

Mainstreaming
gender equity in health:
The need to
move forward

Madrid Statement

GENDER MAINSTREAMING HEALTH POLICES IN EUROPE · MADRID, SPAIN, 14 SEPTEMBER 2001

Gender Mainstreaming
Programme
Division of Technical
Support





Background



All women and men have the right to live without discrimination in all spheres of life, including access to health care, education, and equal remuneration for equal work. All women and men have the right to the highest attainable standard of health¹. WHO's Constitution states that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition"³.

To achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles and opportunities.

The word "gender" is used to define those characteristics of women and men that are socially constructed, while "sex" refers to those that are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles.

Many Member States have endorsed international agreements that recognize gender as a determinant of health. Very few countries in the European Region, however, have translated this international political commitment into clear policy at the national level.

Participants from 28 European countries met in Madrid for the Seminar on Gender Mainstreaming Health Policies in Europe, on 14 September 2001, and, acknowledging the need to move from international commitments into implementation, made the following statement.

¹ The United Nations International Covenant on Civil and Political Rights, Article 2.1 and Article 3. The United Nations International Covenant on Economic, Social and Cultural Rights, Article 2.2, Article 3, Article 7(a)(i), Article 12.2(d), and Article 13.

² The United Nations International Covenant on Economic, Social and Cultural Rights, Article 12.

³ Basic documents. Forty-first edition. Geneva, World Health Organization, 1996.

Principles



"Gender interacts with biological differences and social factors."



Gender equity

Gender equity means fairness and justice in the distribution of benefits, power, resources and responsibilities between women and men. The concept recognizes that women and men have different needs, power and access to resources, and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender equality

Gender equality means the absence of discrimination on the basis of a person's sex in opportunities, allocation of resources or benefits, and access to services.

Gender as a key determinant of equitable health status

The factors that determine health and ill health are not the same for women and men. Gender interacts with biological differences and social factors. Women and men play different roles in different social contexts. These roles are valued differently, and those associated with men are usually valued more highly. This affects the degree to which women and men have access to, and control over, the resources and decision-making needed to protect their health. This results in inequitable patterns of health risk, use of health services and health outcomes.

Mainstreaming gender equity in health

Mainstreaming gender in health is recognized as the most effective strategy to achieve gender equity. It is a strategy that promotes the integration of gender concerns into the formulation, monitoring and analysis of policies, programmes and projects, with the objective of ensuring that women and men achieve the highest health status. A mainstreaming strategy does not preclude initiatives specifically directed towards either women or men or towards equality between them. Such positive initiatives are necessary and complementary to a mainstreaming strategy.

Diversity

Diversity among women and men needs to be acknowledged in policies and strategies. Gender policies and action plans to mainstream gender in health need to be culture- and country-specific.

Multisectoral and multidisciplinary involvement

Gender equity is determined by policies and actions undertaken in different sectors, whether public, private or voluntary. Effective mainstreaming must build on the active involvement and accountability of all sectors related to the health system.

Participatory process

Gender mainstreaming requires the active involvement of both women and men on equal terms. It also requires the involvement of political and technical expertise, so that the link between policy and implementation is ensured. The process of gender mainstreaming is in itself an important step towards achieving equity.

Prerequisites

Mainstreaming gender in health is both a political and a technical process, which requires shifts in organizational cultures and ways of thinking, as well as in the goals, structures and resource allocations of international agencies, governments and nongovernmental organizations.

Each Member State should assess its capacity to initiate gender mainstreaming as a strategy for achieving gender equity. The main prerequisites when undertaking mainstreaming as a strategy to achieve gender equity are as follows:

- governments should express their political commitment to gender mainstreaming in health policies at all levels of society;
- financial and human resources should be allocated to implement gender-sensitive measures where evidence is at hand;
- public health policies and programmes should contain a well defined and transparent gender dimension; and
- the structural capacity should exist, in the form of appropriate coordinating and implementing bodies formed by all involved sectors.

Recommendations

Political level

Member States are urged to actively integrate gender mainstreaming into public policies that determine health.

The WHO Regional Office for Europe is urged to address gender mainstreaming as a strategy to achieve equity in forthcoming sessions of the WHO Regional Committee for Europe.

Member States and WHO are urged to develop and implement gender policies and strategies that guide the process of mainstreaming gender in health.

Capacity building

WHO is urged to develop a flexible framework that will serve as a guideline for mainstreaming gender in health policies at the country level.

Countries are urged to embark on educational training programmes for policy-makers in ministries of health and for health providers. Training should focus on sex and gender issues as determinants of health and in the aetiology, presentation, diagnosis and treatment of health problems.

The European Panel on Gender Mainstreaming Health was established in 2001, with the participation of several European countries, relevant institutions, and the WHO Regional Office for Europe. WHO is urged to institutionalize this panel as an advisory group to the Regional Office and to Member States.

The European Panel on Gender Mainstreaming Health is requested to coordinate the process of developing a generic set of tools for gender mainstreaming health programmes at the country level.

Information gathering and research

Member States and WHO are urged to revise their data collection systems to include sex disaggregated information where lacking. Sex disaggregated information will identify if there is a difference, by sex, in a specific dimension of health.

WHO is requested to develop gender-sensitive indicators. Such indicators should help clarify whether the differences in health between women and men are a result of gender inequality or inequity.

Member States, intergovernmental organizations and nongovernmental organizations should use gender analysis to examine the differences and disparities in the roles that women and men play, the power imbalances in their relations, their different needs, constraints and opportunities, and how these determine differences in their exposure to risk factors, in the manifestation, severity and frequency of disease, and in the social and cultural consequences of disease, and create inequalities in access to technology, information, resources and health care.

Research on gender issues needs to be encouraged. The evidence thus generated will show the need for changes in policy, as well as to improve the gender-sensitivity of policies at the European level.

Member States and WHO are urged to include the gender dimension as a criterion for funding all relevant research. This would imply providing guidelines and training programmes on gender and health to researchers and evaluators of research proposals.

European health report

The WHO Regional Office for Europe is urged to provide sex disaggregated data and gender analysis in the *European health report*.

Member States using *Health21* indicators are requested to ensure that gender-sensitive indicators to monitor *Health21* are included.



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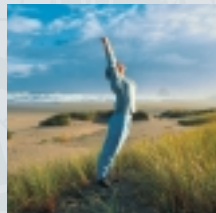
Abstract

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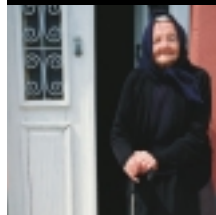
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implementation The Madrid Statement is the outcome of the Seminar on Gender Mainstreaming Health Policies in Europe, held in Madrid on 14 September 2001. It acknowledges the need to move from international commitments into implementation, and agrees on the principles, prerequisites and recommendations for mainstreaming gender in health.



"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being."





KEYWORDS:

GENDER IDENTITY

SOCIAL JUSTICE

WOMEN'S HEALTH

HEALTH POLICY

HEALTH PLANNING

STRATEGIC PLANNING

KNOWLEDGE, ATTITUDES, PRACTICE

EUROPE



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