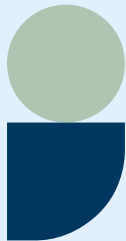




UNITED NATIONS  
UNIVERSITY

**UNU-IIGH**  
International Institute  
for Global Health



## WHAT WORKS

# IN GENDER AND HEALTH IN THE UNITED NATIONS

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### CASE STUDY 8:

Institutional integration of gender across all technical programmes, Member State health programmes, and the Pan American Health Organization

Gender &  
Health Hub

Knowledge. Policy. Action.



# Project summary

The United Nations University International Institute for Global Health (UNU-IIGH) co-produced a practice-based study with five UN agencies working in global health (UNAIDS, UNDP, UNFPA, UNICEF and WHO). The project focused on analysing and understanding what worked, where, for whom, why and how, institutionally and programmatically, to successfully mainstream gender ([click here for the consolidated project report](#)).

The research involved in-depth analyses of 14 case studies that were considered examples of successful gender mainstreaming identified by respective UN agencies. Interview and published material relevant to each case study were analysed to ascertain the factors contributing to successful gender mainstreaming within the UN system. Key findings of the project included:

- Leaders can catalyse, accelerate and sustain success, by investing in gender architecture across the organisation with dedicated core funds.
- Organisational strategies that include gender equality with measurable outcome and output indicators, links between gender teams and budget planning teams, and strong performance and financial accountability mechanisms were gamechangers.
- Feminist civil society expertise and pressure can ensure alignment with local priorities, grounding in ethical frameworks, external accountability and sustainability.
- Joint interagency collaboration can have real impacts on the ground when comparative advantages of the agencies involved are leveraged.
- Evidence, data and programmatic learning that shows what works (and what the problem is) can drive action and change.

## Overview of Case Study Series

This Case Study Series consists of briefs for each of the 14 successful cases of programmatic and institutional gender mainstreaming analysed as part of the 'What Works' project. Each brief presents further details about the particular case study, including the outcomes achieved, the pre-existing contextual factors that enabled the change, the factors that triggered change, and the mechanisms that sustained the change over time. Broadly, the case studies are categorised into three groups based on the types of successful outcomes achieved namely those that:

1. empowered women and girls to resist harmful gender norms and practices and advocate for their own health needs;
2. put gender and health issues on the global agenda; or
3. embedded gender equality issues in institutional processes and structures that supported gender equality in health programming.

These three types of outcomes reflect the different levels that UN agencies work on and illustrate the capabilities and strengths of the UN system.

# Case study 8: Background

This case study, which relates to the third outcome group, focuses on the contributions made by the Regional Office for the Americas of the World Health Organization (PAHO) in supporting the adoption of the Gender Equality Policy which successfully institutionalised an organisational mandate for gender mainstreaming which positively impacted gender mainstreaming in health programmes in its Member States.

In WHO, the most sustained gender mainstreaming success has been PAHO's institutional mechanisms for integrating gender concerns across all technical programmes, backed by funding and monitoring and evaluation. PAHO's 2006 Gender Equality Policy successfully institutionalised an organisational mandate for gender mainstreaming, resulting in approaches to tackle gender inequalities being integrated within health programmes among its Member States. The outcome, sustained over at least ten years, was programmatic gender mainstreaming across all of PAHO's technical programmes<sup>1,2,3</sup>. Drawing on its institutional mandate, integrating gender into

its strategic plans was the “master switch” that led to other actions, including the creation of a series of formal structures within PAHO and its country offices, ultimately resulting in gender-responsive health programmes in Member States<sup>1,2,3</sup>.

An acknowledged PAHO success, although no longer in operation, was a “Best Practices” initiative that encouraged Member States to be innovative in gender-responsive programming, showcase their results and inspire other countries to experiment. Best practices were defined as programmes that incorporated a gender-equality or ethnic-equity perspective, which led to concrete changes regarding inequality between men and women, and the attitudes of the people and health institutions involved<sup>4</sup>.

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful institutional integration of gender across programmes in PAHO.

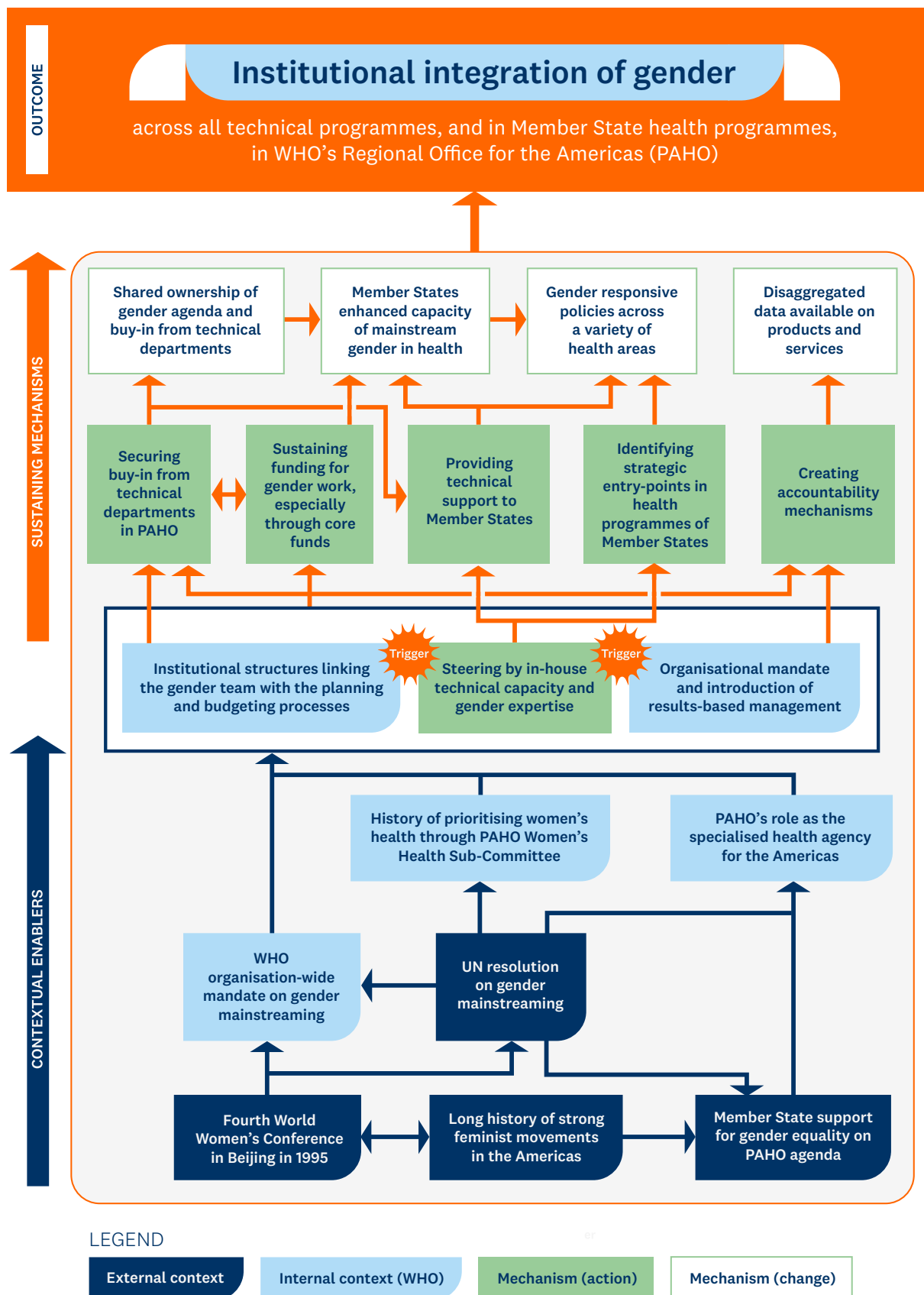
## What were the triggers that catalysed the successful institutional integration of gender in PAHO?

By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

**Institutional structures linking the gender team with the planning and budgeting processes.** Within PAHO, the Office of Equity, Gender and Cultural Diversity (EGC) sits on the PAHO Strategic Planning Advisory Group, which includes

representation from Member States and PAHO technical departments. The EGC office representation in the Advisory Group enabled direct inputs into the strategic planning process and prioritised gender across the technical programmes<sup>5</sup>. PAHO's Gender Equality Policy and the presence of the EGC office on the Advisory Group contributed to gender and the cross-cutting themes of equity, human rights and cultural diversity being prioritised in the 2014-19 and 2020-2025 Strategic Plans<sup>6,7,8</sup>.

**FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms that contributed to the successful institutional integration of gender across all technical programmes in WHO/PAHO**



PAHO has also constituted an inter-programmatic coordinating mechanism for cross-cutting themes— equity, human rights, cultural diversity, gender— including representatives from EGC, various technical departments, and the Planning and Budget Unit. There are champions from this unit who facilitate the inclusion of the cross-cutting themes across all programmes. A similar mechanism exists at the country office level to work with the Member States<sup>5,9</sup>.

Lastly, the EGC reports to the Deputy Director's Office, as do the Planning and Budget Unit and the Department of External Relations, Partnerships and Resource Mobilisation. Such line management gives those responsible for gender mainstreaming a seat at the table where institutional decisions are made and enables them to keep gender on the agenda<sup>5</sup>.

**An organisational mandate and introduction of results-based management.** The well-crafted 2009–2014 and 2015–2019 *Gender Action Plans*

supported implementing the Gender Equality Policy adopted as a resolution by the PAHO Directing Council in 2005<sup>6,9,10</sup>. The Gender Equality Policy and Gender Action Plans applied to PAHO and the Member States and included specific indicators with the reporting mechanisms<sup>6,9,10</sup>.

The introduction of results-based management for the 2014-19 Strategic Plan also provided the EGC office with the opportunity to introduce outcomes and outputs related to gender and other cross-cutting themes into the Programme of Work and Programme Budget<sup>5,7</sup>.

**Steering by in-house technical capacity and gender expertise.** The EGC in-house capability to respond to programmatic gender mainstreaming tasks in the Planning and Budget Unit was the lynchpin of the entire process. The staff had expertise in gender and public health and political astuteness to steer the process forward within PAHO and the Member States<sup>9</sup>.

## What enabling contextual factors facilitated change?

The initial triggers which facilitated the institutionalisation of gender issues and reforms in PAHO and Member States occurred in a broader enabling context at various levels.

At the global and UN system-wide level, the enabling contextual factors were:

- The 1995 Beijing Conference and the 1997 UN ECOSOC Resolution on gender mainstreaming, which ensured that gender mainstreaming was on the UN's global agenda<sup>11</sup>.
- In 2002, the WHO adopted a gender policy, which created an organisation-wide mandate for gender mainstreaming<sup>12</sup>.

- The strong support for gender equality from many PAHO Member States. The Americas had strong feminist movements since the mid-1960s, and women's health issues were on the agenda of feminist movements in many countries<sup>13,14</sup>. Brazil, for example, had its first comprehensive women's health programme in 1983<sup>15</sup>.

Within PAHO the enabling contextual factors included:

- PAHO's role as the specialised health agency for the Americas, which differentiated it from other WHO regional offices. Its priorities were set in consultation with the Member States<sup>16</sup>. The support for gender equality as a value in most countries of the region facilitated Member State support for putting gender equality on PAHO's agenda.

Women's health had long been a high priority in PAHO. For example, the Women's Health Sub-Committee was one of two sub-committees that reports annually to the Directing Council of PAHO.

Annually reporting to the Directing Council sent a strong signal that women's health is a high priority<sup>9</sup>.

## What actions sustained changes and allowed for the successful integration of gender across PAHO and within Member State health sector programmes?

**Securing buy-in from technical departments in PAHO.** A robust corporate mandate for gender, together with effective accountability mechanisms, meant that the EGC team expected buy-in from technical departments for programmatic gender mainstreaming<sup>9</sup>.

**Providing technical support to the Member States.** The EGC engaged with Ministries of Health, Ministries responsible for the advancement of women, and with women's organisations and other feminist civil society organisations which built capacity for gender mainstreaming. This engagement was a crucial link in the chain that transformed intentions into concrete outcomes. The technical support provided included developing gender equality in health policy, technical guidance on developing knowledge products, supporting gender analysis of priority health programmes and gender-responsive programming, and training on the intersection of gender with other social determinants through self-tutored and online courses<sup>5,17,18,19</sup>. The enhanced capacity enabled Member States to mainstream gender in their health programmes.

**Identifying strategic entry-points in health programmes of Member States.** The EGC office and their country office counterparts identified the strategic entry-points for gender work within Member States health programmes. Depending on the historical and country context, the entry points varied from gender-based violence, sexual and reproductive health, to non-communicable diseases and universal health coverage<sup>5</sup>.

**Sustaining funding for gender work, especially through core funds.** PAHO's work on gender and other cross-cutting themes was supported by sustained core budget funding in addition to voluntary funds raised from donors<sup>9</sup>.

**Creation of accountability mechanisms.** During 2007-2014, a Technical Advisory Group for Gender Equality (TAG) was constituted and advised the Director of PAHO. TAG monitored and supported the implementation of the Gender Equality Policy and Gender Action Plans<sup>20</sup>.

Also, all technical departments submitted six-monthly narrative reports on integrating gender and other cross-cutting themes to the Planning and Budget

Unit. In addition to reporting on performance against strategic plans, the reports included information on the proportion of products and services linked to the cross-cutting themes—gender, equity, human rights, cultural diversity—at the regional, sub-regional and country-level<sup>5</sup>.

Importantly, disaggregated information was available on products and services related to each cross-cutting theme, including gender<sup>21</sup>. A comprehensive report for 2011-2017 documented the advances in gender mainstreaming made by the PAHO Member States and the challenges faced<sup>22</sup>.

## Conclusion

This case study illustrates the organisational-wide change that is possible when gender equality is embedded in institutional processes and structures and the positive impact this can have on gender mainstreaming at the organisational level and in health programmes. This brief, alongside analyses of the other case studies within the What Works in Gender and

Health Case Study Series, fills a major gap at a critical juncture in time by providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health in a multilateral system. For further details of consolidated findings across all 14 case studies and overall recommendations please [click here for the full project report](#).

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