

Gender, health, and development in the Americas
Basic indicators

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Women and drugs policy

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Constitution of the WHO - 1946:

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.



Objective

Share some thoughts on the generation, analysis, and use of gender sensitive health information



Content



1. Introduction



2. From statistical data disaggregated to the analysis and utilization



3. Final reflections



1. Introduction

Basic concepts

Sex: characteristics *biologically* determined y relatively unchanged that differentiate men from women.

Gender: roles and norms socially assigned to men and women; varies across time and among sociocultural groups.

Gender equality in health: equal conditions for women and men to exercise their rights to enjoy the highest attainable standard of health.

Gender equity in health

Gender equity in health: absence of systematic gender-based differences that are unjust, avoidable and therefore remediable, with respect to health status, access to health services, and participation in decision-making.

It is essential to have **disaggregated data** to see the differences in population subgroups (by sex, age, ethnic origin, socioeconomic status, area of residence, sexual orientation, etc.)



describe as a inequitable situation: analysis of causes

Barrier to achieve equity: DATA NOT DISAGGREGATED
- and lack of information to develop gender sensitive indicators-



Why gender equality in health?

- Persistent gender inequalities in health.
- There are global, regional, subregional and national commitments.
- The integration of a gender equality perspective in policies, plans, and programs of health ***contributes to the achievement of results more equitable, efficient and effective.***

A HIS that address gender inequities includes:

1: Definition and production of gender sensitive data

- Agreements on definitions and variables
- Selection and development of gender-sensitive indicators
- Data disaggregated by sex, age, ethnic/racial group, among others.

2: Gender-based analysis, using guidance and tools

- Quantitative and qualitative information
- Data from diverse sources and sectors
- Description of inequities

3: Utilization of information

- Advocacy
- Design of strategies
- Development of policies, programs, plans
- Monitoring and evaluation of advances toward equity in health

Golden rule: what is not measured, does not take into account



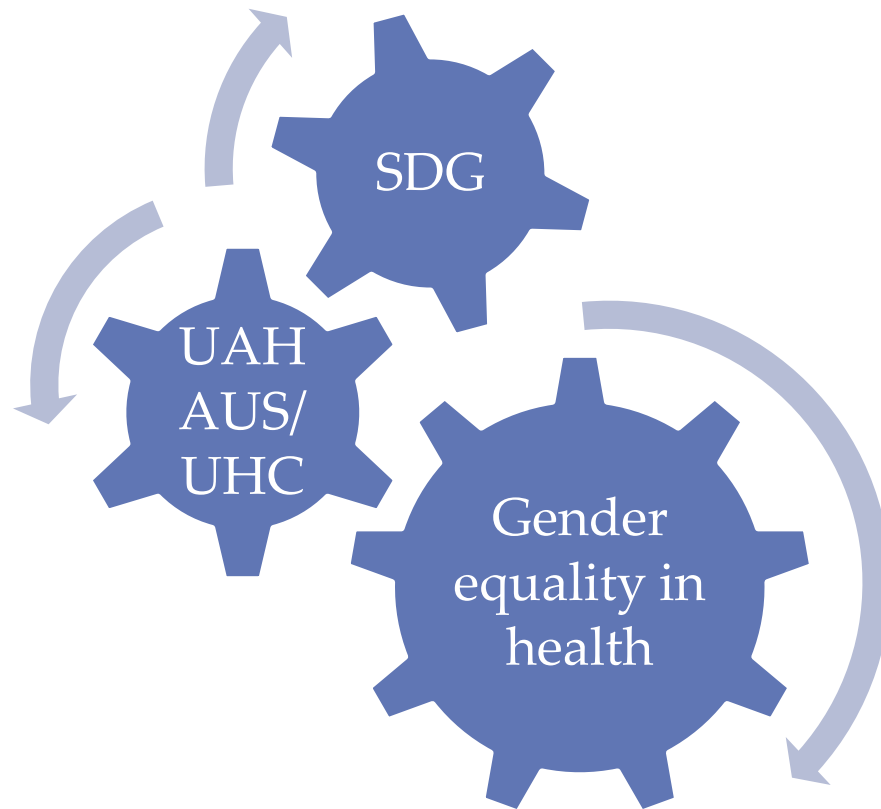
WHY is gender sensitive information important?

- It helps us to understand how biological and social factors that differentiate the sexes interact, and translates into different risks, vulnerabilities and consequences on health.
- It allows us to identify and report on gender in health inequities and develop responses to eliminate them.

Policies and actions based on no-gender sensitive information are blind to realities and contexts



Gender and health: mandates



Gender in health: priority actions



- To generate, analyze, utilize and disseminate **information and evidence to reduce** inequalities.
- To strengthen **capacities**.
- **Participation** of diverse stakeholders (within and outside of health sector).
- **To institutionalize** evidence-based policies and programs.
- Integrated models of health services that respond to **different needs**.

PAHO/WHO: Strategy for universal access to health and universal health coverage (universal health)



Universal access to health

Absence of geographical, economic, sociocultural , or gender barriers that prevent all people from using comprehensive health services and have healthy lifestyles that allow their development and wellbeing.

Universal health coverage

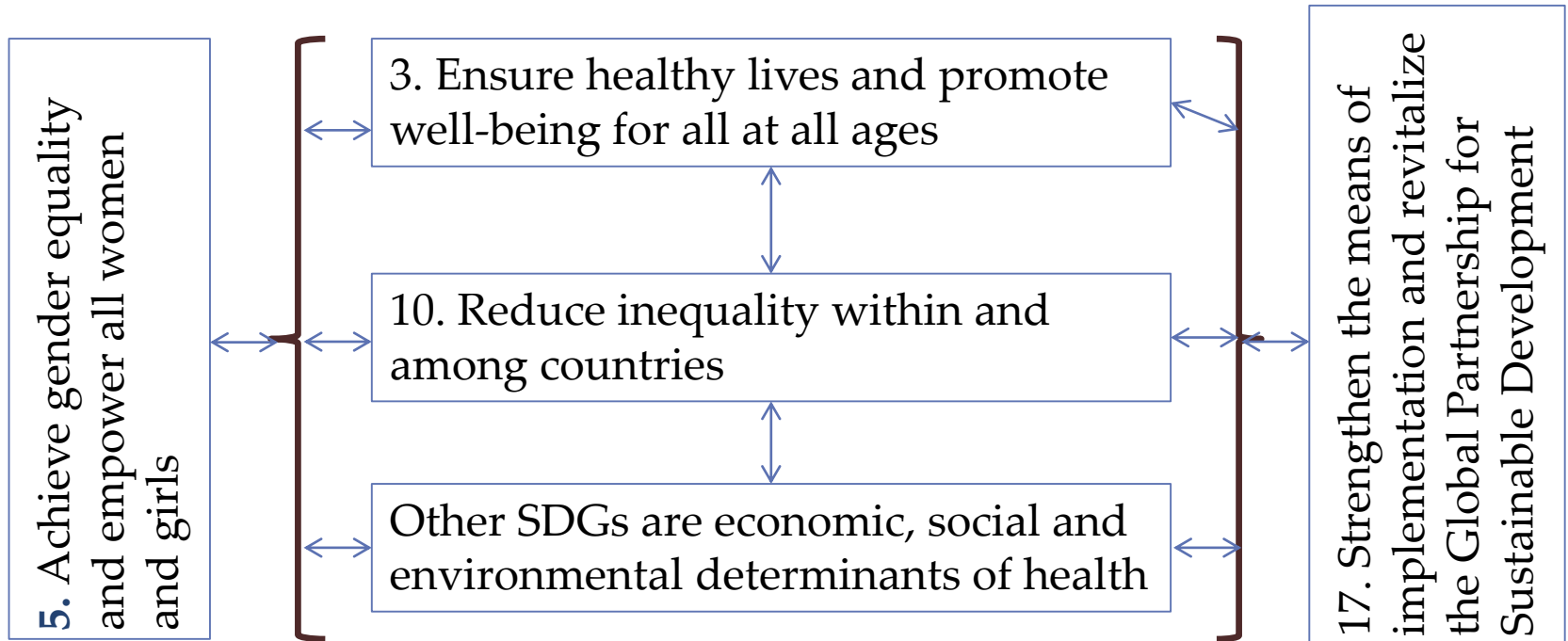
Existence of mechanisms to organize and finance the health system to cover the entire population.



SDG: gender and health

SDG integrated and indivisible

Balance economic, social and environmental dimensions



Key messages...

- Gender refers to roles, norms and relations socially assigned to men and women (dynamic, contextual)
- Statistical data should be gathered and presented disaggregated by sex, age, ethnicity, socio-economic status, etc.
- Intersectoral work needed



2. From statistical data disaggregated to the analysis and utilization

A gender-based analysis (GA) is a tool that make health inequities visible

- **The gender-based analysis** in health examines the interaction of biological factors with the socio-cultural factors.
 - Roles, norms, and gender relations
 - Unequal distribution of resources and power within and among men and women
 - Intersectionality of gender with other social determinants of health



Principles for a GA

- Sex is not a synonym for gender / women and men are different.
- Policies and programs do not affect men and women in the same way.
- It is based on evidence to understand how gender operates as a social determinant of health.
- It is a systematic process and requires a long-term commitment.

It includes a **DIVERSITY** approach

Addressing gender equity in health means:

Look at...

- ✓ **The origin of the differences in health (causes of the causes); and differences in health outcomes**
- ✓ **Mechanisms to protect the right to health for all people**

and respond to:

- ✓ **Specific health and wellbeing needs of the diverse groups of women and men**
- ✓ **... removing the barriers to access resources and services, and eliminating stigma and discrimination**



Resources needed for GA in health

- **Quantitative data:** disaggregated and presented by sex, age, ethnic background, area of residence, socioeconomic status, and other relevant variables, says *who, where and when*
- **Qualitative data:** perceptions and testimonies, tells us *how and why*
- **Research** carried out by other persons/institutions
- **Knowledge of the community** and key stakeholders, and our own local knowledge on human rights and State obligations, roles, norms of gender, access and control of resources, social and cultural expectations
- **Involvement of civil society**



A GA is not enough!

Present and utilize the results of a GA

- Knowing the target audience.
- Present tables, graphics, among other resources that are easy to understand.
- Go beyond the descriptive tables, include a GA with diversity considerations.
- Disseminate information timely to promote its use.

Produce information for action!

Dissemination of health related data on disparities



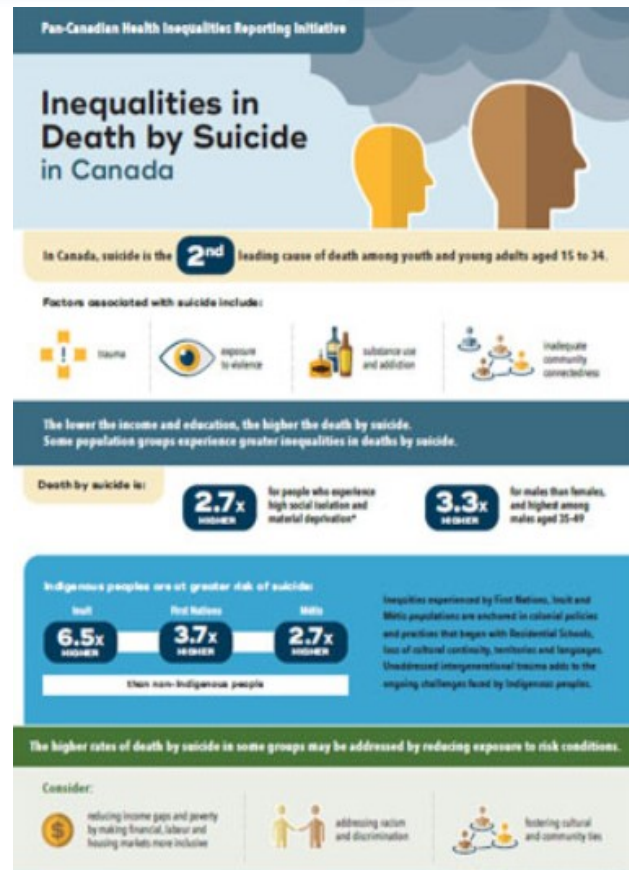
**Pan American
Health
Organization**



**World Health
Organization**
Regional Office for the Americas

Seventh edition...

Dissemination of data on health inequalities (Canada, 2018)



<https://www.canada.ca/en/public-health/services/publications/science-research-data/understanding-report-key-health-inequalities-canada.html>

Key messages...

- Data should be analyzed taking into account the diversity of men and women, in specific contexts.
- The causes of health problems should be identified, as well as the impact on individual and collective health and wellbeing.
- Present and use the information!!!



3. Final reflections

- Take advantage of the information available.
- Reinforce a gender perspective in health, with appropriate indicators.
- Strengthen the dialogue between producers and users of information, and identifying feasible strategies to generate required information.

Suggested actions

- Make visible gender inequities in health (trends, risks, impacts) in advocacy campaigns, materials for learning, communication, etc.
- Design or update health policies and strategies.
- Monitor and evaluate progress towards equity in health.
- Dialogue with other sectors to foster intersectoral approach and action.

And, in the 2030

- Increasingly more countries analyze the data in specific contexts, considering intersections of simultaneous and multiple factors of exclusion, and use the evidence.
- Monitoring and evaluation systems consider specific contexts within countries.
- Standardization in the collection, analysis, and use of the information will be strengthened by a coordinated effort.



And...

To ensure that *no one was left behind*

....that all people are exercising their right
to health!!!



Thank you...

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