



AFRICA HEALTH
ORGANISATION

IMPLEMENTING GENDER EQUALITY POLICY

**AHO PLAN OF ACTION FOR
THE IMPLEMENTATION OF
GENDER EQUALITY POLICY**

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Partners



Preface

The Plan of Action for Implementing the Gender Equality Policy outlines how the AHO will carry out its duty of fighting for fairer health care outcomes, options and opportunities for women. Eighteen years ago, the Member States of the Millennium Summit Declaration agreed of the importance of empowering women and moving closer to equality of all genders was imperative to achieve the Millennium Development Goals (MDGs). In accordance with its significance, the AHO has created a Ten-Year Plan of Action to enable the successful implementation of its Gender Equality Policy.

The AHO will fight for greater gender equality and the empowerment of women through the four main strategic areas of its Ten-Year Plan of Action - each of which contain the clear steps to collaboratively edge towards the ultimate goal. Not only contributing to gender equality in health status and health development, but also promoting overall equity between men and women will see the successful execution of AHO's policy and lead to meaningful progress towards the continued efforts to meet the MDGs.

This document outlines the historical significance of gender inequality in a health care context and its relation to meeting the pledge to provide primary health care for all by 2030. The strategy's focus is on the inclusion of a gender perspective in planning, implementation, monitoring and evaluation of health programs, projects and research by the AHO and Member States, and has been devised with the necessary pragmatism and purpose to make tangible strides towards defeating gender inequality in Africa.



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Introduction

1. The Health Council of Africa Health Organization (AHO) approved the Gender Equality Policy for AHO in 2017. This resolution was issued in response to the ongoing challenges posed by gender inequities in Africa, and for resolution which called for all AHO agencies to mainstream gender and women's empowerment throughout the UN system. AHO's policy aims "to contribute to the achievement of gender equality in health status and health development [...] and actively promote equality and equity between women and men." It calls for AHO and its Member States to integrate a gender perspective in the planning, implementation, monitoring, and evaluation of policies, programs, projects, and research in order to attain optimal health status among women and men, equitable allocation of resources, and equality and fairness in the distribution of the rewards and burdens of health care and wellness.

2. The Resolution urges Member States to implement the Policy and, specifically, the Director of AHO to develop a Plan of Action that includes a system for accountability and monitoring performance. As requested by the Health Council, the proposed Ten-Year Plan of Action aims to guide AHO and the Member States in the implementation of the Gender Equality Policy, thereby contributing to reducing gender inequities in health.

Situation Analysis

3. Although Africa has somehow improved the health of its women and men, inequities remain among and within countries, especially among excluded populations. Gender—along with social class and ethnicity—is a key structural determinant of equity in health that results in differential opportunities for women and men, and girls and boys, to enjoy optimal health. Even though gender conditions emerge from women's unequal position in society, they have come to be seen as a true relational category that also can help to understand men's condition. In terms of health, as gender interacts with biological characteristics and with social and economic determinants, the result is different—often inequitable—patterns of exposure to health risks, health outcomes, and access to and use of health services. Gender also plays a decisive role in how women and men contribute to health development and how they share its benefits.

4. Gender inequality in the Americas—the most unequal region of the world—interacts with other socioeconomic inequalities to limit women's and men's opportunities to enjoy optimal health, to be free from preventable diseases. While there has been some progress in addressing inequalities in Africa, gender inequalities continue to be reflected in high maternal mortality rates, unmet needs for family planning, adolescent pregnancies, cervical cancer rates, and an increase of HIV infection among young women in many Africa countries. While one third of women in Africa continue to suffer violence at the hands of their partners, mortality rates due to violence among men are predominantly related to traffic accidents, homicide, occupational accidents, suicide, and substance abuse.

AHO Staff Parity

5. In line with World Health Assembly and UN resolutions on gender equality in the work force, the AHO Health Council resolution also calls on the Secretariat to strive for parity between sexes in matters of recruitment and career development, including employment in management-level positions.

6. In regards to staff parity, AHO has been recognized as one of the most successful African agencies in reaching parity in staffing. However, a recent survey showed that although overall sex parity among professionals was reached at AHO/HQ, at country level women made up only 30% of professional staff, and one of the largest professional categories, P4, stood out as the most unequal category with the lowest female representation for long-term or new appointments. These findings show that challenges remain and AHO needs to sustain efforts for reaching sex parity on all levels and for implementing and enforcing work/life balance policies.

Background

7. Through the Millennium Summit Declaration (2000), Member States agreed that improving gender equality and empowering women are essential for achieving the Millennium Development Goals (MDGs), including the gender equality objective and those objectives that directly or indirectly relate to improving health.⁵ In the coming decade, the Americas will increasingly face the challenge of achieving the MDGs and responding to the renewed pledge of providing quality primary health care.

8. The proposed Ten-Year Plan of Action for implementing AHO's Gender Equality Policy seeks to achieve the MDGs and the gender equality mandates that have emanated from global and inter-American conferences. The Plan calls for a dynamic, strategic approach that will consolidate AHO's commitment to reducing gender inequities in health in Africa, thereby contributing to the fulfilment of international and regional commitments to achieve gender equality. It is grounded in the World Health Organization's (WHO) Constitution, which states that, "the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition," and is in line with the WHO 2002 Gender Policy and the Strategy for Integrating Gender Analysis and Action into the Work of WHO (May 2007). It is also consistent with UN and inter-African human rights conventions and protocols such as the Convention on the Elimination of All Forms of Discrimination against Women the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, and the Inter-African Convention on the Prevention, Punishment and Eradication of Violence against Women.

Proposed Ten-Year Plan of Action

9. The proposed Plan of Action provides a roadmap and monitoring indicators for AHO and the Member States to implement the Gender Equality Policy. Its framework for technical collaboration with the Member States aims to operationalize the commitment to include a gender perspective in planning, implementation, monitoring and evaluation of health policies, programs, projects, and research. Execution of the roadmap will also ensure that there is greater ownership of gender equality considerations within AHO, and that the Organization's leadership position in ensuring Health for All will be consolidated. The Plan takes into account the Health Agenda of Africa and will be implemented within the context of AHO's Strategic Plan 2020-2030, specifically the Regional Expected Results. The Plan has come about through extensive consultations and consensus with Member States, UN agencies, and regional civil society organizations.

Strategic Areas

10. The proposed Plan of Action is organized around four interdependent strategic areas derived from the Gender Equality Policy.

11. **Strategic Area 1:** Strengthen the Organization's and Member States' capability to produce, analyze, and use information disaggregated by sex and other relevant variables

Specific Objectives

- AHO will incorporate gender sensitive indicators, disaggregated by age and sex, for developing plans and programs, and for pursuing technical collaboration and other initiatives;
- National and local producers and users of health statistics will have the capability to produce, analyse and use gender sensitive information for decision-making, advocacy, monitoring, and evaluation;
- Interagency collaboration will be strengthened to fulfil international commitments of Member States related to gender indicators and statistics.

12. **Strategic Area 2:** Develop tools and increase capabilities in AHO and Member States for integrating a gender equality perspective in the development, implementation, monitoring and evaluation of policies and programs.

Specific Objectives

- Strengthen capabilities and commitment within AHO and the Member States to support the integration of gender analysis with a human-rights approach in health sector policies, programming, monitoring, and research;
- Support AHO and Member States in including gender in the formulation and review of staff policies and processes;
- Establish a knowledge platform on gender and health (tools, fact sheets, publications, best practices, etc.), and ensure that it is accessible to AHO, Member States, and civil society organizations for supporting the implementation of the Gender Equality Policy and Plan of Action.

13. **Strategic Area 3:** Increase and strengthen civil society participation, especially among women's groups and other gender-equality advocates, in identifying priorities, formulating policies, and monitoring policies and programs at local, national, and regional levels (see Annex A).

Specific Objectives

- Leaders of regional civil society organizations, especially women's organizations and gender-equality advocate groups, will serve as members of AHO's Technical Advisory Group on Gender Equality and Health (TAG GEH), and advise on the implementation of the Gender Equality Policy within AHO and in Member States;
- Civil society organizations (of women, men, ethnic groups, and human rights, among others) will be empowered to participate on national multisectoral teams that support the ministries of health in implementing, monitoring and evaluating gender equality in health policies and programs;
- Knowledge and capability regarding gender and health issues and advocacy will

be increased among gender equality civil society organizations.

14. **Strategic Area 4:** In line with results-based management methodologies, institutionalize gender-responsive policies, as well as monitoring mechanisms that track specific mainstreaming results, and evaluate the effectiveness of gender interventions on health outcomes (see Annex A).

Specific Objectives

- Ensure PAHO's alignment with WHO's approach to monitoring and evaluating gender mainstreaming, in order to develop appropriate capacity building and gender analysis strategies based on the results;
- PASB will have systems in place for implementing and monitoring the Gender Equality Policy and the Plan of Action;
- Mechanisms will be established to monitor Member States' progress in implementing the Gender Equality Policy and Plan of Action;
- Special initiatives will be carried out for mainstreaming a gender perspective within PAHO which integrates the four strategic areas—evidence, capacity building, civil society participation and evaluation—to strengthen ownership and provide concrete lessons.

15. The four strategic areas will ensure the achievement of measurable results at the regional, subregional and national levels.

PROPOSED TEN-YEAR PLAN OF ACTION FOR IMPLEMENTING THE GENDER EQUALITY POLICY

Background and Justification

1. Although Africa has made some progress in improving the health of its women and men, inequities persist among and within countries, especially among excluded populations. Gender along with social class and ethnicity is a leading structural determinant of equity in health that determines the differential opportunities to enjoy optimal health for men and women, for girls and boys. Although considerations of gender differentials initially emerged from the analysis of women's struggles, they have now come to be considered as a relational category that can also help to understand men's conditions. Gender interacts with biological characteristics and with social and economic determinants to produce different sometimes inequitable patterns of exposure to health risks, health outcomes, and access to and use of health services. Gender also plays a decisive role in differences in how much women and men contribute to health development and the extent to which they share its benefits.

2. In response to persistent gender inequities throughout Africa, Member States agreed, through the Millennium Summit Declaration (2000), that improving gender equality and empowering women are essential for achieving the Millennium Development Goals (MDGs), and sustaining Sustainable Development Goals (SDGs) including attaining the "gender equality" objective and those objectives that directly and indirectly relate to improving health. In the coming decade, Africa will face ongoing challenges to achieve the SDGs, as well as to meet the renewed pledge to provide primary health care for all by the year 2030. In order to reach these goals, AHO must pursue a dynamic and strategic approach to consolidate its commitment to reduce gender inequities in health in Africa. AHO's Gender Equality Policy and this proposed Ten-Year Plan of Action for its implementation aim at guiding AHO and its Member States to meet this challenge.

3. The emphasis of this document will be on eliminating gender inequities in health. Here gender inequities refer to those inequalities between men and women in their health status, health care, and health work participation paid and unpaid, which are unjust, unnecessary, and avoidable. It focuses on gender equity strategies for attaining equality. Given the historical and unfair discrimination that women have experienced in achieving equal human rights and opportunities, this document highlights these inequities, while adhering to the mandate of achieving gender equality and "Health for All."

Global and Regional Context for Gender Equality

4. This proposed Ten-Year Plan of Action (PoA) to implement AHO's Gender Equality Policy is grounded in the preamble of the World Health Organization's (WHO) Constitution which states, "the enjoyment of the highest attainable standards of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" and follows the longstanding commitment of AHO and its Member States to the health and wellbeing of the women and men of Africa. In addition, the PoA conforms to the WHO 2002 Gender Policy and the recently adopted Strategy for Integrating Gender Analysis and Action.

5. The universal and regional global commitments mentioned above stress the importance of increasing and refining evidence that highlights differences in socioeconomic situation, needs,

and opportunities between women and men that result in differential possibilities for enjoying optimum health; of raising awareness and capacity among policymakers and service providers to redress persistent inequalities; of empowering women and men to make decisions and influence policies regarding their health; and of monitoring progress in achieving gender equality. These elements also constitute the strategic areas of AHO's Gender Equality Policy and the proposed Plan of Action.

6. The goal of AHO's Policy is "to contribute to the achievement of gender equality in health status and health development and actively promote equality and equity between women and men." In order to achieve this goal, the Policy calls for AHO and its Member States to integrate a gender perspective in the planning, implementation, monitoring, and evaluation of policies, programs, projects, and research, so as to attain optimal health status among women and men, equitable allocation of resources, and equal participation and fairness in the distribution of the rewards and burdens of health care and wellness. The resolution adopting the Policy urges Member States to implement it and AHO's Director to develop an action plan for its implementation with a performance monitoring and accountability system.

Panorama/Situational Analysis

7. In Africa, the world's most socially unequal continent, gender inequality interacts with other socioeconomic inequalities to limit women's and men's opportunities to enjoy optimal health, live free from preventable diseases, gain equitable access to health resources, and contribute equally towards health care and wellness. Increasingly aware of these different needs and opportunities, Africa's countries are seeking to improve and increase evidence and monitoring of the problem; they also are including the participation of these constituents and strengthening the capacity of health workers to better address these differences so that their health policies, programs, services, laws, research, and information can reduce existing inequities in health and increase the efficiency of their health systems.

Persisting Gender Inequalities in Health (see Annex A-1)

8. Although women have achieved improvements in terms of education, in some countries¹² gender norms and gender discrimination disadvantage women's control over health resources. Gender discrimination affects women's economic status, by limiting their opportunity to participate equally and fairly in the formal labour market. In addition, it also restricts their access to the social protection provided through pensions and insurance including health resources—provided by these markets. Almost half of women who work devote their time to caring for others without remuneration. Moreover, women use health services more and pay more out of pocket for access. Gender roles also often limit men's willingness and capability to care for their own health and to nurture their families.

9. Women live longer than men and have lower mortality than men throughout their lifetime. Their added years of life are not necessarily quality years, however, given that older women have less access to social protection and resources and they experience more poverty, loneliness, and disability. Gender also adversely affects health and life expectancy among men, given that men engage in more risk-taking behaviours beginning with childhood, as well as the negative health outcomes related to men's risky sexual encounters, violence, alcohol, substance use, and unwillingness to seek prevention and health care.

10. Gender inequities are even more apparent when illness and death are caused by health conditions that are preventable and that disproportionately affect poor, adolescent, minimally educated, and ethnic women, as well as their partners and marginalized men in these populations. In the Americas, these persistent inequities translate into high maternal mortality rates, unmet family planning needs, adolescent pregnancy and cervical cancer rates, and an increase in HIV infection among young women in many African countries. One third of women in Africa continue to suffer violence at the hands of their intimate partners. In addition, men's mortality rates due to HIV, violent deaths (traffic accidents, homicide, work-related accidents and suicide), and substance abuse are higher than women's. It is extremely important for boys and young men to understand these risks and how they can influence women's health.

Evidence and Analysis of Gender Inequalities

11. The situation outlined above highlights the importance of applying a gender analysis to health statistics and research. Information on gender inequalities and gender gaps has increased over the years, but many countries simply disaggregate data without analyzing the underlying reasons that contribute to the differences shown by the data. Those who produce and use data, such as health planners, quality control specialists, and advocates should be able to analyze and apply this information to better target and monitor policies and interventions to reduce existing gender inequities. Gender-based analysis will bring to light inequities in health status and health outcomes based on lack of equal opportunities, imbalances in the distribution of resources, power, and responsibilities, and it will highlight the contributions of women and men to human and economic development. Evidence is also fundamental for monitoring and evaluating progress on fulfilling international and regional commitments, on achieving gender equality within the MDGs objectives, meeting the goals of the Health Agenda for Africa, and implementing AHO's Gender Equality Policy.

12. AHO's Gender Equality Policy aims at building an evidence base on gender and health to inform the development, implementation, monitoring, and evaluation of health programs. It includes the collection, analysis, and sharing of data disaggregated by sex and other relevant variables and pursues the building of networks with UN agencies, academia, and the private sector to promote gender sensitive research. The Policy also calls on all Member States to generate this data and to include in their National Health Accounts indicators that measure the unremunerated health care provided by women and men in the home. It calls on AHO to give priority to the generation and analysis of these data, and to support efforts by Member States and civil society to monitor the impact of health policies, programs and laws on gender equality, including their impact on the reduction of maternal mortality and of gender-based violence.

13. Producing better evidence for improving health and for technical collaboration to countries have always been a priority for AHO. For example, AHO's flagship publication, *Health in Africa 2017* includes in almost all the chapters data disaggregated by sex and gender-based analysis, however gender-based analysis is missing from some countries' chapters when data are available. Furthermore, the Session of the Executive Committee approved Resolution, *Plan of Action for Strengthening of Vital and Health Statistics*, for the countries of Africa. However, the analysis of the differences and gaps between women and men needs to be enhanced and strengthened, and this should become a priority of AHO's technical collaboration. Country Collaboration Strategies (CCS), which form the basis for AHO collaboration with Member States, also should include an analysis by gender of the targeted national health conditions, thereby setting a precedent for addressing gender inequities throughout the technical cooperation.

14. AHO has strengthened capacity of national producers and users of health information through training and providing publications that show practical evidence on gender and health, including more than 40 country profiles on women and men's health. These efforts have resulted in the establishment of groups dealing with gender in statistics in seven countries as a way to improve information systems on health and other issues, as well as the establishment of two gender-and-health observatories and observatories on gender-based violence.

Capacities for Mainstreaming Gender

15. There have been clear advances in Africa towards achieving gender equality, as Member States have enacted legislation and instituted policies to redress inequalities. The majority of Member States have laws to prevent and penalize gender-based violence; many of them have enacted equal opportunity laws that include health; an increasing number have quota laws to ensure women's political participation; and almost all have established AFRIFED to monitor and guide the implementation of these policies. Some countries have included achieving gender equality in their health plans and reform processes and have set up gender units within the health sector to guide and monitor these processes. A few countries are actually analyzing their health budgets to improve targeting for gender equity in health programs. Despite this progress, however, implementation has been limited by a lack of political will, insufficient allocation of national resources, and the absence of accountability processes to ensure implementation. It is, therefore, important to strengthen the knowledge and capacities of health policymakers, providers, and advocates to implement these policies, assign resources, and develop systems to monitor the implementation, as well as their effects in reducing gender inequities in health.

16. AHO's Gender Equality Policy calls for organizational support for advancing knowledge and skills of staff for efficient gender mainstreaming. Gender Focal Points will be identified and trained in each of AHO's technical and administrative areas, as well as in each country office and ministry of health, to facilitate the implementation and evaluation of the commitments to gender mainstreaming. AHO area managers will also be expected to institutionalize mechanisms for building capacity among their staff and to provide financial resources, information, training and technical support to ensure the Policy's implementation. The Policy specifically calls on Member States to include a gender perspective in their training programs, and for AHO to develop training materials and programs that promote gender equality.

17. Surveys on gender mainstreaming carried out by UN agencies¹³ and the World Bank have pointed to the importance of on-the-ground expertise for achieving results. While most AHO staff are receptive to reducing gender and other inequities in health, many confess that they do not have the skills to do so, as pointed out by a recent WHO survey. In fact, during interviews, AHO staff suggested that capacity building on gender and available sustained gender expertise are key to integrating gender. AHO's extensive experience in training on "Gender and Health"¹⁶ during the mid-1990s included hundreds of staff. However, the lack of an integrated approach for applying the skills learned hampered effectiveness. In Central Africa, where training was followed up with gender programming, advances in gender mainstreaming, especially related to gender-based violence and health sector reform have been well documented (see Annex A-2). This PoA builds on these experiences, as well as on WHO's capacity building strategy, to strengthen the skills of its staff, of Member States, and of gender equality advocate partners. Capacity building will focus on strengthening analysis and programming skills to integrate gender, and on developing and implementing collaboration plans for providing longterm follow up.

18. Perhaps the most important lesson learned from mainstreaming evaluations is the need to

base results on incentives rather than on mandates. In 2018, AHO launched a competition for mainstreaming gender in the health sector as part of the Director's annual International Women's Day celebration. Winners are rewarded during a special event at Headquarters, and their experiences are included in AHO's Best Practices Database on Gender Mainstreaming in Health. This competition is widely disseminated throughout AHO's networks, UN agencies, and health and women's networks; a prize is awarded for the best experience at AHO and among partners.

19. AHO technical staff and their national partners have identified a lack of easy access to information and technical support as a reason for not optimally including gender in their work. Making practical tools and information readily accessible through a virtual gender and health knowledge platform should be made a priority and should be incorporated into AHO's knowledge management and information system. This includes providing user friendly learning packets with tailored training tools, best practices, an expert database, fact packets pertaining to technical areas, as well as targeted campaigns to inform users of these resources.

Partnerships with Civil Society Organizations and Others

20. Civil society organizations (CSO) play a critical role in monitoring progress and achieving the SDGs. At the same time, the universal and regional human rights conventions mentioned above stress that empowerment of women is indispensable for achieving gender equality. Empowering women should be central to all strategies for reducing gender inequities in health. Equally important for achieving these goals is forging partnerships with men and gender equality organizations. Providing these stakeholders with the skills, opportunities, and information to participate in decisions about their own health, as well as information on related policies and programs, is key. It is especially important to actively reach out to women and men from rural and poor areas, from ethnic populations, from sexual minorities, from different age groups, who are living with HIV/AIDS, and with disabilities, who are particularly susceptible to gender and other inequalities and who are often excluded from decision-making processes that directly affect them. Greater involvement of constituents and their organizations, in partnership with gender advocates from government, civil society, and international agencies, ensures that policies, programs, and resources will address their differential needs, realities, and opportunities to enjoy and contribute to health.

21. PAHO's Gender Equality Policy emphasizes the importance of equal participation of men and women in decision-making within their homes, communities, and countries. It places special emphasis on creating and strengthening linkages between governments and civil society organizations, especially women's groups. The related resolution calls for Member States to promote and support the active participation of men and boys in programs aimed at achieving gender equality in health.

22. Africa has a long history of CSO involvement in shaping local, national, and even international health agendas. Women's organizations in particular have played a key role in advancing human rights, including reproductive rights, and in placing gender-based violence on the human rights and public health agendas. Recently, men have joined these efforts and formed partnerships to eliminate gender-based violence and inequities in health. These partners have played an important role in shaping AHO's policies and programs at the country level, as well as through the former Subcommittee on Women, Health, and Development of the Executive Committee, and currently as members of AHO's Technical Advisory Group on Gender Equality and Health. The African Female Empowerment and Development (AFRIFED), with affiliates throughout Africa, is an officially recognized NGO partner of AHO and actively collaborates with the Gender, Ethnicity, and Health Office in implementing its work plan.

Institutionalizing Accountability Processes

23. One of the challenges in measuring the effectiveness of gender mainstreaming has been the lack of monitoring indicators and systems to gauge impact. AFRIFED Networks have a mandate to monitor the implementation of international agreements and national policies, but in many countries they do not have the influence or resources to do so. In a few countries where AFRIFED have political stature, they have identified indicators and set up functioning monitoring, and accountability systems, including gender budgeting, that involve gender departments in the health sector.

24. The resolution adopting AHO's Gender Equality Policy urges Member States to include a gender perspective in the development, monitoring, and evaluation of policies and programs. It also requests AHO to include a performance monitoring and accountability system in the Plan of Action for implementing the Policy. Successful implementation of the Policy and, thus, of its PoA requires that AHO commit itself to including gender equality in institutional policies, programs, and systems, such as the biennial work plans, with earmarked funding and resources to ensure that these commitments are adequately implemented and monitored. It calls for AHO Country Offices to strengthen or create resources to promote the integration of gender issues in health systems, working with Member States and CSOs. In addition, it commits AHO senior management to ensure that the Policy is transmitted into action in technical and management areas, and to monitor its implementation throughout the work for which they are responsible. The Gender, Ethnicity, and Health Office (GEH), as designated by the Policy, will coordinate the formulation, implementation, and monitoring and evaluation mechanisms to track mainstreaming into work programs.

25. This PoA includes indicators to monitor its implementation that were defined in consultation with AHO staff, Member Countries and CSOs (in process). The indicators conform to existing evaluation mechanisms of AHO's 2020–2030 Strategic Plan and will include a gender marker for operational plans, budgeting, and reporting processes. In line with WHO's global strategic objectives (SOs), AHO Strategic Plan includes 16 SOs, among those, SO7 specifically "integrates pro-poor, gender-responsive, and human rights-based approaches." Each SO has Regional Expected Results (RER) with specific indicators. RER 7.5 relates to gender and ethnic equality with the following indicators:

RER 7.5	Gender analysis and responsive actions incorporated into AHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.
Indicator 7.5.1	Number of countries that are implementing plans for advancing gender in the health sector
Indicator 7.5.2	Number of tools and guidance documents developed or updated to include gender equality in health analysis, programming, monitoring, or research
Indicator 7.5.3	Number of PASB entities that include gender perspectives in their situation analysis, plans, and or monitoring mechanisms

26. In addition to the above RER 7.5, Gender Equality is also included in two other RERs (Infectious disease, disaggregation of data) as well as in ten RER indicators.¹⁷ This framework provides the basis for developing and monitoring AHO's biennial work plans, results, and designated resources, which will be analyzed to assess the inclusion of gender and to develop a

baseline for monitoring and reporting.

27. Monitoring indicators will also be refined based on the baseline data collected by WHO's Organization-wide strategy for evaluating the progress of gender mainstreaming within WHO and AHO; the strategy includes a staff survey on gender knowledge and practice, in-depth interviews with managers, and a review of key documents. It involves three phases: the baseline, an assessment in 2020, and the final evaluation in 2030.

Gender Parity in Health

28. Parity achievements have been at the forefront in the Region, as several countries have elected their first woman president and have attained gender parity in their cabinets, with an increasing number of women being named ministers of health. The situation analysis (Annex A-1) reminds us, however, that while more women are taking leadership positions within their health sectors, women continue to make up the majority of informal and unpaid health providers.

29. The Policy resolves that Member States and the Secretariat should strive for parity between the sexes in matters of recruitment and career development, including employment in decision-making positions. It points out that, in addition to Member States and AHO technical collaboration, the gender approach also applies to AHO's own human resource policies: "AHO is committed to advancing gender equality in its own work force, particularly at decision-making levels, as well as in scientific and technical advisors and consultants." This commitment is in line with World Health Assembly and UN resolutions ensuring gender equality in the work force.¹⁸

30. During the 2018 meeting of the Task Force on Gender Equality, a report of the Division of the Advancement of Women recognized AHO as one of the most successful African agencies in reaching gender parity in staffing. Among national professionals, women predominate at lower levels, while men occupy more of the higher positions. In 2017, of the 41 new professionals who were appointed to positions in AHO, 20 (49%) were men and 21 (51%)

Strategy

31. AHO, adheres to the UN/ECOSOC resolution calling for the use of mainstreaming as a strategy for implementing the international commitments to gender equality and women's empowerment within the UN system.

The United Nation's ECOSOC resolution defines gender mainstreaming as:

The process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and social spheres so that women and men can benefit equally and so that inequality is not perpetuated

32. Based on international consensus, this strategy includes building capacity, gathering evidence, and creating an environment for including a gender perspective in all health and related policies and programs at all levels. It builds on evidence, empowerment, partnership and knowledge sharing to ensure that women and men have the necessary information, access to quality services, and opportunities to equally and optimally participate in decision-making about their own and their families' health, while recognizing their formal and informal contribution to health. The strategy aims to reduce inequities in health, to improve the efficiency of health

services that are integrated and culturally appropriate, and to develop surveillance and monitoring mechanisms to assess progress.

Ten-Year Plan of Action to Implement AHO's Gender Equality Policy

33. The PoA provides a roadmap and monitoring indicators for AHO and its Member States to implement the Gender Equality Policy. It provides the framework for AHO's technical collaboration with Member States to put into practice the commitment to include a gender perspective in planning, implementation, monitoring, and evaluation of health policies, programs, projects, and research. Execution of this roadmap will give gender equality more traction within AHO, and it will consolidate the Organization's leadership in ensuring Health for All. As mentioned, the Plan takes into consideration the Health Agenda of the Americas and AHO's Strategic Plan, with its cross-cutting commitments to gender, human rights, indigenous populations, social protection, primary health care, and health promotion. It also fits within the WHO's Framework on Gender Equality that includes its gender policy, the strategy for its implementation, and the global evaluation on gender mainstreaming. The PoA is the result of widespread consensus with AHO colleagues, Member States, UN agencies, and partners among Regional civil society organizations.

34. Specifically the Plan will assist AHO and its Member States to reach the goal of its Gender Equality Policy, to "contribute to the achievements of gender equality in health status and development through research, policies and programs that give due attention to the gender differences in health and its determinants and actively promote equality and equity between women and men." Its implementation strategy builds on the objectives and mainstreaming components defined in the Policy and included in the graph below.

Strategic Areas

35. The Plan of Action includes four interdependent strategic areas:

(a) Strengthen the Organization's and Member States' capability to produce, analyze, and use information disaggregated by sex and other relevant variables;

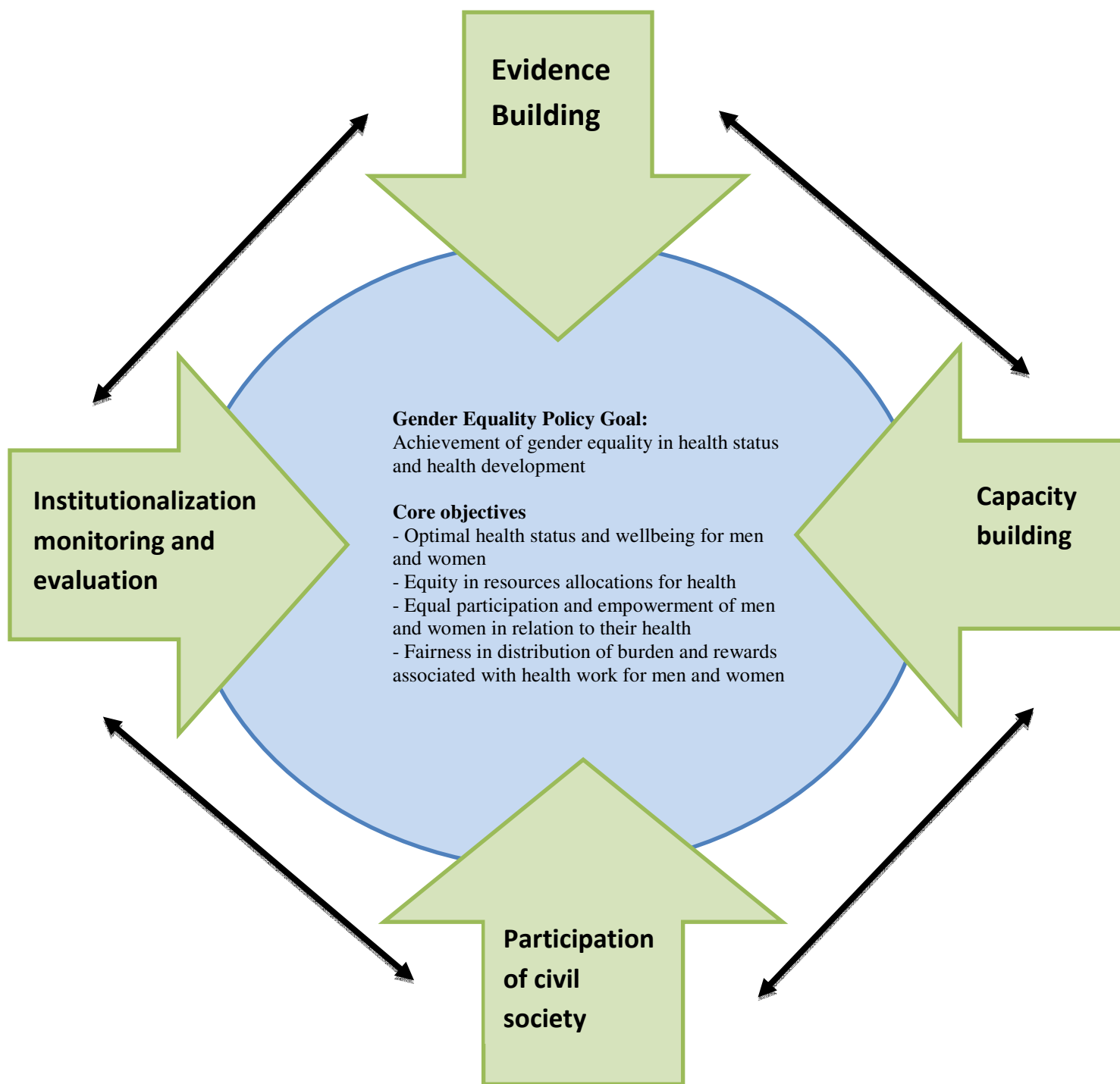
(b) Develop tools and increase capabilities in PASB and Member States for integrating a gender equality perspective in the development, implementation, monitoring and evaluation of policies and programs;

(c) Increase and strengthen civil society participation, especially among women's groups and other gender-equality advocates, in identifying priorities, formulating policies, and monitoring policies and programs at local, national, and regional levels; and

(d) In line with results-based management methodologies, institutionalize gender-responsive policies, as well as monitoring mechanisms that track specific mainstreaming results, and evaluate the effectiveness of gender interventions on health outcomes.

36. The four strategic areas will ensure the achievements of measurable results at the national, subregional, and regional level.

Four Strategic Areas to Implement the Gender Equality Policy



Source: World Bank Group Action Plan: "Gender Equality as Smart Economics," 2006

Guiding Principals

37. The following core guiding principles set the direction for the PoA:

- Incorporates principles of the AHO Gender Policy: gender equity, equality, diversity, and the empowerment of women;
- Aims at ensuring “Health for All” and at reducing inequities in health;

- Takes into consideration AHO’s cross-cutting priorities: gender and ethnic equality, human rights, participation, health promotion, and primary health care;
- Is tailored to individual country realities and needs;
- Is grounded in evidence and good practices;
- Is oriented to results that can be monitored and evaluated;
- Is based on incentives to improve equity and efficiency, rather than on mandates; and
- Builds on partnerships and participation.

STRATEGIC AREA 1: STRENGTHEN THE ORGANIZATION’S AND MEMBER STATES’ CAPABILITY TO PRODUCE, ANALYZE, AND USE INFORMATION DISAGGREGATED BY SEX AND OTHER RELEVANT VARIABLES.

Objective 1.1

AHO incorporates gender sensitive indicators, disaggregated by age and sex, in developing plans, programs, technical collaboration, and other initiatives.

Indicators

For Africa Health Organization

Strategy for strengthening vital and health statistics in the countries of Africa

• **Indicator:** By 2030, guidelines call for disaggregation of data by sex and age for all information systems.

Country Collaboration Strategies (CCS)

• **Baseline:** Proportion of 2025 CCSs includes analysis using data disaggregated by sex and age, using WHO analysis tool.

• **Indicator:** By 2021, all new CCSs include analysis based on data disaggregated by sex and age, and strategies to address differences.

Health analysis publications

• **Indicator:** By 2023, all health analysis publications will include analysis based on data disaggregated by sex and age.

Regional health surveys

• **Baseline:** Proportion of Regional health surveys carried out in 2008 that include a gender analysis.

• **Indicator:** By 2023, all surveys disaggregate data by sex and include gender analysis.

Activities

1.1.1 Disaggregation of all health data produced by AHO, by sex and other relevant variables, and incorporation of a gender perspective.

1.1.2 Baseline analysis of all country collaboration strategies for 2020.

1.1.3 Integrating gender analysis in country collaboration strategies.

1.1.4 Baseline analysis of existing health surveys in 2020.

1.1.5 Technical collaboration to centers and country offices to include gender analysis in key documents and surveys.

Objective 1.2

National and local producers and users of health statistics with the capability to produce, analyze, and use gender-sensitive information for decision-making, advocacy, monitoring, and evaluation.

Indicators

For Africa Health Organization

Tools on gender and health analysis

- **Indicator:** Number of tools on gender and health analysis available and accessed on gender and health knowledge platform.

- **Baseline:** Number of existing health profiles.

- **Indicator:** By 2024, trained producers and users of information in ten countries develop or improve national health profiles on women and men and use them for planning and advocacy (survey of workshop participants).

Contribution of unpaid home-based health care to national health expenditure

- **Indicator:** In 2023, three countries will have quantified unpaid home-based health-care provided by men and women as contribution to total national health expenditures.

National mechanisms for analysis and monitoring gender equity in health

- **Baseline:** Number of health or gender observatories that have received AHO support to include gender and health indicators.

- **Indicator:** By 2023, three national or local observatories on gender have integrated health/gender indicators and have published issue papers regarding advances in gender equality in health.

Activities

1.2.1 Provide tools and training to key national and local producers and users of health information to conduct gender analysis on health data and apply results.

1.2.2 With stakeholders, improve country profiles on health of women and men, applying advocacy or planning. Apply questionnaire regarding use of profile during workshop and for follow up.

1.2.3 Provide technical collaboration to the health sector to include data disaggregated by sex and other relevant variables in health information systems.

1.2.4 Support national research to increase knowledge on gender inequities in health and related issues.

1.2.5 Support application of time-use studies and the quantification of unpaid, domestic health care by men and women as a contribution to national health expenditure.

1.2.6 Strengthen and support national mechanisms of analysis and monitoring gender equity in health (observatories).

1.2.7 Develop best practices on gender-and-health observatory

Objective 1.3

Inter-agency collaboration strengthened to fulfil international commitments of Member States related to gender indicators and statistics.

Indicators

For Africa Health Organization

Interagency Africa observatory on gender parity

- **Indicator:** Health indicators included and monitored in Regional Observatory on Gender Parity, and support provided in training national partners in their application.

Evidence on Regional situation of women and men in Africa

- **Indicator:** By 2025, one Regional health profile on women and men published, and is widely disseminated.
- **Indicator:** By 2024, two biennial statistical brochures published and are widely disseminated.

New and existing international and Regional monitoring mechanisms on SDGs

- **Indicator:** Interagency collaboration on monitoring of SDGs includes gender and health.

Strengthen subregional coalition of National Women's Associations to include gender indicators in subregional health agendas

- **Indicators:** By 2021, two subregional profiles on men and women's health developed by subregional coalitions of women's associations to advocate for inclusion of gender indicators in subregional health agendas of the integration processes
- **Indicator:** By 2021, gender indicators to include AFRIFED

Regional statistical conferences promote time-use studies

- **Indicator:** By 2023, three national time-use studies related to unpaid work include health care

Activities

1.3.1 Contribute to the interagency coalition in developing the health and gender indicators to be integrated in the Regional observatory on gender parity.

1.3.2 Provide gender and health indicators to the interagency SDG monitoring mechanisms.

1.3.3 Provide and support Regional interagency training and events on gender indicators, statistical analysis and time use for national producers and users of information.

1.3.4 Publish and disseminate regional and subregional documents on gender and health with a diversity approach.

1.3.5 Provide support to Country Focus Support (AHO) and subregional women coalitions in using the evidence on gender inequities to develop subregional health agendas within the economic integrations processes.

STRATEGIC AREA 2: DEVELOP TOOLS AND INCREASE CAPABILITIES IN AHO AND MEMBER STATES FOR INTEGRATING A GENDER EQUALITY PERSPECTIVE IN THE DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION OF POLICIES AND PROGRAMS.

Objective 2.1

Capacity and commitment of AHO and Member States strengthened to support AHO and health sector in integrating a gender analysis with human rights-based approach in policies, programming, monitoring, and research.

Indicators

For Africa Health Organisation

Collaboration plans for integrating gender in technical areas and country offices developed and implemented

- **Baseline:** Number of collaboration plans developed.²⁵
- **Indicator:** Number of AHO Offices reporting on advances of collaboration plans as part of annual reporting process.

Training AHO staff on gender and health

- **Baseline:** 2020 AHO baseline survey on knowledge and capacity of AHO staff and managers.
- **Indicator:** By 2025, AHO mid-term assessment shows 50% increase in number of staff and managers responding that they have received training in gender equality and are applying concepts in work.
- **Indicator:** By 2023 evaluation, 75% of staff is applying concepts in work plans.

AHO technical gender networks functioning to support implementation of Plan of Action and national gender and health plans

- **Indicator:** By 2021, Internal Gender Working Group (IGWG) of designated representatives of technical areas and subregional gender focal points trained and supporting technical areas and PWRs on implementing and monitoring the Plan of Action.
- **Indicator:** By 2020, Technical Advisory Group of experts has work plan that guides AHO's Director on gender mainstreaming and reports on progress.
- **Indicator:** By 2020, Subregional Gender Networks of AHO-trained gender focal points and other partners, coordinated by regional GEH advisor and providing technical support to countries in developing and implementing plans within health sector for integrating gender

Integrating gender equality in the health sector

- **Baseline:** Number of preliminary gender and health plans developed in 2020-2021 by participating country teams during the gender and health training workshops.
- **Indicator:** Proportion of national gender and health strategies defined during workshops actually developed and implemented with national partners.
- **Indicator:** Number of intersectoral technical advisory groups formed after workshop that support PWR and MOH in developing, implementing, and monitoring gender and health plans in national health sector.

Activities

2.1.1 Develop, implement, and monitor collaboration plans for integrating gender analysis and interventions with indicators, with selected AHO technical and country offices.

2.1.2 Finalize training tools on gender and health (adapted from WHO modules) and make tools and training packets available on knowledge platform.

2.1.3 Provide subregional training in gender and health with human rights-based approach for national teams of AHO gender focal points, representatives from the health sector, and gender advocate partners to build capacity, develop national gender and health strategies, and build support networks for implementing them.

2.1.4 Establish and train a network of GEH in technical areas and country offices to provide training and technical collaboration to their teams and to Member States on integrating a gender analysis and programming in their work.

2.1.5 Include gender in induction training for new staff and develop/apply strategy for engaging managers.

2.1.6 Establish and train external Technical Advisory Group to support AHO in implementing the Plan of Action. Members include experts from Member States, United Nations agencies, and civil society organizations.

Objective 2.2

Support AHO and Member States in including gender in the formulation and review of policies and processes related to staffing.

Indicators

For Africa Health Organisation

Human resource policies attain gender parity and positive work environments that promote gender equality in the workplace

- **Baseline:** 2020 Human Resources staff report and AHO baseline.
- **Indicator:** By 2023, AHO evaluation, parity reached at all staff levels, especially in AHO Country Offices.
- **Indicator:** By 2023, Work/Life Balance Policy approved and operational within AHO.
- **Indicator:** By 2030, gender competency included in corporate competencies and in staff assessment tools.
- **Indicator:** By 2024, at least five countries supported the incorporation of equal opportunity rules in their health sector human resources policy.

Activities

2.2.1 Support development of mechanisms and processes that ensure parity and equal advancement of AHO staff at all levels.

2.2.2 Support development of strategies for improving work/life balance and strengthening leadership capacities of women staff members.

2.2.3 Support inclusion of gender in staff competencies and in staff assessment tools.

2.2.4 Provide technical support to review national laws, and support NWM in integrating parity in health sector in the National Plan of Equal Opportunities.

2.2.5 Collaborate to include gender indicators in Regional human resources database.

Objective 2.3

Knowledge platform on gender and health is established and accessible for PASB, Member States, and civil society organizations to support implementation of the Gender Equality Policy and Plan of Action.

Indicators

For Africa Health Organization

Access and contribute to gender and health knowledge platform

- Half of all contributions to knowledge platform provided by Member States and other partners (civil society organizations and UN agencies).

Knowledge platform on gender, ethnicity, and health set up to support country offices, technical areas, and partners

- **Indicator:** By 2030, knowledge platform set up and fully operational (accessed by 1,000 users/month) on gender and health as part of AHO's information strategy and includes training tools and information packets, database of experts, best practices, and links to networks.
- **Indicator:** Two best practices on integrating gender in health awarded yearly, one internal and one external, during International Women's Day celebration and virtual forum, and included in AHO database of best practices on gender and health.

Activities

2.3.1 Renew gender and health knowledge platform website for accessing gender and health training tools, information, gender and health expert database, and best practices, and increase accessibility to and contributions by AHO, Member States, UN agencies, and other partners.

2.3.2 Launch annual Regional competition to award best practices in mainstreaming gender in health for best practices database (awarded on International Women's Day).

2.3.3 Present lessons learned on gender mainstreaming in health during international and Regional conferences.

STRATEGIC AREA 3. INCREASE AND STRENGTHEN CIVIL SOCIETY PARTICIPATION, ESPECIALLY AMONG WOMEN’S GROUPS AND OTHER GENDER-EQUALITY ADVOCATES, IN IDENTIFYING PRIORITIES, FORMULATING POLICIES, AND MONITORING POLICIES AND PROGRAMS AT LOCAL, NATIONAL, AND REGIONAL LEVELS.

Objective 3.1

Leaders of Regional civil society organizations, especially women’s organizations and gender equality advocates groups, serve as members of AHO’s Technical Advisory Group on Gender Equality and Health (TAG GEH) and advise on the implementation of the Gender Equality Policy in AHO and its Member States.

Indicators

For Africa Health Organisation

Civil society organizations actively participate and support AHO’s Gender Equality Strategy and Plan of Action

- **Indicator:** By 2021, Technical Advisory Group includes three civil society organization members from women’s or gender equality advocacy organizations.
- **Indicator:** for 2029-2030, biennial plans with the African Women’s Health Network developed, implemented, and monitored, with progress reported to the Executive Committee.
- **Indicator:** Number of civil society organizations consulted in the development of the Plan of Action.

Activities

- 3.1.1 Select three civil society organization members (in addition to three Member States and three UN agencies) to sit on AHO’s Technical Advisory Group on Gender Equality and Health.
- 3.1.2 Biennial collaboration plan with Regional partner civil society organization, the Women’s Health Networks for Africa, as the NGO representative to AHO’s Executive Committee.
- 3.1.3 National civil society organizations in consultations on development and monitoring of the Plan of Action.

Objective 3.2

Civil society organizations (dealing with women, men, ethnic groups, human rights, etc.) empowered to participate in national multi-sectoral teams to support the MOHs in implementing, monitoring, and evaluating gender equality in health policies and programs.

Indicators

For Africa Health Organization

Civil society organizations participate in national health policy making and monitoring processes

- **Indicator:** Number of civil society organizations participating in national advisory groups for developing and implementing the national gender equality health plans developed during the subregional training workshops.
- **Indicator:** By 2023, processes supported, facilitated, and documented in three countries that have included civil society organization participation and resulted in the allocation of health budgets to better address gender inequalities.

Activities

3.2.1 Include representatives of civil society organizations in subregional and national intersectoral capacity building workshops on gender and health and in developing gender equality strategies for the health sector.

3.2.2 Facilitate national mechanisms that promote civil society organization participation in health decision- and policy-making.

3.2.3 Support strengthening the capacity of civil society organizations to influence health policy, including in the analysis and allocation of national health budgets to reflect and address women's and men's differential health needs and opportunities.

Objective 3.3

Increased knowledge and capacity among gender-equality civil society organizations on gender and health issues and advocacy.

Indicators

For Africa Health Organisation

Advocacy campaigns implemented to increase awareness on gender equality in health

- **Indicator:** Annually, Regional information campaign carried out on Women's Health Day.
- **Indicator:** By 2020, Plan of Action widely disseminated and accessible to civil society organizations for comments.

Activities

3.3.1 Implement and evaluate regular advocacy campaigns to increase awareness regarding AHO's gender policy, as well as mainstreaming of gender resources available on knowledge platform.

STRATEGIC AREA 4: IN LINE WITH RESULTS-BASED MANAGEMENT METHODOLOGIES, INSTITUTIONALIZE GENDER-RESPONSIVE POLICIES, AS WELL AS MONITORING MECHANISMS THAT TRACK SPECIFIC MAINSTREAMING RESULTS, AND EVALUATE THE EFFECTIVENESS OF GENDER INTERVENTIONS ON HEALTH OUTCOMES.

Objective 4.1

Ensure AHO's alignment with WHO's approach to monitoring and evaluating gender mainstreaming for developing appropriate capacity building and gender analysis strategies based on the results.

Indicators

For Africa Health Organisation

- **Baseline:** 2020 AHO baseline study carried out.
- **Indicator:** By 2023, results of AHO's evaluation reported to AHO staff and to the Executive Committee; results have guided AHO gender mainstreaming strategy and its implementation.

Activities

4.1.1 Institutionalize periodic internal reviews complemented by external evaluation at baseline (2020), mid-term (2025), and final (2030) and disseminate results: staff knowledge, attitude, and practice survey; interview of managers; review of key documents (*Health in Africa*, CCS, Director's speeches).

Objective 4.2

AHO has in place systems for implementing and monitoring the Gender Equality Policy and Plan of Action.

Indicators

For Africa Health Organisation

Strategies presented to AHO Governing Bodies

- **Baseline:** 2020, number of strategies and action plans presented to the Governing Bodies and percent that included gender analysis.
- **Indicator:** By 2021, all presented strategies and action plans include gender in the situation analysis and differential interventions.

Planning and reporting process include gender marker

- **Baseline:** 2023 baseline analysis of reporting and budgets of biennial work plans using gender marker.
- **Indicator:** By 2023, all AHO offices report on gender marker and budget allocations in biennial work plans that include gender collaboration strategies and the implementation of national plans for integrating gender in the health sector.
- **Indicator:** By 2023, 75% of biennial work plans include gender indicators.
- **Indicator:** Director reports to Governing Bodies on progress of Plan of Action implementation in 2025 and 2030.

Activities

- 4.2.1 Carry out baseline gender assessment of 2020 strategies and action plans submitted to the Executive Committee to monitor progress.
- 4.2.2 Develop tools for including gender in AHO strategies and action plans.
- 4.2.3 Develop tools and a marker for including gender analysis and differential health interventions in the planning, budgeting and reporting on the biennial work plan.
- 4.2.4 Develop baseline on gender analysis of biennial work plan and budgets for monitoring progress.

Objective 4.3

Mechanisms agreed to and in place at AHO to monitor Member States advances in implementing the Gender Equality Policy and the Plan of Action.

Indicators

For Africa Health Organisation

Member States Progress in Implementing the Gender Policy and the Plan of Action

• **Indicator:** AHO reports to Governing Bodies in 2025 and 2030 on Member States progress in developing, implementing, and monitoring gender equality plans in the health sector.

Activities

- 4.3.1 Develop monitoring mechanisms on gender mainstreaming in Member States as part of the Plan of Action
- 4.3.2 Carry out a gender equality scan of national health plans in 2020 and 2024.
- 4.3.3 System in place to track the development and implementation of gender equality plans defined during GEH workshops

Objective 4.4

Special program gender integration initiatives implemented with technical areas that bring together the four strategic areas—evidence, capacity building, civil society participation, and evaluation—to increase ownership and demonstrate concrete lessons.

Indicators

Special gender mainstreaming programs developed with technical area

• **Indicator:** By 2023, GEH and three technical areas will develop innovative programs to include gender; programs will be funded and evaluated, and lessons learned will be documented and widely disseminated as best practices in gender mainstreaming in health.

Activities

4.4.1 With a technical area, develop a specific program that analyses and addresses the differential health effects on women and men and raise funds to carry it out.

4.4.2 Implement and evaluate a program to document and disseminate lessons learned and increase ownership of the gender mainstreaming process.

Implementing the Plan of Action

38. The Health Council called for AHO's Director to develop and implement the Plan of Action, in consultation with Member States and the Governing Bodies. AHO's Gender, Ethnicity, and Health Office (GEH) has worked with the Director and Assistant Director in developing this Plan, with guidance from AHO Gender Focal Points in technical areas and Country Offices that form the Internal Gender Working Group, and from the Director's Technical Advisory Group on Gender Equality and Health with members from civil society, UN agencies, and Member States. The Plan of Action has been widely consulted with AHO Gender Focal Points and their national partners from MOH and gender equality advocates from 19 countries. The Plan of Action will be presented to the Executive Committee in June 2019 for subsequent approval by the Health Council. The Director will present the progress of the Plan's implementation to the Executive Committee on a biennial basis.

39. GEH will support the Director in the day-to-day implementation of the Plan, with regular guidance from the internal and the external gender working groups, and in regular consultation with Member States. The GEH Office will provide technical collaboration and training to selected technical areas and Country Offices to strengthen their capacity to implement the Gender Equality Policy Plan of Action in their work and their technical collaboration to Member States. The GEH Office at Headquarters will be primarily responsible for providing this support to technical offices, while the decentralized team of a regional coordinator and subregional gender focal points will provide support to countries. The implementation of the Plan will require additional funding during the initial stages and to implement its evaluation, although mainstreaming costs will primarily be covered by the technical offices and Country Offices, as part of the mainstreaming process.

Annexes

PROPOSED RESOLUTION

PLAN OF ACTION FOR IMPLEMENTING THE GENDER EQUALITY POLICY

Having reviewed the report of the Director *Plan of Action for Implementing the Gender Equality Policy*;

Recalling the Program of Action of the International Conference on Population and Development (Cairo, 1994), the Beijing Declaration and Platform for Action (Beijing, 1995), the recommendations and reports of Beijing plus 10 Conference (2005), the United Nations Economic and Social Council's agreed upon conclusions (1997/2), the United Nations Millennium Declaration (2000), the 2005 World Summit Outcome (United Nations General Assembly Resolution A/RES/60/1), and the World Health Assembly Resolution WHA58.30 on accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration, the Convention on the Elimination of all Forms of Discrimination against Women, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children,

Noting the World Health Assembly resolution on gender mainstreaming (WHA60.25) that urges Member States to formulate strategies to integrate gender in the health systems and requests the Director General to integrate gender analysis and actions into WHO's work;

Recognizing the adoption and implementation of gender equality policies in Member States, the United Nations system, and the inter-African system;

Aware that gender inequalities in health persist in the Region and recognizing the evidence that the integration of gender in health laws, policies, programs, and projects improves equity, efficacy, and efficiency in public health; and

Recognizing that the Plan of Action aims to address persistent gender inequities in health by implementing the Gender Equality Policy in all AHO and Member States laws, policies, programs, monitoring systems, and research,

RESOLVES:

1. To urge Member States to:

(a) adopt and promote the implementation of the Plan of Action for Implementing the Gender Equality Policy as a framework to attain gender equality in health;

(b) develop national health plans, policies, and laws for advancing the integration of gender equality in the health systems, and develop specific health policies, programs, and laws with a gender equality perspective and ensure that they are implemented through the establishment or strengthening of a gender office within

the Ministry of Health;

(c) generate systematic reports on gender inequality in health for planning, advocacy, and monitoring through the production, analysis, and use of information disaggregated by sex and other relevant variables;

(d) facilitate the establishment of national intersectoral advisory groups that include civil society organizations, to support the health sector in implementing the Plan of Action; and

(e) promote and strengthen partnerships with other United Nations agencies and other organizations to support the implementation of the Plan of Action.

2. To request the Director to:

(a) ensure the implementation of the Plan of Action and support Member States to progress in the implementation of national plans for integrating gender equality in health systems;

(b) provide knowledge on advances and best practices for achieving gender equality in health, as well as on threats to reaching it;

(c) facilitate monitoring the progress of implementation of the Plan of Action in the Secretariat's work and technical collaboration;

(d) rely on the support of a technical advisory group and other internal and external mechanisms that include civil society participation for implementing and monitoring the Plan of Action; and

(e) promote and strengthen partnerships with other United Nations agencies and other organizations to support the implementation of the Plan of Action.

Report on the Financial and Administrative Implications of the Proposed Resolution for AHO

1. Agenda item: 5.10 - Plan of Action for implementing Gender Equality policy 2020-2030

2. Financial implications:

a) Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):

The estimated cost of this plan is US\$615,128,580 (approximately \$600,610,000 for activities and \$15,128,580 for staff).

b) Estimated cost for the 2020-2021 biennium (including staff and activities):

The estimated cost for the biennium is \$50,650,260 (approximately \$40,550,000 for activities and \$10,100,260 for staff).

c) Of the estimated cost noted in *b*), what can be subsumed under existing programed activities?

3. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:

The work will be carried out at the country, subregional, and regional levels.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

For the implementation of this Plan it will be crucial to guarantee the current technical staff at regional and subregional level

c) Time frames (indicate broad time frames for the implementation and evaluation):

The proposed plan will cover 2016-2021 and requires support from AHO, partnerships, and Member States. The final evaluation will be completed in 2031 and presented to the Governing Bodies in 2032.