality Policy.** PASB reports to Governing Bodies on Member States' progress in developing, implementing, and monitoring gender equality plans in the health sector.





# Participation of civil society

Increasingly, countries as well as the regional partners identify the urgent need to coordinate and expand an intersectoral knowledge base on gender and health. This should connect the health sector with communities and ensure the participation of a diverse civil society. Countries have ongoing collaboration with civil society, including national commissions, observatories, joint publications, and reports.

About 67% of the countries have sustained programmatic collaboration with civil society and with national mechanisms for gender equality.

PAHO formed a Gender Technical Advisory Group, which included membership from civil society, with specific terms of reference to advise the Director on matters related to gender equality in health. It played a critical role in the development of the gender Plan of Action and its reports. The Bureau also has an ongoing relationship with the Latin American and Caribbean Women's Health Network through 2021. [LACWHN]

The poster features a light blue map of the Americas as a background. At the top, there are several blue virus icons. The main title is in large, bold, teal letters. Below the title, it specifies the event is by Zoom and requires registration. It lists the host, Sandra Castañeda Martínez, and the guest, Dr. Suzanne Serruya. The date and time are clearly stated for both Quito and Washington, DC. Logos for the organizer (LACWHN) and partner (PAHO) are at the bottom.

**Let's talk among women**  
**Women's health in the context of COVID-19**

By Zoom  
Previous registration required

Host: Sandra Castañeda Martínez  
Coordinator  
LACWHN

Guest: Dr. Suzanne Serruya  
Director of the Latin American  
Perinatology Center / Women's  
and Reproductive Health  
CLAP-PAHO / WHO

**Friday  
July 17**

11 AM Quito  
12 PM Washington, DC

Organizer  
Latin American and  
Caribbean Women's Health  
Network - LACWHN

Partner  
**PAHO**  
Pan American Health Organization

# Conclusions

**The review of the experiences of the Member States and the Bureau shows that the Region's advances are undeniably noteworthy.** A diverse and robust set of experiences on gender equality in health in the Americas exists, though these experiences are not always documented and have been minimally evaluated.

The existence of mandates sustained technical collaboration, and country commitments to gender equality bodes well for our Region. There is a wide array of advances and experiences in raising the visibility of gender inequities in health; nonetheless, these advances, and the institutional performance required for gender mainstreaming, continue to be uneven across the Region.

**Despite a groundswell of initiatives and promising experiences, more investment in results-based approaches and accountability is needed to bring about transformational changes and measurable impact on the health conditions and status of women and men in the Region.**





# Recommendations

Stronger, accelerated actions with new directions and renewed attention to strategic results are needed. Three recommendations are offered:

Member States and PASB should reinvigorate gender mainstreaming in health through new championing and leadership and an increased focus on strategic priorities and results. These efforts should be closely aligned with those of the United Nations and the Organization of American States, and with the SDGs, as well as fully aligned with the universal health and primary health care strategies.

A revised policy on gender equality in health is necessary and should be presented in 2021 to solidify gains and address remaining gaps, with a focus on strategic thematic priorities, and further target the drivers of gender and health inequalities in the Americas, to accelerate progress toward health for all.

PASB and the Member States should consolidate monitoring and accountability mechanisms and practices within a results-based framework, ensuring effective social participation and the review of legal frameworks, for the achievement of institutional gender equality in health.



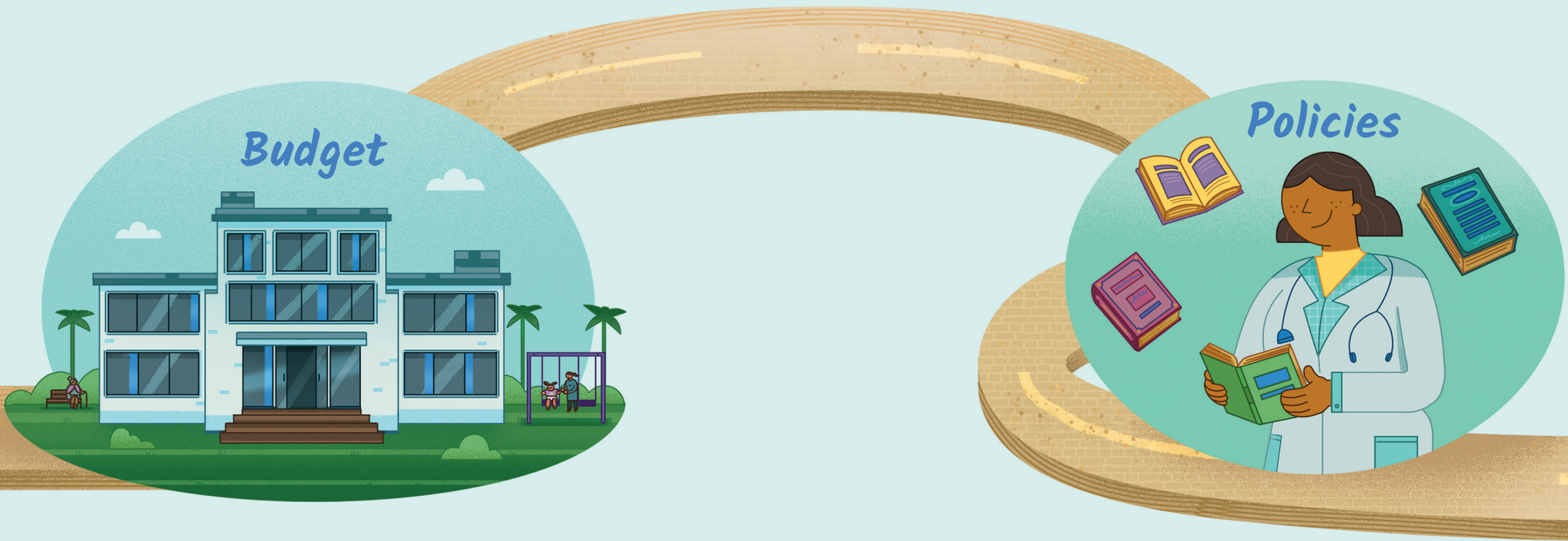


*“Call on your leaders to ensure that gender is central to the decisions that are being taken in health. It is not acceptable that in the 21st century women continue to die in childbirth, because they could not receive prenatal care, or the primary care center was too distant, or because transfusion services are not available. Leaders must prioritize the delivery of quality, comprehensive services that respond to the rights and differentiated needs of women and men.”*

**Dr. Carissa F. Etienne,**  
DIRECTOR OF THE PAN AMERICAN HEALTH ORGANIZATION



**More gender equality in health!**



**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas