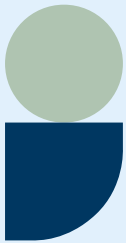




UNITED NATIONS  
UNIVERSITY

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



## WHAT WORKS

# IN GENDER AND HEALTH IN THE UNITED NATIONS

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### CASE STUDY 13:

Integration of gender into the Special Programme for Research and Training in Tropical Diseases (WHO)

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 13: Background

This case study, which relates to the third outcome group, focuses on the contributions of the World Health Organization (WHO) to institutionalise gender mainstreaming within the Special Programme for Research and Training in Tropical Diseases (TDR).

The TDR, while located within WHO, has a different governance structure and greater autonomy compared with other WHO departments<sup>1</sup>. TDR has a long engagement with gender issues, and although setbacks were experienced, gender did not fall off the agenda as it was, to some extent, institutionalised. In 1995, for example, TDR established the Gender and Tropical Diseases Task Force and funded research that examined the gender aspects of tropical diseases. In the process, capacity for research with a gender perspective was built among many researchers from low- and lower-middle-income countries<sup>2,3</sup>.

TDR formally adopted its intersectional gender research strategy in 2020, with precise mechanisms for performance accountability through monitoring and evaluation indicators and a clear pathway to mainstream gender dimensions throughout TDR's work<sup>4</sup>. Part of TDR's commitment to equality, includes a gender balance on advisory committees, grantees, and authorship lists, as well as increasing the number and proportion of peer-reviewed publications that explicitly consider gender and women's issues<sup>5</sup>.

Figure 1 provides an overview of the mechanisms and contextual factors that triggered, enabled and sustained changes that led to the successful integration of gender in TDR's body of work.

## What were the triggers that catalysed the institutionalisation of gender mainstreaming within TDR?

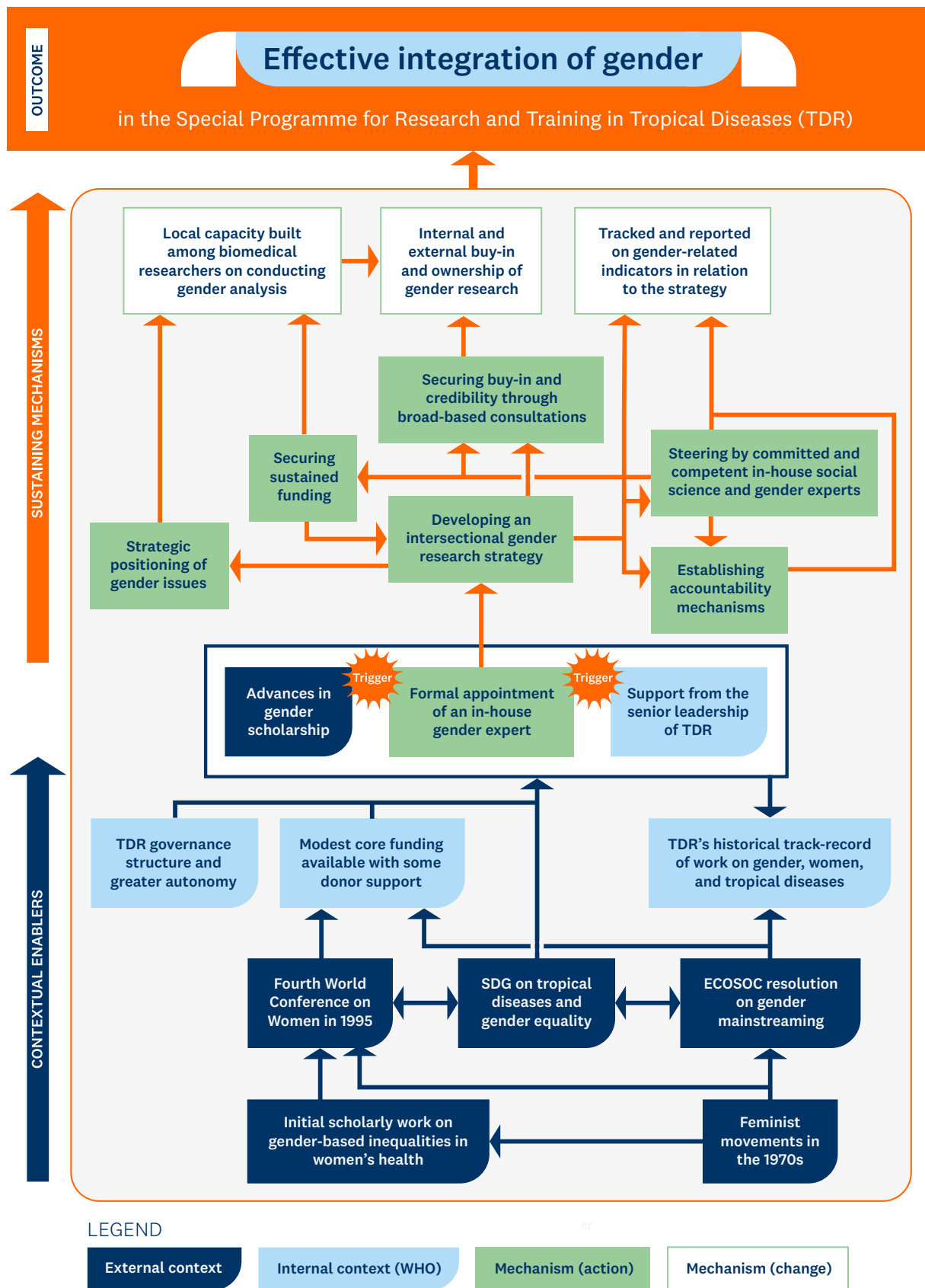
By triggers, we refer to catalytic moments, whereby a change in the internal or external context opened windows of opportunity, which were identified and seized by specific actors. In the context of this case, the triggers were:

**Advances in gender scholarship.** Recognition of the critical changes in health and gender research was vital. In the past decade, advances in public health and health systems research applied an intersectionality lens - gender considered with other social determinants<sup>6,7</sup>. These developments in scholarship resulted in motivation

within TDR to formally incorporate these developments in gender scholarship into their research and training strategies.

**Support from the senior leadership in TDR.** Since the 1990s, the commitment and support of the TDR Director, secured internal buy-in on advancing the gender agenda in health research. For example, the Director ensured core funding was allocated for the establishment of a Gender Task Force in 1995, which enabled systematic work on gender in tropical diseases<sup>2</sup>.

**FIGURE 1. Overview of the triggers, contextual enablers and sustaining mechanisms that led to the successful institutionalisation of gender mainstreaming within the Special Programme for Research and Training in Tropical Diseases (WHO)**



Likewise, the intersectional gender-research strategy has also moved forward with the support of the TDR Director. TDR's autonomous governance structure as a Special Programme also contributes to translating support into concrete policy<sup>8</sup>.

**The formal appointment of an in-house gender expert.** A significant turning point was creating a specific position of *Scientist*, staffed by a social scientist with gender expertise with responsibility for integrating gender equality concerns in TDR's work<sup>9</sup>.

## What enabling contextual factors facilitated change?

The triggers described were enabled by several contextual factors at different levels — global, UN system-wide, within WHO and TDR.

Globally and within the UN system, enabling contextual factors included:

- The rich history of scholarly work analysing how development and health programmes differently impacted women and women's health, fuelled by the second-wave feminist movement of the 1970s and the UN International Decade for Women<sup>10,11</sup>.
- The Sustainable Development Goals (SDGs) focus on neglected tropical diseases (SDG target 3.3), gender equality (SDG 5) and leaving no one behind (SDG 11), which created a new window of opportunity for strengthening research in gender with an intersectional lens<sup>12</sup>.

Within WHO and the TDR, the crucial contextual factors were:

- TDR's governance structure, which affords it greater autonomy than other WHO departments<sup>13</sup>. This

allowed TDR the flexibility to set its own agenda on gender in research development. Also, unlike most other WHO departments, TDR has engaged with social and economic research related to tropical diseases since 1977<sup>14</sup>.

- Serendipitous factors, such as the availability of a consultant interested in working on women and tropical diseases and a senior staff member interested in the same issues, influenced the initial work on women and gender in TDR in the early 1990s. Since then, gender issues have been one of TDR's support areas for research on social, economic, behavioural and policy research on tropical diseases<sup>8</sup>. In addition, TDR has supported programmes to enhance career opportunities for women scientists for more than a decade and has been conducting gender-analysis training for researchers in vector-borne diseases since 2013<sup>15</sup>.
- TDR has built a body of knowledge on gender and tropical diseases since 1995 that led to the emergence of a core group of global experts working on gender and tropical diseases<sup>15,16</sup>.

# What actions sustained changes to allow for the successful institutionalisation of gender mainstreaming within TDR?

**Developing an intersectional gender research strategy.** Building on past gains, TDR integrated advances in scholarship and consolidated strategic impact pathway aligned to its intersectional gender research strategy. This strategy informed the evidence-building, implementation research, and research training carried out by TDR, which resulted in the institutionalisation of gender mainstreaming<sup>17</sup>.

**Steering by committed and competent in-house social science and gender experts.** The steering of the entire process by committed and competent in-house social science and gender experts in the current period reflected TDR intention to translate results on the ground. This was reminiscent of the work done in the mid-1990s when work on gender got established in TDR<sup>8</sup>.

**Securing buy-in and credibility through broad-based consultations to evolve a research strategy.** The intersectional gender research strategy evolved through a process of intensive broad-based consultations with internal and external experts. An Expert Group meeting, comprising global actors of researchers and practitioners, was convened, shaping the strategy<sup>8</sup>. In addition, in-house consultations were held with gender experts from other programmes and members of TDR's advisory committees with gender expertise<sup>8</sup>.

**Securing sustained funding.** Modest core funding supported the initial work on the intersectional gender research strategy. While the initiative is not donor-driven, TDR's core donors have supported advancing the agenda of the intersectional gender research strategy<sup>8</sup>.

**Establishing accountability mechanisms.** The accountability mechanisms for programmatic gender mainstreaming instituted by TDR have sustained its work on gender equality, equity, inclusivity, and diversity are core values. For example, since the early 2000s, TDR has reported annually on indicators such as the proportion of research grants made for gender-related research, the proportion of women grantees, the proportion of women in TDR's technical advisory committees and the proportion of women among first authors of publications in peer-reviewed journals, of TDR-supported research<sup>18</sup>.

A detailed set of indicators to assess the progress in implementing the intersectional gender research strategy are in place to ensure accountability. Unlike earlier indicators that were more about gender parity, these indicators cover applying an intersectional gender lens in choice of research topic, design, data collection, analysis and dissemination, and research capacity-building<sup>17</sup>.

# Conclusion

This case study illustrates the organisational 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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