

**TECHNICAL ADVISORY GROUP ON GENDER AND HEALTH (TAG/GEH)  
February 22 - 23, 2011, Washington DC**

The Technical Advisory Group on Gender Equality and Health (TAG/GEH) serves to support the Director and the Pan American Health Organization (PAHO) in implementing the Gender Equality Policy (2005) and its 2009 – 2014 Plan of Action (2009) throughout PAHO and its member states.

The TAG/GEH consist of technical experts from member states – Bolivia, Canada and Guatemala-, Development partners – CEPAL, UNFPA, UN Women- , and civil society – the regional Network of Women’s Health for Latin American and Caribbean, Gender Equality of Mexico, and FLACSO. The TAG/GEH is co chaired by Dr. Gita Sen, expert and author of the gender report of the WHO Determinants of Health Commission, and Carmen Barroso, Director of International Planned Parenthood Federation/Western Hemisphere Region.

Some TAG/GEH members were not able to participate. A representative of the Gender Equality and Health Observatory of Chile participated in this third TAG/GEH meeting that took place at PAHO Headquarters. Representatives of development partners, WHO, and PAHO’s Gender focal Point network participated as observers (see participants list).

**Objectives of the Gender Equality and Health TAG/GEH:**

During the previous two meetings, the TAG/GEH has assisted PAHO’s Director and the PAHO/GDR team in developing, consulting and implementing the Plan of Action, which resulted in its approval by the Directing Council in 2009. The PoA calls for timely monitoring. The Objectives of this third TAG/GEH meeting therefore are:

- 1) Reviewing the achievements in implementing the PoA within the context of the 2009 TAG/GEH recommendations; and
- 2) Define the process and conceptual framework for the monitoring of established commitments in the PoA. (see agenda)

**Agenda Items of the Gender Equality and Health TAG/GEH meeting**

The TAG/GEH consisted of the following agenda items:

**Opening remarks: Dr. Mirta Roses Periago, PAHO Director**

- Gender mainstreaming is not a choice for the Organization – it is a duty. Gender mainstreaming should also be done outside the “traditional issues” regarding “women’s health” such as “sexual and reproductive health”. Integrating gender is

part of the strategy for mainstreaming PAHO's Cross Cutting Priorities (CCPs) defined in its strategic plan (along with Ethnicity and Human Rights of the Gender, Diversity and Human Rights Office (GDR), and Primary Health Care, Health Promotion and Social Protection). Mainstreaming of the CCPs contributes to the effectiveness of our programs and to overcoming the great inequalities in the Region of the Americas. Therefore it is necessary that all PAHO staff be conversant in gender, as well as the other CCPs. It is essential to prepare the focal points, to learn from past experiences and to create "best practices".

- The GDR is responsible for mainstreaming efforts in the Organization. An internal evaluation has been conducted by the PAHO's evaluation team regarding the mainstreaming of the CCPs. These evaluations, like the proposed monitoring of the PoA, are essential for providing information on what has been done and what needs to be accomplished in the future to improve strategies.
- The health agenda of the countries is not just a matter for Ministries of Health but for the legislative branch as well.

The co-chairs congratulated PAHO and its Director for her TAG and stressed the need for maintaining the strong political commitment and the institutionalization of mainstreaming independent from the upcoming changes in the Organization's leadership in 2012.

#### **Presentation of Experiences in Monitoring Gender mainstreaming (see presentation attached)**

- Overview of the TAG/GEH that was established in 2008.
- In accordance with the PoA, monitoring should be conducted in 2011.
- Achievements within the context of the 2009 TAG/GEH recommendations and GDR biannual workplan included: improving evidence of gender and health, mainstreaming gender within PAHO headquarters and country offices, advancing gender in the health sector of five priority countries, strengthening gender and health knowledge of sub regional network of Ministers of Women, and strengthening knowledge management and communications. GDR is also a partner of three PAHO projects (indigenous adolescents, TB in Peru, exercise and NCD in Nicaragua).
- Though there are concrete advances, WHO and PAHO evaluations show that mainstreaming gender remains a challenge.

#### **Presentation of participants (see list of participants)**

The following is a list of comments and suggestions from the participants:

- Mechanisms for accountability and monitoring, with specific indicators and evidence based analysis are the best way to ensure compliance to policies (including auditing procedures).

- Challenges concern the reality that some ministries lack a “mainstreaming policy” for gender, though entry points for mainstreaming gender could be identified within this sector, as well as within PAHO. Political will and participation are essential for advancing mainstreaming. There are additional challenges in many LAC countries that are federalized.
- Importance of involving other partners, especially civil society and their health observatories, but also ombudsmen.
- Linkages between gender and human rights. New PAHO Resolution CD 50/R.8 on “Health and Human Rights”. Importance of underscoring human rights obligations contained in international human rights instruments that refer to women: Convention on the Elimination of all forms of discrimination against Women (CEDAW), American Convention on Human Rights, the Convention on the Rights of the Child (CRC), among others, as well as the importance of using human rights instruments to guarantee the protection of all the persons and non-discrimination based on sexual orientation and gender identity (LGTBI groups).

### **Conceptual Framework and process for monitoring PoA in PAHO (see presentation attached)**

GDR presented a short overview of the monitoring framework and the process/timelines of implementation (see presentation). As the best way to strengthen the tools and monitoring process, TAG/GEH members agreed to analyze the instruments for collecting information on the PoA indicators. These instruments are included in the indexes of the proposed monitoring framework: Annex B solicits information related to indicators pertaining to GDR indicators; Annex C to technical Areas; Annex D to PAHO Country Offices; and Annex E to the health sector of countries.

The recommendations included the following:

#### Overall suggestions:

- That the monitoring information is solicited from the highest levels, from the Director or Assistant Directors directly from PAHO Managers (Area Managers, or Country Representatives). An explanatory letter or “video” should be attached to the questionnaires explaining clearly the objective of the questionnaire.
- Participants should clarify what they understand by “gender based perspective”.
- The questions should be more specific and they need to provide examples with data (evidence based); they should include a timeframe.

#### ANNEX B: regarding GDR indicators

There were no comments and the TAG/GEH agreed to the format.

#### ANNEX C: Applicable to Technical Areas (TA).

The TAG/GEH suggested that the instrument make clear that the information collected will serve as an initial monitoring, to be followed up by a more in depth analysis during the second monitoring phase in 2014. The TAG/GEH also recommended that the TAs

hold a workshop to gauge their own advances in achieving the indicators of the PoA, which at the same time can serve as a capacity building opportunity. Other observations include:

- The questionnaire does inquire about any allocation of funds for implementation of the PoA by the TAs.
- Information from countries where TAs work should be included.
- It is important to refer advances to the Strategic Objective (SO) and RER.

ANNEX D: PAHO Country Offices reporting and ANNEX E: PAHO Member States reporting on progress on indicators

The TAG/GEH stressed that the PWR receive the request for information and that s/he respond directly to the Director. Moreover, after much discussion regarding the progress on indicators of ministries of health (MOH) of member states, the TAG/GEH suggested that the monitoring process be converted in an opportunity for PAHO, and partners of the MOH and civil society to meet to agree on progress on indicators for PAHO and the member state. It suggested that the guide/questionnaire for obtaining information during this participative consultation include:

- Information on what the MOH have in place for incorporating gender perspective into organizations, policies or plans. Identify issues included in the plan such as: violence, occupational safety, tackling systemic barriers faced by women, capacity building towards improvement of public policies to address needs of women, men and families, strategies for advancing women's rights. These plans can include those of technical sectors or sub national plans.
- Information on how the MOH is implementing the policy/plans to attain the fundamental objective of achieving gender equality in health plans, programs and services. Also include information on challenges and obstacles.
- A checklist that covers:
  - Main activities:
    1. Objectives: performance measurement framework
    2. Specific activities
    3. Outcomes/results (example: quality of services, reaching excluded populations, cultural relevance, reflected in norms and standards related to the national plan, awareness about different forms of violence, knowledge- community resources).
  - Support activities: support women at all different stages, increase women's leadership and tools for political participation.
    1. Human resources available
    2. Funding
    3. Capacity Building
    4. Evidence base – information system
    5. Civil society participation/academic institutions
    6. Monitoring and evaluation

## **Recommendations**

A very fruitful and interesting discussion produced five preliminary recommendations that will be finalized and further developed by the TAG members:

1. The monitoring process should be led by PAHO Director and Managers who should provide the information that will improve the continued implementation of the 2009-2014 Action Plan for Gender Equality Policy. At country level, the monitoring process should be fully participatory, recognize the importance of assessment by national stakeholders that include representatives from PAHO (PWRs), ministries of health, civil society, academic institutions and other stakeholders.
2. Incentives should be provided for producing high quality data (analytical and participatory) with comprehensive analysis. Rewards should be given to the entities that demonstrate "best results or information".
3. The monitoring process should include two phases, with first basic reporting in 2012 and second in 2014.
4. That financial resources be allotted to the monitoring process and national consultations.
5. Findings of the monitoring process should be used to increase the commitment by PAHO and members states to improve the implementation of the Gender Equality Policy and its PoA. The Director will share the results in a formal report to the Directing Council of ministers of health in September, 2012.
6. Results should be widely disseminated among MOH, civil society and development partners, and in different fora to increase accountability for gender equality in health. .

The TAG/GEH co chairs also urged PAHO to devise a process for sustaining and rotating the TAG with terms of reference, and to provide the TAG with essential materials/orientation prior to the TAG meeting to optimize productive time.

As in prior meetings, that TAG/GEH continued to insist that GDR partner with technical areas to provide guidance for strengthening gender equality policies and procedures for two programs and encouraged this collaboration on gender based and family violence prevention.

## **Closing Remarks from Dr. Jon Kim Andrus, Deputy Director**

Dr. Andrus thanked the TAG for excellent work and made a commitment for PAHO and its leadership to implement the recommendations which he deemed appropriate and feasible.

Dr. Andrus indicated strong support to disseminating the monitoring process through the Office of Knowledge Management and Communication.