



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 136th SESSION OF THE EXECUTIVE COMMITTEE

*Buenos Aires., Argentina, 20-24 June 2005*

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*Provisional Agenda Item 3.3*

CE136/7 (Eng.)

17 May 2005

ORIGINAL: ENGLISH

### **REPORT ON THE 21st SESSION OF THE SUBCOMMITTEE ON WOMEN, HEALTH, AND DEVELOPMENT**

1. The Director is pleased to submit to the Executive Committee the Final Report of the 21st Session of the Subcommittee on Women, Health, and Development of the Executive Committee, which took place at PAHO Headquarters from 14 to 15 March 2005.
2. The Session was attended by delegates of the following Subcommittee Members that had been elected by the Executive Committee or designated by the Director: Cuba, Dominica, Honduras, Paraguay, and United States of America. Also present were observers for Argentina and Canada. Also present were representatives of the World Health Organization (WHO), four other United Nations agencies, two other intergovernmental organizations, and one nongovernmental organization.
3. Elected as officers for the 21st Session were Dr. Wilma Basualdo of Paraguay, to the Presidency of the Session; Mr. Richard Walling of United States of America, to the Vice Presidency, and Ms. Shirley Augustine of Dominica, to the office of Rapporteur. Dr. Elsa Gómez (Regional Advisor on Women, Health, and Development) served as Technical Secretary.
4. During the session, the Subcommittee discussed the following items:
  - Report on PAHO Advances on Gender, Health, and Development
  - Gender Equity in PAHO's Human Resources
  - Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health Accounts
  - Proposed PAHO Gender Equality Policy

- Panel on Institutional Experiences and Lessons Learned in Formulating and Implementing Gender Equality Policies
- Panel on the Achievement of Development Goal 3 of the United Nations Millennium Declaration: Gender Equality and Empowerment of Women

5. After extensive discussion, the Subcommittee developed a series of recommendations that it has addressed to the Executive Committee, with the request that the Executive Committee consider them and transmit them to the Director and to the Member States.

Annex



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**21st SESSION OF THE SUBCOMMITTEE ON WOMEN,  
HEALTH, AND DEVELOPMENT OF THE EXECUTIVE  
COMMITTEE**

*Washington, D.C., USA, 14-15 March 2005*

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CE136/7 (Eng.)  
Annex

MSD21/FR (Eng.)  
15 March 2005  
ORIGINAL: ENGLISH

**FINAL REPORT**

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## FINAL REPORT

1. The 21st Session of the Subcommittee on Women, Health, and Development of the Executive Committee was held at the Headquarters of the Pan American Health Organization (PAHO) in Washington, D.C., on 14-15 March 2005.
2. The session was attended by representatives of the following Members of the Subcommittee, elected by the Executive Committee or designated by the Director in accordance with the Subcommittee's Terms of Reference: Cuba, Dominica, Honduras, Paraguay, and United States of America. Representatives of Argentina and Canada took part in an observer capacity. Also present were representatives of the World Health Organization (WHO), four other United Nations agencies, two other intergovernmental organizations, and one nongovernmental organization.

### Officers

3. The following Member Governments were elected to serve as officers of the Subcommittee during the 21th Session:

*President:* Paraguay (Dr. Wilma Basualdo)

*Vice President:* United States of America (Mr. Richard Walling)

*Rapporteur:* Dominica (Ms. Shirley Augustine)

4. Dr. Mirta Roses (Director, Pan American Sanitary Bureau) served as Secretary ex officio, and Dr. Elsa Gómez (Regional Advisor on Women, Health, and Development) served as Technical Secretary.

### Opening of the Session

5. The Director opened the session and welcomed the participants, extending a special welcome to those delegates who were visiting PAHO Headquarters for the first time and to the observers and the representatives of sister agencies. She noted that the 21st Session of the Subcommittee was occurring in a year of several landmark events in the collective effort to improve the lives of women and achieve gender equality: the 10th anniversary of the adoption of the Beijing Declaration and Platform for Action, the 5th anniversary of the adoption of the Millennium Declaration, and the 25th anniversary of the creation of the Subcommittee itself, which had originated in 1980, at the midpoint of the United Nations Decade for Women.

6. The Subcommittee would be examining the progress that the Organization had made in regard to gender and health in recent years and would also be looking at the new challenges that had arisen in the overall context and in the specific situation within the health sector. One of the fundamental objectives of the session would be to review and reflect on the approach that the Organization would take in the coming years in terms of promoting gender equality. In that connection, the Secretariat was particularly anxious to have the Subcommittee's input on its proposed gender equality policy. She was confident that the discussions would be very active and open and would lead to a set of sound recommendations to be submitted to the Executive Committee.

**Adoption of the Agenda and Program of Meetings (Documents MSD21/1, Rev. 1, and MSD21/WP/1)**

7. In accordance with Rule 2 of its Rules of Procedure, the Subcommittee adopted the provisional agenda prepared by the Secretariat and a program of meetings.

**Presentation and Discussion of the Items**

***Report on PAHO Advances on Gender, Health, and Development (Document MSD21/3, Rev. 1)***

8. Dr. Elsa Gómez (Regional Advisor on Women, Health, and Development, PAHO) presented the document on this item, which summarized the progress achieved through the technical cooperation of the Pan American Sanitary Bureau in the area of Women, Health, and Development since the Subcommittee's 20th Session in March 2003. She divided her presentation into four parts: changes in the institutional context of cooperation in the area of women, health, and development; progress spearheaded by the Gender, Ethnicity, and Health Unit (GE); progress spearheaded by other technical units and offices; and discussion topics for the Subcommittee.

9. With regard to the institutional context, she outlined the changes that had taken place over the period 2003-2005 in conjunction with the restructuring of the Secretariat following the election of Dr. Roses as Director of the Organization. In February 2003, the former Program on Women, Health, and Development had become the Gender and Health Unit, reflecting a change in its focus from women to the broader issues of gender and gender equality. Subsequently, in August 2004, the dimension of ethnicity had been added to the Program's work. That change reflected the Director's prioritization of excluded groups who were suffering from the greatest health inequities. In addition, the Unit had been placed under the direct responsibility of the Assistant Director in order to give it more direct access to the highest echelons of the Organization and also to facilitate interaction with the other technical and administrative units.

10. The goal which guided the work of the Gender, Ethnicity, and Health Unit was the elimination of systematic, unfair, and avoidable inequalities between women and men in all ethnic groups, age brackets, and social strata with regard to health status and its determinants; access to appropriate care, regardless of ability to pay; and distribution of responsibilities, benefits, and power in managing health. The Unit's primary tasks, not only in the previous two years but for at least a decade, had been to develop tools and methodologies for mainstreaming gender equality as a fundamental value that should be reflected in development options and in institutional practices and to apply those tools and methodologies in the work of the Organization, in particular situation analysis, development and evaluation of health sector policies, integrated response to gender violence and other gender inequity issues, and development of a PAHO policy on gender equality. All of that work was supported by a strategy for information, education, and communication that sought to make maximum use of available information technology. Document MSD21/3 highlighted the major activities and the progress achieved in each of those areas.

11. The document also described the Unit's collaboration with other PAHO technical units and country offices and their activities and progress in regard to gender, health, and development, focusing in particular on the Health Analysis and Information Systems Area, the Women and Maternal Health Unit, the Healthy Policy Unit, the Communicable Diseases Unit, the Noncommunicable Diseases Unit, and the country offices in Belize, Bolivia, Chile, and Nicaragua. Those four offices were chosen for analysis because they had been pioneers in mainstreaming a gender perspective, both in their own work internally and in their technical cooperation with the countries in which they were located. Consequently, their experience offered many valuable lessons for future efforts.

12. The Subcommittee was asked to provide guidance as to the areas and issues on which the Organization should focus its efforts in the future with regard to gender, health, and development. It was also asked to suggest institutional mechanisms that might facilitate the mainstreaming of gender equality, both in PAHO and in countries, and to comment on the related topic of incentives for gender mainstreaming—i.e., how to motivate people and help them see the advantages of adopting a gender perspective. In addition, the Subcommittee was asked to comment on how the Unit could take best advantage of the opportunities afforded by the incorporation of the dimension of ethnicity into its work and of the momentum associated with the interagency effort aimed at achieving the Millennium Development Goals (MDGs), particularly Goal 3. Finally, Members were asked to provide input on the future role of the Governing Bodies in this area and in particular the role of the Subcommittee.

13. The Subcommittee welcomed the report and commended PAHO on its progress in incorporating gender equality criteria into the objectives and strategies for its work. At the same time, the Subcommittee recognized that much remained to be done in order to

fully integrate a gender perspective into health programs and services and achieve true gender equality in the area of health. Several Members described the efforts under way in their countries to mainstream gender in the health sector, and all of them noted that while progress had been made in introducing a gender perspective in the policy and legislative spheres, substantially less headway had been made in translating the resulting policies and laws into practice. In that connection, the Subcommittee acknowledged the importance of identifying incentives to ensure that gender mainstreaming policies would find practical expression in health programs and services and encouraged the Organization to continue working to support Member States in that regard. Several delegates emphasized the need to work closely with civil society, pointing out that civil society involvement and social control would help assure that policies on gender mainstreaming and gender equality were actually implemented. The need for training of health professionals to enable them to apply a gender perspective in their work was also highlighted.

14. Several delegates stressed the importance of continued efforts to eliminate the scourge of gender-based violence against women and the need to involve men in those efforts. The need for further work in regard to health situation analysis with a gender perspective was also underscored. It was pointed out that it had to be made clear to policy-makers and to those who worked in the area of statistics and analysis that gender analysis entailed more than simply disaggregating data by sex. It was necessary to take a critical look at differences between men and women in health status, taking into account the effect of gender roles, cultural patterns, and access to and control over health resources and services and also examining the differential impact that health policies and programs might be having on men and women. Delegates also noted the need to strengthen the analysis of health statistics from the dual perspective of gender and ethnicity. In that regard, the incorporation of the dimension of ethnicity into the Unit's work was welcomed.

15. The Delegate of the United States of America suggested that it might be time to reexamine the role and functions of the Subcommittee. He recalled that several years earlier the Executive Committee had discussed the question of what the Subcommittee's future role should be vis-à-vis the Governing Bodies. At that time, the Members of the Committee had all agreed that the Subcommittee should remain in existence and should continue to work to address unresolved issues, in particular the extent to which PAHO was incorporating into its work the principles espoused by the various United Nations conferences on women. The Committee had also agreed that there was a need for a forum to keep issues relating to gender and health before Member States. The report presented by Dr. Gómez made it clear that there was a strong commitment to mainstreaming gender in all aspects of PAHO's work. The elevation of the Gender, Ethnicity, and Health Unit to the Assistant Director's Office and the formulation of a gender equality policy for the Organization were clear manifestations of that commitment. Moreover, the comments of

other delegates showed that issues relating to gender and health were now also being taken very seriously at country level. In view of the tremendous progress that was being made in mainstreaming gender in the Organization as a whole, it might now be time to consider mainstreaming gender in the Governing Bodies. Shifting the discussion of gender-related issues to the wider Executive Committee and to the Directing Council would give those issues more visibility and would afford the opportunity for a more robust dialogue among Member States.

16. The representatives of several international agencies expressed support for PAHO's efforts in relation to gender and offered to collaborate with the Organization in a variety of areas, notably gender-based violence, quantifying the unremunerated work of women in the health sector, and electronic information-sharing. The Representative of the United Nations Economic Commission for Latin America and the Caribbean (ECLAC) noted that by incorporating ethnicity into the work of the Unit, PAHO was responding to a need voiced by governments at the Ninth Regional Conference on Women in Latin America and the Caribbean (Mexico, 2004), which had called for the development of instruments for monitoring and assessing public policies with a view to mainstreaming a gender perspective, taking racial and ethnic diversity into account

17. The Representative of WHO noted that PAHO had been a flagship within the World Health Organization in the area of gender mainstreaming and commended PAHO for going beyond the rhetoric on gender to action, especially at country level. Echoing the comments of some of the delegates, she noted that, while WHO had adopted a gender policy in 2002, it had largely remained a policy on paper. Consequently, the Department of Gender, Women, and Development at WHO Headquarters was preparing a paper for the Executive Board aimed at strengthening the mandate from Member States for gender mainstreaming within WHO. She therefore welcomed the suggestion to broaden the discussion of gender issues within PAHO's Governing Bodies. WHO looked forward to PAHO's continued leadership in the area of data collection and gender analysis, particularly aimed at producing evidence of the effectiveness of gender interventions on health outcomes. That was what was needed in order to make gender mainstreaming truly successful: colleagues in the hard-core clinical areas of public health programming had to be persuaded that, in addition to the human rights rationale for integrating a gender perspective in their activities, doing so could improve health outcomes.

18. Dr. Gómez thanked the Subcommittee for its many suggestions of possible areas and priorities for PAHO's work and expressed appreciation to the delegates and the representatives of the various international agencies for their offers of collaboration. She agreed on the need for greater involvement of civil society and pointed to Argentina's formation of an advisory council for that purpose as an example of the sort of formal consultative mechanism that PAHO was seeking to promote. She also agreed on the importance of gathering evidence and identifying best practices that illustrated the impact of incorporating a gender perspective in health activities, and said that the Organization

would be making a major effort in the coming years to compile that sort of information for advocacy purposes. Concerning the suggestion to reexamine the role of the Subcommittee in the light of the changes that had occurred in recent years, she felt that it warranted in-depth discussion.

19. The Director agreed that it would be useful to take a fresh look at the Subcommittee's functions and terms of reference. In so doing, however, she thought that it was important to bear in mind that the Organization's approach to gender issues comprised three elements: the Subcommittee, the Unit, and various projects and programs that the Organization carried out or supported. The Subcommittee, as originally conceived, was an advisory body to the Executive Committee on matters relating to the situation and health of women. The Unit, broadly speaking, sought to address determinants of health that were related to gender and, now, ethnicity. In addition, the Organization had a set of projects and programs that dealt with specific gender-related health issues. In her view, the aim in reassessing the Subcommittee's functions should be to seek maximum complementarity among those three elements in order to address in the most effective manner possible both the gender equity challenges that remained from the past and the challenges of the future.

20. It was also important to make better use of other instruments for advocacy of gender mainstreaming. One example was the United Nations thematic groups at country level. A greater effort should be made to incorporate the gender perspective in the work of all those groups, not just those that were concerned with women's issues. Another example was networks of women legislators, governors, and mayors. It was important to enlist their support as advocates for gender equity and equality in health.

21. The Subcommittee endorsed the suggestion made by the United States to reexamine the functions of the Subcommittee. It was proposed that a small working group should be formed to review the terms of reference of the Subcommittee and submit recommendations to the Executive Committee concerning the Subcommittee's future. It was also pointed out that the Working Group on PAHO in the 21st Century offered another forum for exploring ways of further enhancing the Organization's work in regard to gender issues.

### ***Gender Equity in PAHO's Human Resources***

22. Dr. Luz Marina Barillas (Chief, Recruitment Unit, Area of Human Resources Management, PAHO) presented data on the sex distribution of the PAHO workforce as at the end of January 2005, focusing specifically on fixed-term professional posts. The Organization had a total of 413 staff in fixed-term professional posts, 42% of which were female. Of those posts, 222 were at PAHO Headquarters in Washington, 51% of which were held by women, and 191 were field posts, 31% of which were held by women. At senior levels – i.e., posts at the P4 level and higher, including executive-level posts – women accounted for 38% overall and males for 62%.

23. It was important to note that many of the permanent professional posts were filled by personnel who had previously occupied short-term posts. The Area of Human Resources Management therefore considered it crucial to ensure that short-term professional posts, like fixed-term posts, were awarded on the basis of a competitive process. As of January 2005, a total of 129 individuals had been employed as short-term consultants and professionals, 94 at Headquarters and 31 in field posts. The proportions of women in those posts were 60% overall, 70% at Headquarters, and 34% in the field.

24. The trend in hiring of women for professional posts over the past two years had been downward. In 2003, very few new professionals of either sex had been hired because that year had seen a restructuring of the Secretariat, coinciding with the first year of Dr. Roses' term of office. Nevertheless, of the total of 24 new professionals recruited, 13 had been men and 11, or 46%, women. In 2004, in contrast, the number of professional posts filled rose to 48, but 35 of the new staff members hired were men and 13 were women. In percentage terms, the proportions were 73% men and 27% women. The Area of Human Resources was actively taking steps to reverse that trend and continue moving towards gender equality in recruitment. In 2004, the Organization had changed its system of electronic recruiting, adopting the WHO system. That had enabled it to reach a much larger pool of candidates and applicants for posts. As a result, the number of female applicants for professional posts had increased significantly. In addition, the Organization had for many years had a policy under which the vacancy notice for posts must be re-issued if at least 20% of the applicants were not women. Selection committees took gender into account in evaluating candidates, although the principal deciding factor was normally the candidate's qualifications for the post.

25. In addition to recruitment policies and practices, other factors had an impact on the number of women hired for professional posts, notably the existence of policies and conditions that made PAHO an attractive place for women to work. For example, the Organization had several policies designed to enable women to more easily balance their professional and family lives, including alternative working hours, maternity and paternity leave, leave for family emergencies, and leave for women who were

breastfeeding. The Area of Human Resources was studying the feasibility of other “family-friendly” policies, such as one that would allow staff to compress their 40-hour work week into four days, thus leaving one day free per week to attend to personal and family matters. The previous year, the Organization had also implemented a policy on prevention and resolution of harassment in workplace, which covered not just sexual harassment, but all types of harassment. Virtually all staff at Headquarters had now completed mandatory training in that area, and focal points in countries were now being trained. The focal points would replicate the harassment- prevention training in all country offices. Hence, while much remained to be done to achieve true gender equality in the workforce, PAHO was continuing to work towards that goal.

26. In the discussion that followed, it was emphasized that achieving gender equality in hiring and staffing required political will on the part of the leadership of the institution concerned. Even if there were policies on affirmative action or hiring quotas for women, true gender equality could not be achieved in the absence of a strong commitment from managers and decision-makers to increasing the proportion of women hired for professional posts. It was also pointed out that women seeking professional posts in national institutions faced even stiffer obstacles than those who were candidates for posts in international organizations, which generally offered a more fertile environment for implementing policies that favored recruitment and employment of women in positions of responsibility. Moreover, even if women managed to gain access to managerial posts, it was often difficult for them to exercise power effectively and, particularly, to apply a gender perspective in carrying out their responsibilities.

27. Participants noted that the disadvantages that women faced in the interviewing and hiring process were often gender-related. For example, women often lacked the mentorship networks that existed for men, which made it more difficult for them to get good training and establish professional contacts, and placed them at a disadvantage to male candidates when competing for posts. Women were also generally less comfortable than men talking about money, which was a disadvantage when it came to negotiating salaries. As a result, women were frequently offered salaries that were lower than those offered to men with the same qualifications.

28. It was pointed out that gender equality in the area of human resources involved more than ensuring sex parity in hiring and in workforce composition. It was also necessary to ensure that women and men had equal opportunities for professional development and advancement. Lack of mobility was identified as a major obstacle to the promotion of women in many international organizations. It was well known that professional and managerial posts in country offices were stepping stones to advancement in such organizations, but for reasons relating to their family obligations, women were often hesitant to seek or accept transfers to country offices. Conditions in the working environment and lack of “family-friendly” policies could also be a hindrance

to women's advancement. For example, lack of crèches and other facilities often made it difficult for working mothers to perform their jobs in a way that enabled them to compete effectively for promotions.

29. Dr. Barillas observed that salary negotiation was not really an issue at PAHO or other organizations of the United Nations system, where there was a set scale of salaries for professional posts. Men and women at the same level within the system received the same salary. At PAHO, individuals who possessed relevant experience or academic degrees beyond the minimum requirements for the post could be recruited at a higher grade, which meant that they received a higher initial salary than a recruit who lacked those additional qualifications. But the higher salary was given on the basis of qualifications, not the candidate's ability to negotiate. Regarding the principle of affirmative action, she did not really favor the establishment of gender-based hiring quotas, but she did believe that gender should always be a consideration in selection processes.

30. The Director felt that it was necessary to establish specific goals with regard to gender equality in hiring and employment of professionals, not only within the Organization, but in countries as well. It would be very difficult to increase the number of women in high-level posts within the Organization without increasing the pool of qualified female candidates in Member States. She pointed out that the health labor force was highly feminized in the countries of the Region and that, in some cases, 80% to 90% of the students currently being trained for health careers were women, which meant that the availability of female health professionals would only increase. However, there were still very few women in high-level posts in countries. At present, for example, only 7 of the Region's 38 health ministers were women, and the proportions of women in lower-ranking managerial posts were similarly small. That meant that women were not acquiring the experience that would qualify them for upper-level posts in the Organization. On the other hand, a record number of the Organization's country offices – 10 out of 27, or 38% – were currently headed by women. She believed that that could have a positive mirror effect in the countries, improving the possibilities for advancement of women in the national sphere.

31. She saw the move towards more competency-based recruitment and selection in the United Nations system as an important step for increasing the numbers of women hired, but lack of international experience remained an impediment. In that connection, she noted that PAHO's Training Program in International Health had been very effective in helping to expose young female professionals to opportunities for careers in international public health.

32. In her view, three things were necessary in order to promote greater gender equality among PAHO's human resources: the Organization needed to work with

countries to identify and analyze the obstacles that were hindering women's access to high-level posts in the national environment; maximum use needed to be made of mechanisms such as internships and residencies that would give young women the opportunity to gain international experience and enable them to compete on an equal footing with men for posts; and more attention needed to be paid to the composition of selection committees and to training for their members. The latter was very important in order to avoid losing ground as had occurred in 2004.

***Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health Accounts (Document MSD21/4)***

33. Dr. Rubén Suárez (Regional Advisor on Health Economics and Financing, PAHO) summarized the content of Document MSD21/4, which proposed methods of measuring and making visible the unremunerated contribution of women to health and to overall socioeconomic development, as called for in the Platform for Action adopted at the Fourth World Conference on Women in Beijing. He began by explaining that national health accounts were a component of a country's system of national accounts which measured how much the country was spending on health goods and services. They did not, however, reflect the unpaid contribution that women made to the production of population health and well-being through care provided in the home for the sick and the elderly and through other activities, such as preparing nutritious meals and encouraging the cognitive development of children.

34. The document described some of the work that had been undertaken in the Region on gender-based health accounts and proposed five areas of work for future efforts aimed at making women's contributions to health and development more visible by quantifying them within the framework of countries' systems of national accounts. Those five areas were (1) development of household sector accounts as a complement to national health accounts and the system of national accounts that would measure the contribution made by households – and particularly by women within households – to the production of health goods and services and other services that produce well-being for the population; (2) studies to determine the burden of care borne by households, and women in particular, in countries that had underfunded public health care and social protection systems; (3) studies of “cost shifting” to households resulting from health sector reform or structural adjustment policies – i.e., the extent to which households were absorbing the cost of care when cost containment measures were implemented as part of health sector reform or structural adjustment; (4) studies of the impact of demographic and epidemiological transition on women in terms of increased unremunerated time spent providing care for aging and/or chronically ill family members; and (5) development of empirical evidence on the contribution of women to human development potential, poverty reduction, and the alleviation of health-based poverty traps – i.e., the extent to

which women's unpaid work in the home was helping to enhance the quality of a country's human capital and thereby further its economic growth and development.

35. The Subcommittee was asked to review the proposed activities and make recommendations to the Executive Committee, and through it to the Member States in the Directing Council and to the Director, on the importance of supporting further analytical and empirical work to make visible the invisible contribution of women to health and economic development, as well as the impact of inequalities in the distribution of work in explaining the persistence of gender inequalities as constraints to the achievement of women's full human development potential.

36. The Subcommittee expressed solid support for PAHO's efforts aimed at measuring the economic value of women's unpaid contributions to health and development. Delegates considered it especially important to measure the extent to which households were compensating for the absence of or deficiencies in public health care services. It was pointed out that health systems were essentially outsourcing care to households, but they were doing so without providing any training or other resources to the workers who would be providing that care, which had serious implications for the quality of care. It was felt that health systems should invest some of the money they were saving by outsourcing care in training and other support for caregivers in order to enhance the quality of the care being provided. In addition, it was considered essential not only to quantify the amount of care being provided in the home, but also to determine the type of care. Delegates noted that some of the care being provided in homes, while not medical care per se, was health care in the sense that it contributed to the health of the family, the community, and the country as a whole. Delegates also pointed out that, while care in the home was provided predominantly by women, men and, in some cases, children were also involved in caregiving, and it was considered important to assess the value of that care as well.

37. In regard to the specific activities proposed in the document, it was felt that they constituted a commendable but very ambitious agenda. The need for careful planning and prioritization of activities was underscored, as was the need for a clear focus and a clear definition of terms. It was pointed out, for example, that terms such as "health-based poverty traps" were ambiguous and required clarification so that everyone involved understood what was being measured. Delegates felt that the fourth proposed area of work – assessment of the additional burden being imposed on women by changing demographic and epidemiologic patterns – also needed to be clarified because it might be interpreted as meaning that women who did not work outside the home were placing a burden on society. Interagency and intersectoral collaboration were considered crucial to the success of the proposed studies and analyses, particularly in the area of data collection and development of the measures to be used.

38. The representatives of ECLAC and the Inter-American Development Bank (IDB) noted that their respective organizations were also pursuing work in relation to national accounts and also stressed the need for interagency collaboration. The Representative of ECLAC observed that the types of studies proposed in the document would not only help to make visible women's unremunerated contributions to health and development, but would shed light on phenomena such as the feminization of poverty, which, in turn, would make it easier to design interventions to address them.

39. Dr. Suárez agreed that interagency collaboration was needed in order to design standardized methodologies and instruments that would yield internationally comparable information. He believed that the best course of action would be for the various agencies to put together a joint methodological proposal, drawing on the experience gained from time use studies and other methodologies in various countries of the Region, and present it to the ECLAC Statistical Conference of the Americas. The Conference was the body best qualified to make recommendations to countries as to the types of instruments that should be used in order to apply a uniform approach in attempting to assess the value of the unremunerated work of households.

***Proposed PAHO Gender Equality Policy (Document MSD21/5)***

40. Dr. Carissa Etienne (Assistant Director, PAHO) presented PAHO's proposed gender equality policy, noting that it had been developed through a consultative process with the gender focal points and with senior management staff across the Organization. The policy was being proposed in response to the pervasive presence of gender inequalities in health. It sought to promote equity through gender mainstreaming. PAHO's policy was modeled on the WHO gender policy, but expanded on and modified it to some extent.

41. It was well known that disparities between men's and women's health did not derive only from biological sex traits, but from the different positions that they occupied in society and their socially ascribed roles. That unequal positioning was reflected in dissimilar and often inequitable patterns of health risks, health status, and health determinants and in differential patterns of access to and control over resources and services, participation by men and women in decisions affecting their health, and distribution of responsibilities and compensations associated with health development.

42. Globally and regionally, a number of important mandates had helped to advance the gender equality agenda. They included the Convention on the Elimination of all Forms of Discrimination Against Women, the Beijing Platform for Action, the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (better known as the Convention of Belem do Pará), and several others, which were mentioned in the background section of Document MSD21/5 and had been alluded to repeatedly in the course of the Subcommittee's deliberations. In response to

those mandates and in keeping with the WHO gender policy and with PAHO's own Strategic Plan for 2003-2007, the Organization was committed to mainstreaming gender equality in all aspects of its technical cooperation work, in national health development policy frameworks, and in PAHO's organizational development and human resources policies.

43. The guiding principles for the proposed gender equality policy were gender equality, gender equity, empowerment of women and men, and gender mainstreaming. The overall goal of the policy was to contribute to the achievement of gender equality in health status and health development through gender-sensitive research, policies, and programs, and the active promotion of equality and equity between women and men. The policy's specific objectives and the components of the gender mainstreaming strategy to be applied were set out in the document.

44. Implementing the policy would require commitment and capacity-building of staff across and at all levels of the Organization, as well as the institutionalization of policies and practices, adequate resourcing, and effective monitoring and control. The executive management of the Secretariat would ensure that senior managers transmitted the policy to staff, monitored its application, and were accountable to the Director and the Governing Bodies for its implementation. It would also ensure that gender equality objectives were routinely included in institutional policies and programming and incorporated into the biennial program budgeting process. Gender focal points would be appointed within technical and administrative areas at Headquarters, at centers, and in country offices, which would create linkages across all departments and levels and foster broad ownership of the gender mainstreaming process across the Organization. All areas of work and unit within the Secretariat would be encouraged to utilize data that was disaggregated by sex and other relevant variables and to develop gender-sensitive materials to ensure the incorporation of gender considerations in all PAHO technical cooperation programs. At the country level, the representative offices, in collaboration with Headquarters, ministries of health, other sectors, NGOs, and civil society, would establish appropriately staffed and funded mechanisms to promote gender equality in national health systems. The Gender, Ethnicity, and Health Unit, in collaboration with the gender focal points, would provide general guidance and support for the mainstreaming process.

45. The Subcommittee was requested to consider the policy and submit it to the Executive Committee and Directing Council for review and approval.

46. The Subcommittee congratulated the Secretariat on the draft policy, which it found to be closely aligned with the WHO gender policy, but tailored to the specific needs and characteristics of the Region. The Subcommittee also applauded the Secretariat's commitment to ensure that responsibility for implementation was shared throughout the Organization. Members made several specific editorial suggestions

concerning the language in the document and proposed several modifications and amendments to the policy itself. In particular, it was felt that there should be a clear and concise statement of what the policy actually was. It was pointed out that the document did an excellent job of presenting the background and the goal, objectives, and components of the policy, but it did not contain an explicit statement that said “PAHO’s policy for gender equality is...”

47. Members were pleased to see that diversity had been integrated into the policy, but suggested that the concept should be expanded beyond socioeconomic status and ethnicity to include different age groups, sexual orientation, geographic location (rural/urban), abilities and disabilities, and language minorities, where applicable. It was also suggested that a specific institutional commitment to monitor results, in particular the effectiveness of gender interventions on health outcomes, should be included among the components of the gender mainstreaming strategy.

48. The Subcommittee stressed the importance of monitoring and evaluation to ensure that the policy did not remain just a policy on paper but was, in fact, being implemented. To that end, it was proposed that a plan of implementation should be drawn up. The plan should include steps for implementing the policy in the short, medium, and long terms, and should incorporate an effective monitoring and evaluation mechanism to track the mainstreaming of gender in the work programs of the Secretariat and Member States.

49. Dr. Etienne said that the Secretariat had taken note of the Subcommittee’s suggestions and recommendations and would incorporate them into the document. Responding to the comment concerning a clear statement of what the policy was, she said that, in essence, PAHO’s gender equality policy was that women and men should have equal conditions for realizing their full rights and potential to be healthy, to contribute to health development, and to benefit from the results. The Secretariat would refine that statement and include it in the revised version of the document to be presented to the Executive Committee.

50. The Subcommittee endorsed the proposed policy on gender equality and recommended that a resolution formally adopting it be drafted for consideration first by the Executive Committee and subsequently by the Directing Council.

***Panel on Institutional Experiences and Lessons Learned in Formulating and Implementing Gender Equality Policies***

51. Presentations on this item were given by the following panelists: Dr. Wanda Jones (United States of America), Ms. Nathalie Valdes (Canada), Ms. Mercedes Kremenetzky (Inter-American Commission on Women, Organization of American States), Ms. María Nieves Rico (United Nations Economic Commission for Latin America and the Caribbean), Ms. Gabriela Vega (Inter-American Development Bank), and Dr. Adepeju

Aderemi Olukoya (World Health Organization). The various panelists described the experiences of their respective countries or institutions in mainstreaming gender. Most of the panelists presented brief oral versions of papers they had written on the topic. Those papers were distributed to the Subcommittee. The oral presentations are summarized below.

Wanda K. Jones, Department of Health and Human Services, United States of America

52. The United States has not adopted the term “gender mainstreaming,” but for the past 20 years its Department of Health and Human Services (DHHS) has been applying a “women’s health approach.” The approach grew out of the 1985 report of a task force on women’s health issues that presented 15 recommendations for improving women’s health. Those recommendations included promoting a safe and healthful physical and social environment, providing services for the prevention and treatment of illness, conducting research and evaluation, recruiting and training health care personnel, educating and informing the public and disseminating research information, and designing guidance for legislative and regulatory measures.

53. One of the most important effects of the application of this approach has been the inclusion of women in all research funded by the United States government. Prior to the task force report, except for research dealing specifically with women’s reproductive health, the vast majority of health studies excluded women. As a result, there was little understanding of how health issues affected men and women and boys and girls differently or of the potentially differential effect of drugs and interventions on males and females. Now, there is a solid body of evidence on which to base health and policy decisions and the targeting of resources to where the need is greatest.

54. Another effect has been improvements in educational curricula used in schools of health sciences, seeking to ensure that they reflect the latest evidence and findings with regard to sex and gender differences in health. In addition, in the academic environment, there is now a recognized area of specialization whose sole focus is understanding sex and gender differences in disease risk, treatment, and outcomes.

55. Advocacy for women’s health issues has increased over the years, resulting in the creation of women’s health offices in many of the agencies of DHHS and in increased funding for specific women’s health programs, services, and research. Currently, funding for initiatives focusing specifically on women’s health totals about US\$ 8.25 billion, although that figure does not reflect all spending on women’s health, as women also benefit from programs and services for the general population.

56. One of the main health care challenges in general in the United States is fragmentation of care. That fragmentation is particularly acute in the case of women, who are often obliged to see different types of providers for different types of care and

preventive services. One consequence of that is that women may not be getting recommended screenings. The country is working towards an integrated “one-stop shopping” approach to health services for women. However, research will be needed to determine whether such an approach truly incorporates a gender perspective and whether it leads to better health outcomes.

57. From a gender equity standpoint, an interesting corollary to the application of the women’s health approach is the emergence of a men’s health movement, which advocates action to address gender-based differences in men’s health risks and health status—for example, men’s shorter life expectancy and higher mortality from heart disease. Two decades of emphasis on women’s health has thus been good for men, too. There is now much greater understanding and recognition of gender differences in health and of the need for gender-specific approaches to disease prevention and management.

*Nathalie Valdes, Health Canada, Canada*

58. Canada is the second largest country in the world from the standpoint of geographic area. Ninety percent of its population of 31 million lives in the southern part of the country, along the border with the United States, but the other 10% lives in remote northern areas, where access to health services can be a challenge. Life expectancy at birth is quite high for the country as a whole (77 years for males, 82 for females), but there are wide variations between men and women and between regions and ethnic groups. As is the case in many other countries, women in Canada make up a disproportionate share of the poor and earn wages that are substantially lower (73%) than those of men. Even when they are employed outside the home, women continue to be largely responsible for domestic tasks. It is estimated that on average women in Canada spend 5 hours per day doing unpaid labor, while men spend 3.5 hours. Women make up the large majority of single parents, with 19% of families in Canada being headed by a female. Women also make up a disproportionate share of the elderly population.

59. Canada has a long-standing commitment to gender equality and to improving the conditions and status of women. It has adopted all the major international agreements arising from the various global conferences on women, and has also implemented various national frameworks for action. In response to Canada’s adoption of the Beijing Platform for Action, the government developed a federal plan for gender equality, which called for the implementation of gender-based analysis throughout all federal departments. That plan later evolved into the Agenda for Gender Equality, which is the framework that Health Canada is currently working under. Specific policy tools have been developed, including the Women’s Health Strategy, the Gender-based Analysis (GBA) Policy, and the GBA Implementation Plan, the aim of which is to deepen the understanding of how sex and gender affect health status and access to health services. Those policy instruments were developed through a participatory process involving various sectors, including civil society groups, whose participation in advancing the gender equality

agenda is seen as crucial. It is also considered vital to ensure that all the various stakeholders feel ownership of the policy development process and of the resulting policy instruments. Otherwise, the necessary commitment to implementation will be lacking.

60. The Agenda for Gender Equality commits all federal government departments to mainstream gender. It seeks to address critical gaps and expand the opportunities for Canadian women, taking into account the different realities of women and men. Among those critical gaps are poverty among women, unpaid caregiving, gender-based violence, and multiple forms of discrimination against women. The Women's Health Strategy seeks to improve the health of women by making the health system more responsive to women and women's health issues, applying a population and health determinants approach. The Women's Health Contribution Program supports policy research and generation of evidence to inform policy-making and narrow the knowledge gap on gender and health determinants. A set of specific women's health indicators has been developed to aid in describing and measuring health determinants and health status/outcomes of women and to provide baseline information for monitoring women's health and assessing the impact of policies and programs aimed at improving their health. The Gender-based Analysis Policy is to develop policies, programs, and legislation to help secure the best possible health for women and men and boys and girls by examining and assessing the links between gender and health. Clearly, all these various policy instruments overlap and form part of a continuum.

61. The effort to mainstream gender in Canada has yielded a number lessons learned, notably the importance of commitment to gender mainstreaming at all levels, but especially at the highest levels; the need for a clear strategy for implementing policies, including monitoring and evaluation; the importance of cross-sector dialogue and involvement; and the need for credible evidence to show the value added of gender mainstreaming and its relevance to the specific priorities of the various stakeholders. Canada's experience has also shown that the challenges to gender mainstreaming include failure to use the tools that are available, continued resistance in some sectors, time and financial constraints, lack of a common understanding of what "gender" and "gender-based analysis" mean, and lack of practical examples that showcase the value of using GBA and how it can be implemented. Nevertheless, the experience to date has demonstrated that GBA is a valuable tool for revealing the limits and biases of past research and methodologies and for understanding the pitfalls of generalizing based on narrow subpopulations, limited methodologies, and different contexts.

*Mercedes Kremenetzky, Inter-American Commission on Women, Organization of American States (CIM/OAS)*

62. Gender mainstreaming is being pursued in the OAS and its Member States through the Program on the Promotion of Women's Human Rights and Gender Equity and Equality (IAP), which originated in April 2000 as an outcome of the first Meeting of

Ministers or Highest-ranking Authorities Responsible for the Advancement of Women in the Member States (REMIM). The Program builds on other mandates on the issue of gender contained in numerous resolutions adopted by the OAS General Assembly over the years. Its objective is to ensure integration of the gender perspective across all programs and policies of the Inter-American system and its member countries. The Inter-American Commission of Women (CIM) is the body charged with monitoring implementation of the Program, and it is required to submit annual progress reports, as is the Secretary General, to the Assembly. As a result of this initiative, the Plan of Action of the Third Summit of the Americas includes a chapter on gender equality, endorses the IAP, and recognizes the CIM as a technical advisor to the Summit Implementation Review Group.

63. As a first step towards implementation of the Program, the OAS entered into an agreement with the Canadian government for a project to incorporate the gender perspective into the execution of programs and activities by all organs, agencies, and entities of the OAS, and to provide the training needed for that purpose. This project, the OAS Gender Mainstreaming Project, seeks to ensure that all OAS programs and projects benefit men, women and boys and girls equally, equitably, and appropriately so that existing gender inequalities are not perpetuated and collection of the pertinent statistics, with a breakdown by sex, is improved. In June 2001, a steering committee, comprising representatives from the Office of the Secretary General, CIM, and the Department of Human Resources Services, was formed to coordinate the project. Following a competitive bidding process launched in January 2002, a contract was awarded to Kartini International, a Canadian firm specializing in gender equality issues and adult education services. The selection of a firm with recognized expertise in training international staff in gender mainstreaming is seen as crucial to the success achieved thus far in implementing the Program.

64. Kartini carried out interviews with staff members to assess the extent of knowledge about gender issues, listen to staff concerns, and determine training needs. Based on the findings, the firm developed training materials for training both trainers and participants. Between August 2002 and May 2003, eight training courses were held at OAS headquarters and two were offered for field staff. Approximately 200 people were trained. The courses were attended by staff from various OAS entities, including PAHO, and also by staff from the Inter-American Development Bank. In the future, training may be extended to other inter-American agencies. Thus far, the training has yielded very positive results in terms of staff awareness of the necessity of integrating a gender perspective into OAS projects, policies, and programs and in terms of actual incorporation of gender considerations in budgeting, data collection and analysis, and other aspects of the work of the OAS. In addition, the OAS/CIM-CIDA project has contributed to the creation of an electronic forum for information exchange as a tool to complement the gender training provided. Nevertheless, it is recognized that, while the

training has laid a solid foundation for gender mainstreaming, it is just a first step, and ongoing effort will be necessary in order to achieve the ultimate goal of gender equity and equality in all areas of public policy.

65. Several conclusions can be drawn from the experience of the OAS thus far in gender mainstreaming. First is the need for political will and commitment at the highest levels of an institution. In the case of the OAS, political will and support on the part of both the OAS governing bodies and the Member Governments have been critical. Another key need for success is provision of training by skilled and knowledgeable trainers. Also crucial is sufficient funding for training and other activities needed to make gender mainstreaming a reality. Collaboration among organizations and across sectors is also very important. In that regard, the OAS envisages several possible areas for collaboration with PAHO, in particular training for gender mainstreaming and continued joint work to address gender-based violence.

*María Nieves Rico, United Nations Economic Commission for Latin America and the Caribbean (ECLAC)*

66. ECLAC views gender mainstreaming as a means to an end, not as an end in itself. It is seen as a tool for achieving the objective of gender equity and equality. It is also a dynamic process characterized by both progress and setbacks. ECLAC's approach to gender mainstreaming is guided by the definition adopted by the United Nations Economic and Social Council (ECOSOC) in 1997.

67. The process of mainstreaming gender in the work of ECLAC is more than 30 years old. It began in the early 1970s, when the Commission received a mandate from member countries to conduct studies on the status of women in the region. Following the first World Conference on Women, held in Mexico in 1975, all the regional commissions were given a mandate to serve as the focal points for the United Nations on women's issues, and ECLAC thus became the focal point for Latin America and the Caribbean. In 1977, the Women and Development Unit was created under ECLAC's Division of Social Development. Since then, ECLAC has acted as the technical secretariat for the countries on issues and policies relating to improvement of the status of women and achievement of gender equity. As part of that role, it has taken responsibility for monitoring progress on the agreements and commitments arising from the various international conferences on women, and it has organized nine regional conferences on women. The regional conferences constitute the principal forum in the region on gender issues.

68. In 1993, the decision was made to move the Women and Development Unit from the Division of Social Development to the Office of the Secretary of the Commission, in recognition of the fact that mainstreaming depends not only on the existence of an entity responsible for gender issues, but on the placement of that entity within the organizational structure. It was felt that, in order to be effective in incorporating a gender

perspective into all of ECLAC's work, the Unit needed a higher profile. Its new position has raised the Unit's status vis-à-vis other divisions and units and has enabled it to work more proactively in incorporating the gender perspective into programs and projects.

69. An important milestone in the gender mainstreaming process occurred in 1997, when a project supported by the German Agency for Technical Cooperation (GTZ) was launched with the specific aim of institutionalizing the gender perspective in the substantive work of ECLAC. This project was significant not only because it provided financing specifically for gender mainstreaming but because, by highlighting the need to incorporate gender considerations into all GTZ-financed projects, it created external pressure that helped mobilize internal support for the process.

70. The GTZ project led to the development of a strategy for institutionalizing the gender perspective. The strategy was developed with broad participation by staff from all of ECLAC's divisions, and although it was well received, it was never really implemented as a strategy for the work of the Commission as a whole, but remained confined mainly to the work of the Unit. Nevertheless, undeniable progress has been made in mainstreaming gender in some areas, notably production of statistical data and development of gender indicators, as well as application of a gender perspective in sectoral studies in "hard" areas such as macroeconomics which have traditionally been seen as having little to do with gender issues. Significant progress has also been made in incorporating a gender perspective into ECLAC's policy and programming documents. In addition, since approximately 1996, the Women and Development Unit has been working closely with the Division of Programming Planning and Operations to ensure that extrabudgetary projects executed by ECLAC include gender equity objectives, although much remains to be done in this area, as evidenced by a study which found that of 247 projects existing in 2001, only 8 included a gender perspective in their main objectives.

71. Another important step in the process was the approval by Member States, in 1998, of the creation of a subprogram within ECLAC's regular program of work, which strengthened the mandate of the Women and Development Unit to institutionalize gender in the work of the Commission, both internally and externally, through ECLAC's technical cooperation activities. The creation of the subprogram also increased the Unit's budget and gave it budget autonomy.

72. Three processes in recent years have had a major impact on gender mainstreaming within ECLAC. One is the forging of closer working relations between the Women and Development Unit and other ECLAC divisions. A second process is the quantitative and qualitative increase in development cooperation provided by the Unit to countries of the region, which has created a "virtuous circle" in which demand from countries for cooperation with a gender perspective has helped to motivate other units and divisions to incorporate gender into their projects. The third process is strengthening of interagency activities with other agencies of the United Nations and inter-American systems and the

development of joint projects and strategies between the Women and Development Unit and the entities responsible for gender issues in other agencies. The challenges for the future are to ensure the sustainability of what has been achieved thus far and to maintain momentum and continue advancing towards institutionalization of the gender perspective in all aspects of the Commission's work.

Gabriela Vega, Inter-American Development Bank (IDB)

73. The IDB has had a policy on women in development since 1987, the aim of which is to incorporate a gender perspective into the design of the Bank's operations and include women as participants and beneficiaries in the programs and projects it supports. The Bank also has a Women in Development (WID) Unit, established in 1994, which is working to mainstream gender in IDB operations, policies, and strategies and has recently adopted a plan of action to that end. In addition, the Bank has an External Advisory Council on Women in Development whose function is to advise on issues affecting women's participation in IDB-financed programs. The Advisory Council is made up of individuals from various NGOs, academic institutions, governments, and the private sector with broad expertise in WID issues and related fields. Internally, another advisory body, the Committee on Environment and Social Impact, reviews the environmental and sociocultural viability of Bank operations, with specific attention to gender considerations.

74. One of the WID Unit's main functions is to provide technical assistance on WID issues in the design and execution of projects supported by the IDB. It employs two basic approaches for that purpose. One seeks to incorporate gender throughout the project cycle, from design through execution and evaluation, endeavoring to show how gender issues are involved in the problem to be addressed and in the specific components and objectives of the project. The other approach is very sector-specific and involves the use of experts who can provide concrete examples derived from previous projects of the advantages of incorporating a gender perspective in projects in a very specific area, such as highway construction or infrastructure works.

75. A strategy that the WID Unit has utilized successfully in order to advance gender mainstreaming is to make a "business case" for addressing gender issues. For example, in the area of gender-based violence, the Unit has sought to show the economic costs of domestic violence in terms of GDP and unearned income by women who are victims of violence, thereby illustrating how domestic violence is a deterrent to poverty reduction, which is an overarching goal for the entire Bank.

76. The challenges to further progress in gender mainstreaming include moving beyond the mainly social areas in which it is considered most feasible to incorporate a gender perspective into other technical areas. That, in turn, requires training and incentives for the staff involved. The WID Unit believes that in the case of an institution

such as the IDB – and the same may be true of PAHO – where the staff are highly specialized professionals with a focus on a particular area of expertise, general gender sensitization training is not appropriate and will not be effective. Instead, it is necessary to tailor the training to the specific concerns of the professionals involved and make it directly relevant to their work. Another, related, challenge is to improve monitoring and evaluation of project results in order to gather the evidence needed to show the net effect of applying a gender perspective and thus be able to speak from a position of authority in advocating gender mainstreaming. Training and capacity-building for national counterpart personnel are also needed in order to ensure that, once the gender perspective has been built into the design of a project, they are able to carry it out. An additional important challenge is ensuring that the lessons learned from experiences in integrating gender issues into projects are documented and applied in subsequent projects.

*Adepeju Aderemi Olukoya, World Health Organization (WHO)*

77. The gender mainstreaming process in WHO has evolved through several stages since the creation of a women, health, and development unit within the Family and Reproductive Health cluster around the time of the Beijing conference. The name and status of the unit have changed numerous times over the years, but for many years the main focus of its work remained women's health. That work yielded much valuable information on the gender aspects of various health conditions and on the impact of traditional practices such as female genital mutilation on women's health. At the same time, work began with some WHO departments aimed at trying to interest in incorporating gender considerations into their work. However, relatively little headway was made because the unit was not well resourced, nor was it highly placed or highly regarded within the institutional structure at WHO Headquarters. Moreover, although the Organization adopted a gender policy in 2002 that calls for integration of gender perspectives into all of WHO's work, not much concrete progress has been made in translating the policy into action.

78. In 2004, the Department of Gender, Women, and Health (GWH) was established within the cluster of Family and Community Health, which is overseen by an Assistant Director-General who is responsible for five departments: Reproductive Health and Research; Child and Adolescent Health; Gender, Women, and Health; Making Pregnancy Safer; and Immunizations and Vaccines. At present, GWH comprises two areas of work, although that may change as a result of an organization-wide review and restructuring exercise currently under way within WHO. Those areas are Integrating Gender into Public Health and Gender, HIV, and Violence.

79. A hopeful sign is that there is presently a great deal of interest in gender within WHO, and GWH is working with numerous technical areas to incorporate gender perspectives and gender analysis into their work. For example, in the area of HIV/AIDs, the Department is helping to develop gender and HIV guidelines to be applied as part of the “3 by 5” Initiative and in other aspects of HIV/AIDS prevention, and following the recent adoption of the Framework Convention on Tobacco Control, it is developing gender-responsive strategies for tobacco control at country level. In addition, it is embarking upon an initiative to study the role of men in the promotion of gender equality and plans to hold a consultation on that topic in the near future. The Department is also developing gender-sensitive indicators and tools for capacity-building, as there is still limited capacity among staff at Headquarters and, especially, in countries to work on gender and health.

80. In order to garner high-level support for gender mainstreaming and gain a better understanding of the obstacles that have stood in the way of implementing the WHO gender policy, in January 2005 the Department organized a consultation with WHO senior managers. The consultation identified political, conceptual, technical, and institutional barriers. The political barriers included the fact that the gender policy is too general and too ambiguous with regard to accountability. In addition, the culture and managerial style within WHO does not encourage integration of gender, and there are inadequate numbers of women in professional and managerial positions and on expert committees and other advisory bodies. Among the conceptual barriers, it was found that there is a lack of clarity about what “gender” and “gender mainstreaming” mean. There is also a widespread perception that gender is relevant only in relation to sex parity in staffing and other human resources policies, and that “gender and health” has to do only with women’s health and reproductive health issues. As for technical barriers, health data are still not being systematically disaggregated by sex and there is a lack of generic and specific tools and guidelines for gender integration in different technical areas. Regarding institutional barriers, the consultation highlighted the fact that many official statements and documents of WHO are “gender blind.” The managers were convinced that a World Health Assembly on gender mainstreaming, with strong support from Member States, would strengthen WHO in integrating gender into its work, in particular at country level. Accordingly, the Department is currently developing a paper aimed at achieving the adoption of a resolution that would ask it to develop a strategy for mainstreaming gender in WHO.

81. For the future, the Department is striving to ensure that gender perspectives are incorporated into all planning processes in WHO. To that end, it began by articulating in the 2006-2007 program budget a goal for the area of Gender, Women, and Health and specific objectives for gender integration in WHO, and it highlighted the gender-related objectives –or the lack thereof– in the various other areas of work. The future focuses for the Department will be incorporation of gender into WHO core mechanisms,

including operational planning and the Eleventh Global Program of Work; development of a WHO global strategy and action plan on gender; inclusion of gender in major outputs, such as the World Health Reports and other major reports, key Executive Board and World Health Assembly documents, and the work on the role of men in promoting gender equality. The Department will also collaborate with other areas of work concerned with cross-cutting issues, such as poverty and equity, and it will work with other WHO departments and regional offices, in particular to gather evidence of the effectiveness of gender interventions on health outcomes. Finally, it will pursue a very ambitious capacity-building agenda, seeking to tailor training to the specific needs of certain departments.

*Discussion of the panel presentations by the Subcommittee*

82. The main points that emerged from the discussion of this item are summarized below:

- There is a great deal of commonality among the experiences of the various ministries, institutions and organizations. It is important to document those experiences in order to learn from one another's experiences and not "reinvent the wheel."
- Ownership and accountability are crucial to the success of gender mainstreaming. It will therefore be important to ensure that those two elements are present in PAHO's gender policy.
- Gender issues should receive more attention in the Governing Bodies of PAHO and WHO and in other high-level fora in order to promote a broader dialogue and increase understanding of gender concerns.
- The context in which gender mainstreaming is taking place at present is very different from the context that prevailed in the early 1990s, when the idea first began to gain currency. At that time, the cultural climate was much more favorable towards women's rights and gender equality. Now, however, in many parts of the world there is a growing trend towards conservatism and fundamentalism in the religious, political, economic, and cultural spheres, and, consequently, there is much less receptiveness to the concept of equal rights for women. In this context, it becomes even more necessary to provide empiric evidence of the positive impact that gender equality and empowerment of women can have, for example, in reducing poverty and fostering development.
- Proponents of gender mainstreaming need to become credible interlocutors in order to persuade colleagues in other sectors, particular the economic and financial sectors, of the utility of incorporating a gender perspective in their work. In order to do that, they need to understand and be able to articulate how gender

considerations pertain to the specific technical issues of concern to those colleagues.

- Resistance to gender mainstreaming is due in part to the fact that it continues to be perceived as a women's issue exclusively. To dispel that perception, it is essential to persuade men of the benefits of gender mainstreaming for them and to involve them in the process. At the same time, it is essential not to lose sight of the fact that women are more impacted by gender inequities.
- Many universities in the Region now offer programs and degrees in gender studies, and there is thus now a critical mass of gender specialists with formal training. That being the case, one way that national and international institutions might advance gender mainstreaming is to include knowledge of gender issues as an asset in vacancy notices for posts, in the same way that knowledge of languages or special technical expertise are considered assets that give a candidate a competitive edge in the recruiting process.

83. Concluding the discussion, the Assistant Director commended the panelists for the breadth of the information provided. She noted that there had been many common points in the presentations. Several panelists had stressed the need for very clear mandates to give legitimacy to the quest for gender equality and the whole process of gender mainstreaming. The presentations had also stressed the need for political will, demonstrated in a commitment to gender mainstreaming at the highest level of an institution, but also, very importantly, at the lowest operational level. The need for involvement of various sectors had also been emphasized, in particular civil society organizations and women's groups, in order to foster ownership and build the consensus needed for implementation of gender policies. The importance of monitoring, evaluation, and accountability had been stressed by all panelists, as had the critical need for capacity-building at all levels within organizations and in society.

84. She said that for PAHO, as it prepares to implement its own gender policy, the panel presentations had been very instructive and that the Organization looked forward to continuing to learn and draw from the experiences of its sister agencies and its parent organization, WHO. She added that PAHO also intends to work with countries that have had successes in gender mainstreaming and can offer lessons learned and to promote horizontal cooperation among countries in this area.

***Panel on the Achievement of Development Goal 3 of the United Nations Millennium Declaration: Gender Equality and Empowerment of Women***

85. Presentations on this item were given by the following panelists: Ms. Mercedes Borrero Quintero (United Nations Fund for Population Activities), Dr. Marijke Velzeboer-Salcedo (United Nations Development Fund for Women), Dr. Sonia Montaña (United Nations Economic Commission for Latin America and the Caribbean), Ms.

Carmen Barroso (International Planned Parenthood Federation), Ms. Hilary Anderson (United Nations International Research and Training Institute for the Advancement of Women). The panelists discussed the approaches and contributions of their respective organizations to the attainment of the Millennium Development Goals, in particular Goal 3: Promote Gender Equality and Empower Women. The presentations are summarized below.

*Mercedes Borrero Quintero, United Nations Fund for Population Activities (UNFPA)*

86. UNFPA believes that, as United Nations Secretary-General Kofi Annan has affirmed on numerous occasions, Goal 3 – empowering women and achieving gender equality – is central to the achievement of the whole set of development goals established in the Millennium Declaration. However, the Fund considers the education-related target set under Goal 3 to be both limited and limiting in terms of the scope of the action needed in order to empower women and attain true gender equality. UNFPA therefore welcomed the recent release of the report<sup>1</sup> prepared by Jeffrey Sachs, Special Advisor to the Secretary-General on the Millennium Development Goals, and the related report of the Task Force on Education and Gender Equality.<sup>2</sup> The latter report proposes seven strategic priorities for action on Goal 3, together with an expanded set of indicators for tracking progress. The seven priorities are: (1) strengthen opportunities for post-primary education for girls while simultaneously meeting commitments to universal primary education; (2) guarantee sexual and reproductive health and rights; (3) invest in infrastructure to reduce women's and girls' time burdens; (4) guarantee women's and girls' property and inheritance rights; (5) eliminate gender inequality in employment by decreasing women's reliance on informal employment, closing gender gaps in earnings, and reducing occupational segregation; (6) increase women's share of seats in national parliaments and local governmental bodies; and (7) combat violence against girls and women.

87. Of those priorities, the ones most relevant to UNFPA's work are those relating to sexual and reproductive health and rights, participation of women in government at the national and local levels, and gender-based violence, and it is in those areas that the Fund is focusing its efforts in relation to Goal 3. In the region of Latin America and the Caribbean, UNFPA is working in partnership with other agencies to strengthen legal frameworks and support the development of public policies to promote gender equity and guarantee sexual and reproductive rights. In Nicaragua, for example it provided support for efforts to bring about passage of a law on equal opportunities for men and women, and it has been involved in similar legislative initiatives in several other countries of the

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<sup>1</sup> UN Millennium Project. *Investing in Development: A Practical Plan to Achieve the Millennium Development Goals*. London (UK) and Sterling, VA (USA): Earthscan; 2005.

<sup>2</sup> UN Millennium Project, Task Force on Education and Gender Equality. *Taking Action: Achieving Gender Equality and Empowering Women*. London (UK) and Sterling, VA (USA): Earthscan; 2005.

region. In a number of countries, the Fund, together with PAHO, the OAS, and other partners, is also promoting legislation and action to address the problem of gender-based violence, especially domestic violence. One particularly noteworthy project has involved military and law enforcement officials. The project has helped to open a dialogue on reproductive and sexual health issues, including gender-based violence, with these male-dominated sectors which traditionally have been resistant to the whole concept of gender and gender equity.

88. Another important area of focus for the Fund is young people and, in particular, preventing adolescent pregnancy and empowering young women to negotiate safe and protected sex. UNFPA has been working with youth agencies in several Latin American countries on drafting policies and legislation pertaining to the sexual and reproductive health and rights of young people. One notable example is a law on responsible parenthood in Costa Rica that ensures that young men recognize and take responsibility for the children they father.

89. One of UNFPA's most successful recent experiences in incorporating gender concerns into national development policies and plans in the region has been in Nicaragua, where it has been instrumental in integrating a gender perspective into the national poverty reduction strategy. This experience has been especially satisfying because it has afforded an opportunity, based on solid evidence derived from gender analysis, not only to include gender considerations in a macro-policy, but also to highlight the ways in which women can contribute to poverty reduction and development in a country.

90. UNFPA believes that by broadening the indicators beyond education and, especially, by incorporating a reproductive and sexual health perspective and reproductive and sexual health activities into the MDGs, it will be possible to accelerate progress towards the goal of gender equality and empowerment of women.

*Marijke Velzeboer-Salcedo, United Nations Development Fund for Women (UNIFEM)*

91. UNIFEM was founded in 1976, following the First World Conference on Women, held in Mexico City in 1975. Its mandate is to promote gender equality and women's rights and participation in the United Nations and in regional, national, and local policies and programs. The Fund's most recent four-year plan (2004-2007) sets four main goals: (a) reducing feminized poverty and exclusion; (b) ending violence against women; (c) halting and reversing the spread of HIV/AIDS among women and girls; and (d) achieving gender equality in democratic governance in times of peace as well as in recovery from war. Those goals guide UNIFEM's technical collaboration and are aligned with the priorities set out not only in the Millennium Declaration but also in the Beijing Platform for Action and the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which UNIFEM views as its Magna Carta.

92. Advancing women's human rights and achieving gender equality are clearly central to the vision of the Millennium Declaration and to the poverty reduction and development goals established therein. Yet, many women's rights advocates and women's organizations remain profoundly skeptical about the MDGs. That is partly due to the fact that the MDGs do not adequately address a number of gender equality issues, notably gender-based violence and sexual and reproductive health and rights, and in most cases the indicators established to track progress are not gender-sensitive. The skepticism of women's organizations can also be attributed to what might be called "framework overload." Women's groups, particularly in the Region of the Americas, are already working very hard to hold their governments accountable for fulfilling their commitments in regard to the Beijing Platform, CEDAW, and other frameworks for action. The MDGs are seen as an additional framework and set of standards for which these organizations are now being asked to collaborate in monitoring and reporting. In addition, many women's organizations in the Region still do not know very much about the MDGs.

93. UNIFEM's approach to the MDGs is laid out in a recent joint publication with the German government, *Pathway to Gender Equality: CEDAW, Beijing and the MDGs*,<sup>3</sup> which highlights the linkages between CEDAW, the Beijing Platform for Action, and the Millennium Declaration. It treats the three frameworks as mutually supporting and converging, rather than as separate, and illustrates how the MDGs can be a means for advancing gender equality and ensuring fulfillment of the political and legal commitments of states under CEDAW and the Beijing Platform. It identifies effective and proven strategies that have been developed over the past several decades through efforts to implement CEDAW and the Beijing Platform, which can now be brought to bear to achieve the MDGs. In addition, it seeks to bring the governmental and nongovernmental agencies, particularly women's organizations, involved in CEDAW and Beijing reporting into the MDG process in order to ensure a gender equality perspective in monitoring and reporting on the Goals.

94. In the Latin America and Caribbean region, UNIFEM is applying this same approach, but with particular stress on incorporating gender concerns and enlisting women's participation in international, regional, and national work on the MDGs. The Fund is working closely with other international agencies and also with other sectors, such as planning and finance. It is collaborating with ECLAC, UNFPA, and several other agencies in an analysis of the MDGs in seven countries, which has resulted in the strengthening of existing indicators and the identification of new ones for monitoring the inclusion of gender considerations in the MDG processes under way in those countries. The report on those analyses is being used to mainstream gender in MDG reports and to

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<sup>3</sup> Waldorf, L. *Pathway to Gender Equality: CEDAW, Beijing and the MDGs*. New York: United Nations Development Fund for Women (UNIFEM), German Federal Ministry for Economic Cooperation and Development (BMZ), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH; 2004.

educate and mobilize women's organizations. A project being undertaken jointly with UNDP in Peru is illustrative of this approach: through training and dissemination of information, advocacy and coalition-building with women's organizations, the media, universities, political leaders, and other stakeholders, the project is seeking to include gender as a cross-cutting concern in efforts to achieve all eight MDGs at the national level and to ensure that all MDG monitoring and reporting incorporates gender analysis.

*Dr. Velzeboer-Salcedo concluded her presentation with a video developed as part of the aforementioned project to sensitize women's organizations and policy-makers to the importance of the MDGs and to some of the challenges for achieving them in Peru.*

*Sonia Montaña, United Nations Economic Commission for Latin America and the Caribbean (ECLAC)*

95. From ECLAC's vantage point, one of the principal shortcomings of the Millennium Declaration and the MDGs is their failure to incorporate regional perspectives. Consequently, while they focus heavily on poverty, they give almost no attention to the issue of employment, which in Latin America and the Caribbean is critical for overcoming poverty. As a regional commission, ECLAC considers it extremely important to introduce this regional dimension and is coordinating the production of an interagency report that presents a regional view of the Goals.

96. The report incorporates gender as a cross-cutting theme under all the goals and identifies additional gender-sensitive indicators for each one. For example, under Goal 1, Eradicate Extreme Poverty and Hunger, it presents data from countries in the region that highlight the situation of poverty among women and the overrepresentation of women among the poor. In addition, and very important from a regional perspective, it strongly links poverty to the issue of employment and to the gender inequalities that exist in access to employment, which limit women's capacity to achieve economic autonomy and raise themselves out of poverty. Similarly, in the chapter on education, the report shows that while most of the countries of the region have achieved sex parity in school enrollment, and in some countries female enrollment now exceeds male enrollment at the secondary and university levels, when the data are disaggregated by ethnicity, place of residence (rural/urban), and socioeconomic status, it becomes clear that a number of countries still have a long way to go in terms of the targeting and prioritization needed in order to achieve the MDG goals and targets for education. The report also points up the gender disparities that exist in other education-related indicators. For example, an analysis of the reasons for school dropout among boys and girls in the region reveals that boys tend to leave school in order to work in paid jobs, whereas when girls leave school it is generally for reasons associated with family responsibilities and unremunerated domestic labor.

97. Chapter 3 of the report, which deals with Goal 3, again underscores the need to introduce a gender perspective in the indicators for all the Goals and points out that values based on national or regional averages may mask gender differences among geographic regions and population groups. For example, data on literacy for Latin America and the Caribbean seem to indicate that the region has met the MDG target, but further analysis reveals that there continues to be a significant literacy gap between adult women and men and that illiteracy rates are especially high among indigenous women. This chapter also calls attention to the fact that, while gender gaps in employment, education, and other areas have begun to close, the benefits of this greater gender equality are not reaching all women equally. Poor women, for example, particularly those in rural areas, are still not able to access employment and education opportunities that would enable them to break out of the vicious cycle of poverty. At the same time, poverty itself is having a sort of “equalizing” effect: in low-wage sectors, the gender gap has diminished in the last 10 years, not because more women are employed or because women are earning more, but because the situation of men has worsened. Clearly, however, gender equality in terms of poverty is not the aim being sought under the Millennium Development Goals.

98. Another phenomenon brought to light by the report is that an underlying factor in the gender inequalities in women’s participation in the public and labor spheres is the unequal distribution of labor in the household. While in the last 20 years, more and more women in the region have entered the workforce, men have not “entered the kitchen.” This situation not only places an excessive burden of work on women, it also limits their employment options and opportunities.

99. ECLAC is thus endeavoring to introduce complementary gender-sensitive indicators under all eight Goals in order to reveal the gender inequalities that are standing in the way of full attainment of the MDGs by the countries of the region. The Commission believes that the Millennium Development Goals have clearly become an important part of the international agenda, and that, despite their flaws and limitations, they afford an opportunity to reinforce and build on the progress towards gender equality achieved over the years as a result of other international mandates, in particular the Beijing Platform and the Cairo Program of Action.

*Carmen Borroso, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)*

100. IPPF/WHR was founded in 1954, and currently has 46 member associations operating in the countries of the Americas. It provides more than 18 million services annually, mainly in the area of sexual and reproductive health and rights. Gender equality and the empowerment of women have long been concerns for IPPF/WHR. The Federation first began to address the issue of gender through activities aimed at improving the quality of care provided at its clinics. Through the years, it has developed a

series of manuals and carried out capacity-building activities aimed at ensuring that the gender perspective is being applied in all its sexual and reproductive health services. Reflecting IPPF/WHR's commitment to gender equality, in 1988 its Board of Directors adopted a resolution requiring that at least 50% of the members of its executive bodies at both regional and country level must be women. In 1989, it created a task force on women to implement gender-sensitive policies. That task force remains in existence today and is very active.

101. IPPF/WHR shares the concerns of other agencies with regard to the limitations of the MDGs, in particular their failure to call for universal access to reproductive health services and methods for the prevention of unwanted pregnancies. However, the Federation also views the MDGs as a grand opportunity to link sexual and reproductive health to larger issues of development, poverty reduction, and environmental sustainability and to contribute to the creation of an enabling environment in which women can fully exercise their rights. IPPF/WHR recently held two symposia on the MDGs to examine the contribution of sexual and reproductive health to development and to call attention to the need to incorporate into the MDGs the goal of ensuring universal access to reproductive health services by 2015, as agreed at the Cairo International Conference on Population and Development. The first symposium took place in New York in October 2004, and the second was held in Rio de Janeiro in November 2004. The two gatherings brought together representatives of governments and United Nations agencies, as well as civil society, academia, and the media.

102. Four main conclusions emerged from the two symposia. First, sexual and reproductive health interventions and the implementation of the Cairo Program of Action are essential in order to eradicate poverty and achieve the MDGs. Second, as pointed out by the representative of ECLAC, the MDGs need to be approached from a regional perspective. This is viewed as crucial in the Region of the Americas, which is known to be the most unequal in the world. Symposia participants saw inequality as the greatest challenge to eradicating poverty and ensuring health in Latin America and the Caribbean and pointed out that because of the huge inequalities between and within countries, it would be possible to achieve the MDGs on an aggregate level without bringing about any improvement at all in the situation of the poorest members of the population. The third major conclusion was that existing macroeconomic policy must be challenged for its lack of concern about investment in social sectors and the well-being of populations, and the fourth was that, while ensuring universal access to sexual and reproductive health services will call for a sizeable investment, it will also yield enormous health and economic benefits. Or, viewed from the opposite perspective, failing to invest in sexual and reproductive health will have enormous consequences for development and economic growth, given, for example, that one third of all disability-adjusted life years (DALYs) among women of childbearing age are due to sexual and reproductive health problems.

103. IPPF/WHR believes that the two symposia, together with the initiatives of other individuals and organizations, most notably the Millennium Project and its various task forces, are having a positive effect in remedying the deficiencies in the MDGs and highlighting the importance of sexual and reproductive health in achieving not only Goal 3 but all of the Millennium Development Goals.

*Hilary Anderson, United Nations International Research and Training Institute for the Advancement of Women (INSTRAW)*

104. Like the other organizations represented on the panel, INSTRAW's approach to the MDGs emphasizes carrying forward the comprehensive definitions of gender equality first established by the Cairo Program of Action and the Beijing Platform for Action. INSTRAW believes that the MDGs can be a powerful tool for generating and maintaining consensus on international development among the Member States of the United Nations and as a practical way of operationalizing the commitments and priorities of Cairo and Beijing.

105. The MDGs have been much criticized over the last five years because they do not address a number of fundamental development priorities and human rights issues. The Goals have, in some ways, brought the concept of gender equality, which is often difficult to operationalize, into sharper focus by attaching specific targets and indicators. The formal type of equality presented in the MDGs, which focuses on gender parity in the educational and political spheres, is a necessary first step in the achievement of gender equality. The numbers do matter. Significantly increasing the representation of women in education and politics will help to give women's and gender issues more recognition, both socially and politically. Gender parity, however, is not gender equality, which is a far more substantive concept that cannot be measured solely through numbers.

106. It would be a mistake to think that the MDGs can be sustainably or equitably achieved without the broader visions of gender equality contained in the Cairo and Beijing agreements. Those agreements both set out holistic definitions of gender equality that comprehensively examined the various aspects of personal and social development that both arise from and give rise to gender inequality. A holistic definition of gender equality encompasses economic and social status and participation, political participation, human sexuality, access to information and services, security, education and a variety of other facets of everyday life that are not reflected in the MDGs. The Cairo and Beijing agreements bring up a number of issues that are central to the achievement of both the MDGs in particular and gender equality in general.

107. Foremost among those issues is reproductive health. The attainment of full reproductive health and the ability to exercise reproductive rights is a sine qua non for gender equality and women's empowerment and for the achievement of all the other

Goals. As noted by other panelists, the MDGs also lack a diversity perspective that recognizes that a special focus is necessary for the achievement of the Goals within certain populations, including adolescent women, older women, indigenous women, lesbians, poor women, migrant women, and other marginalized groups. In addition, most of the indicators for monitoring progress towards the MDG targets do not rely on sex-disaggregated data. To measure, for example, the first Goal, Eradicate Extreme Poverty and Hunger, the indicators do not call for disaggregated data, even though it is known that women are disproportionately affected by poverty and that female-headed households are among the poorest of the poor. The danger of monitoring the MDGs without using gender-sensitive indicators is that the Goals may be achieved without any significant benefits to women. Such indicators are also needed in order to highlight and address the fundamental role of men in promoting and protecting as well as violating women's human rights. Halting and reversing the spread of HIV/AIDS, as mandated in Goal 6, for example, requires an explicit focus on men's behavior as well as on women's vulnerability.

108. Another critical issue ignored by the MDGs is violence against women. Although it is briefly mentioned in the Millennium Declaration as an impediment to women's development, it remains invisible by omission from the MDGs. The negative impact of violence on women and on their ability to exercise and enjoy their human rights cannot be overstated. While legal and policy instruments exist to protect women from violence – notably, the Convention of Belém do Pará –the issue has remained largely at the legal and policy level. Little concrete progress has been made in reducing the incidence of violence against women. Lack of data and information, monitoring efforts, and integrated programs still hinder both knowledge of violence against women and the ability to address it.

109. Despite their failings, however, the MDGs offer an example of the utility of concretizing international commitments into specific actions, targets, and indicators. They should be seen not as something that supplants or obviates existing commitments, but as a practical starting point for the implementation of the broader, more holistic and far-reaching commitments established under the Beijing and Cairo agreements and as the first step on the path to true gender equality and women's empowerment.

*Discussion of the panel presentations by the Subcommittee*

110. In the discussion that followed the presentations, Dr. Gómez asked participants to comment on what type of action should be undertaken in the health sector, and by PAHO specifically, in order to advance towards achievement of the goal of gender equality and empowerment of women. The following points and recommendations emerged:

- PAHO, and each of the other organizations within its respective area of focus, should strive to ensure that all data collected for MDG monitoring and reporting are disaggregated by sex. In addition, complementary targets and indicators should be developed to monitor progress with regard to issues not addressed in the MDGs which are central to development and to the achievement of gender equality in the Region, particularly sexual and reproductive health and rights, employment, and gender-based violence. In relation to the latter, the mechanism being developed by the OAS for monitoring compliance with the Belém do Pará Convention will provide a valuable instrument for monitoring progress and holding governments accountable.
- The various agencies should also work to highlight the linkages and synergies among the various goals and targets and the crucial role that women's empowerment and women's health play in all of them.
- Involving civil society, especially women's organizations, in monitoring progress on the MDGs is critical. Women's networks in the Region can be a powerful force for promoting the Goals and demanding accountability from governments, and a much greater effort on the part of all the various international agencies is needed in order to mobilize and utilize their participation to best advantage.
- PAHO should promote training aimed at ensuring that health services personnel internalize the concept of gender and apply a gender perspective in the delivery of health services.
- PAHO should also promote research and the collection of evidence to show the impact that health sector reforms are having on women's health and on countries' ability to achieve the MDGs. It should also foster dialogue between authorities in the health and social sector and authorities in the economics and finance sector on the implications of health sector reform and structural adjustment programs for the attainment of the MDGs.

111. In her concluding remarks, the Assistant Director pointed out that several of the MDGs are health-related and underscored PAHO's commitment, as a health organization, to ensure that its work contributes to their attainment. She noted that, like gender, the MDGs were being incorporated in a cross-cutting manner into the planning and programming of all units and areas of work within the Organization. She said that PAHO views health as central to development and that it believes that the MDGs, despite their deficiencies, provide a good avenue for reducing poverty and promoting equity.

**Recommendations of the 21st Session of the Subcommittee on Women, Health, and Development to the 136th Session of the Executive Committee**

112. The Subcommittee prepared the following recommendations for submission to the Executive Committee:

The 21st Session of the Subcommittee on Women, Health, and Development of the Executive Committee,

Considering:

1. The persistent presence of gender inequalities in the area of health;
2. The international commitments agreed to by the Member States and the Cooperation Agencies in regard to gender equality, emphasizing among these agreements the Beijing Declaration of 1995, the recommendations of Beijing + 10 (2005), and the Millennium Development Goals (2000);
3. The guiding principle of Equity enshrined in the Constitutions of WHO and PAHO, and the Resolutions of PAHO's Governing Bodies on gender equality;
4. The international evidence, which indicates that the adoption of gender equity criteria in policies and programs is grounded in the principles not only of justice but of efficacy, effectiveness, and efficiency in public health practice;
5. The growing practice in the agencies of the United Nations and the Inter-American System, and of some Member States, of formulating and executing gender equality policies; and
6. The promulgation of a WHO Gender Equality Policy (2002) and its adaptation, which is under way in some of the regions,

Recommends:

**That the 136th Session of the Executive Committee of June 2005,**

1. Approve and present the Gender Equality Policy to the Directing Council for its final approval through the passage of a resolution.
2. Form a working group within the June 2005 Executive Committee to review the framework and terms of reference of the Subcommittee on Women, Health, and Development, which were adopted in 1992, and submit its recommendation to the 137th Session of the EC in September 2005. This review would examine the role, functions,

composition, membership, and frequency of the Subcommittee's meetings. The Working Group would be comprised of the member countries of the EC that participated in this Subcommittee, a sister agency, another PASB technical unit, and the secretariat of GE, and could carry out consultations with other countries, such as CAN, and with other agencies and representatives of civil society.

**That the Director,**

***In regard to execution of the Gender Equality Policy,***

1. Promote a day of discussion at HQ and in the countries on the implications of the gender equality policy for the different areas of work in the Organization.
2. Establish institutional mechanisms to develop, execute, and evaluate a Plan of Action for the execution of the Policy, including (a) mechanisms for consultation that include the formation of an external Advisory Group; and (b) a network of internal focal points, including the Representative Offices, and (c) a system for performance monitoring and accountability by senior management to the Director and by the Director to the Governing Bodies. This monitoring system would include progress indicators, measurable results, responsible actors, and timetables for periodic reports.
3. Develop 5-year plans of action framed within the concept of regional programs. The preparation of these plans would be coordinated by GE but would require the active participation of all units and Representative offices and would be included in the respective Biennial Program Budgets. These plans would designate strategic thematic and geographic points of entry aimed at making their execution a gradual process.
4. Study possible incentive systems for the units in the Secretariat, the countries, and the Ministries to promote mainstreaming of the policy.
5. Specifically identify appropriate financial and human resources within the existing resources at Headquarters and in the Representative Offices, to strengthen the areas selected in the Plan of Action.
6. Emphasize the production and analysis of data, disaggregated by sex and other relevant variables, by the entire Organization and ensure that this emphasis is reflected in the Organization's publications.
7. Promote the design of training materials and programs with a gender perspective, adapted to the specific themes and needs of the areas designated in the Plan.

8. Make mainstreaming of the gender perspective an institutional priority in the mobilization of financial and technical resources.
9. Address gender equality issues in the different political and managerial forums that the Organization holds at the regional, subregional, and national levels.
10. Support the preparation of satellite accounts complementary to the national health accounts and national accounts systems to make the unremunerated contributions of women to the health care system visible, estimate the magnitude and distribution of the burden imposed on members of the household by the underfinanced health systems, and identify good practices.
11. Guarantee parity between the sexes, not only in recruitment but in the promotion and empowerment of women in institutional human resource policies.

***In regard to the attainment of the Millennium Development Goals,***

1. Within Goal 3, monitor the “missing” objective of violence based on gender differences. Collaborate with other agencies of the system to this end, supporting follow-up of the Convention of Belém do Pará without duplicating the efforts of CIM/OAS.
2. Promote a regional consultation to assess the gender impact of health sector reforms on the attainment of the Millennium Development Goals, especially on the goal to reduce maternal mortality.

**Closure of the Session**

113. The Director thanked the Subcommittee for its hard work and for preparing an excellent set of recommendations. She expressed her appreciation to the President for her skill in guiding the deliberations and to the delegates for their insightful comments and contributions.
114. The President added her thanks to the delegates and to the presenters and panelists and then declared the 21st Session closed.

Annexes

## AGENDA

1. Opening of the Session
2. Election of the President, Vice President, and Rapporteur
3. Adoption of the Agenda and Program of Meetings
4. Report on PAHO Advances on Gender, Health, and Development
5. Gender Equity in PAHO's Human Resources
6. Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health Accounts
7. Panel on Institutional Experiences and Lessons Learned in Formulating and Implementing Gender Equality Policies
8. Proposed PAHO Gender Equality Policy
9. Panel on the Achievement of Development Goal 3 of the United Nations Millennium Declaration: Gender Equality and Empowerment of Women
10. Other Matters
11. Recommendations
12. Closure of the Session

## **LIST OF DOCUMENTS**

MSD21/1, Rev. 1 and MSD21/WP/1	Adoption of the Agenda and Program of Meetings
MSD21/3	Report on PAHO Advances on Gender, Health, and Development
MSD21/4	Advances in Gender Mainstreaming in a PAHO Technical Cooperation Area: National Health Accounts
MSD21/5	Proposed PAHO Gender Equality Policy

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Asesores de la Directora**

Dr. Joxel García  
Deputy Director  
Director Adjunto

Dr. Carissa Etienne  
Assistant Director  
Subdirectora

Mr. Eric J. Boswell  
Director of Administration  
Director de Administración

Dr. Daniel López Acuña  
Director of Program Management  
Director de Gestión de Programas

**Technical Secretary  
Secretaria Técnica**

Dr. Elsa Gómez  
Regional Adviser on Women, Health, and Development  
Area of Gender, Ethnicity, and Health  
Consultora Regional sobre la Mujer, la Salud y el Desarrollo  
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