CHAPTER 3

Gender Mainstreaming at the World Health Organization

Experience, Challenges, and Pitfalls in Global Health

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1 Introduction

Gender inequality is one of the biggest obstacles to realising the Sustainable Development Agenda by 2030. Gender mainstreaming offers a way to address gender discrimination and contribute to achieving Sustainable Development Goal (SDG) five, gender equality, and related SDGs including quality education, and good health and wellbeing. Despite global promotion of gender mainstreaming as a tool for meeting gender equality objectives, no country is set to achieve gender equality by 2030. In this chapter we will reflect on what has worked and what more needs to be done for gender mainstreaming to deliver on its promise. To illustrate this assessment, we will examine the pioneering experience of WHO in its effort to mainstream gender as a relational concept across the organisation and its programmes. The lessons learnt can help to inform the implementation of innovative mainstreaming strategies to tackle the structural causes of gender inequalities and to achieve real transformative social change.

2 What Is Gender Mainstreaming?

Within the UN, the concept of gender mainstreaming was first introduced in the ‘Forward-Looking Strategies for the Advancement of Women’ adopted at

1 The 2019 Sustainable Development Goal (SDG) Gender Index provides a snapshot of where the world stands, right now, linked to the vision of gender equality set out by the 2030 Agenda. It measures the state of gender equality aligned to 14 of the 17 SDGs in 129 countries in five regions and 51 issues ranging from health, gender-based violence, and climate change, to decent work and others. Overall, the index shows that, across all the goals and indicators studied, no country has fully achieved gender equality <https://data.em2030.org/2019-sdg-gender-index/explore-the-2019-index-data/> accessed 2 July 2021.

the Third UN World Conference on Women, in Nairobi in 1985. The strategies outlined measures for achieving gender equality at the national level to promote women’s participation in peace and development efforts.

A decade later, the Beijing Declaration and Platform for Action, reaffirmed the principles of the Nairobi conference, and recognised gender mainstreaming as a fundamental tool for meeting gender equality commitments. More specifically, the Declaration states:

It is essential to design, implement and monitor, with the full participation of women, effective, efficient and mutually reinforcing gender-sensitive policies and programmes, including development policies and programmes, at all levels that will foster the empowerment and advancement of women.

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4 ibid; ‘The Beijing Declaration and Platform for Action of 1995 is a visionary agenda for the empowerment of women. It remains to this day the most comprehensive global policy framework and blueprint for action and is a current source of guidance and inspiration to achieve gender equality and respect the human rights of women and girls, everywhere’ (Introduction). The document covers twelve ‘critical areas of concern’: Women and poverty (A); Education and Training of Women (B); Women and Health (C); Violence Against Women (D); Women and Armed Conflict (E); Women and the economy (F); Women in Power and Decision-making (G); Institutional Mechanisms for the Advancement of Women (H); Human Rights of Women (I); Women and the Media (J); Women and the Environment (K); The Girl Child (L). ‘For each critical area of concern, strategic objectives are identified, as well as a detailed catalogue of related actions to be taken by Governments and other stakeholders at national, regional, and international level’ (Introduction). Gender mainstreaming was introduced as an official indicator to address the second strategic objective of area H on institutional mechanisms: integrate gender perspectives in legislation, public programmes, and projects. This encompasses a set of sub-objectives: a) Ensure that before policy decisions are taken, an analysis of their impact on women and men, respectively, is carried out; b) Regularly review national policies, programmes and projects, as well as their implementation, evaluating their impact in order to guarantee that women are direct beneficiaries of development and that their full contribution to development, both remunerated and unremunerated, is considered in economic policy and planning; c) Promote national goals and strategies for equality between women and men in order to eliminate obstacles to the exercise of women’s rights and eradicate all forms of discrimination against women; d) Work with members of legislative bodies, as appropriate, to promote a gender perspective in all legislation and policies; e) Give all ministries the mandate to review policies and programmes from a gender perspective and place the responsibility for implementing that mandate at the highest possible level; and establish and/or strengthen an inter-ministerial coordination structure to carry out this mandate, monitor progress and network with relevant machineries’ (Strategic...
After the adoption of the Beijing Declaration, the term ‘gender mainstreaming’ began to be used in the international arena influencing the political debate. The verb ‘to mainstream’ means that ideas and opinions are thought to be *normal* because they are shared by most people. The purpose of gender mainstreaming was therefore to make gender issues ‘main’, or more precisely, *normal* and widely accepted. This concept contrasted with ‘gender side streaming’, the idea of gender specialisation where specific agencies, such as gender-oriented organisations, are solely responsible for addressing gender issues. The need to change the nature of gender issues from *peripheral* to *central* was the driving force behind gender mainstreaming. However, while the *logic* behind the term is clear, there is no universal and homogeneous definition of gender mainstreaming. This renders the concept *fluid* and difficult to grasp, which has implications for how the concept of gender mainstreaming is translated into practice.

There is general agreement that the main goal of gender mainstreaming is to produce gender-equal policies and programmes. To counter gender bias in society and to challenge androcentric policy norms, gender mainstreaming is also promoted as a strategy to transform unequal gender roles and practice. The definition of gender mainstreaming in the Beijing Declaration focused on policy planning and evaluation, recognising the role policies play in the gendered distribution of resources. As androcentric policy planning can become a potential multiplier of inequalities, the Declaration called for the integration of gender perspectives in the policy formulation process as well as legislation, public programmes, and projects.

Based on these considerations, in 1997, the UN Economic and Social Council (ECOSOC), in their agreed conclusions 1997/2, elaborated a broader definition of gender mainstreaming as:

> the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas

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and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally, and inequality is not perpetuated.\(^7\)

The ecosoc definition – on which most ‘global commitments on gender mainstreaming’ are based – is relevant for several reasons. First, it underlined the need to strengthen the accountability for gender mainstreaming. It also put further emphasis on mainstreaming gender in the different stages of policy making, such as policy design, implementation, monitoring, and evaluation. A focus on policy making was further expanded in the definition developed by the Council of Europe:

The (re)organization, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and at all stages, by the actors normally involved in policymaking.\(^8\)

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7 **ecosoc Definition:** ‘A. Definition of the concept of gender mainstreaming: Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic, and societal spheres so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal is to achieve gender equality. B. Principles for mainstreaming a gender perspective in the United Nations system: 1 Issues across all areas of activity should be defined in such a manner that gender differences can be diagnosed – that is, an assumption of gender-neutrality should not be made. 2 Responsibility for translating gender mainstreaming into practice is system-wide and rests at the highest levels. Accountability for outcomes needs to be monitored constantly. 3 Gender mainstreaming also requires that every effort be made to broaden women’s participation at all levels of decision-making. 4 Gender mainstreaming must be institutionalized through concrete steps, mechanisms, and processes in all parts of the United Nations system. 5 Gender mainstreaming does not replace the need for targeted, women-specific policies and programmes or positive legislation, nor does it substitute for gender units or focal points. 6 Clear political will and the allocation of adequate and, if need be, additional human and financial resources for gender mainstreaming from all available funding sources are important for the successful translation of the concept into practice’ (UN Economic and Social Council, ‘Report of Economic and Social Council for 1997’. A/52/3, United Nations, 1997).

To incorporate a gender equality perspective in policy making, it is suggested that five policy shifts are needed. First, it requires the formulation of a concept of gender equality that targets the multiple interconnecting causes of gender equality. It also requires the rearticulation of policy ends and means from a gender perspective and equal and diverse gender representation in politics. A ‘shift in institutional and organisational cultures’ towards gender equality also requires a change in policy processes, mechanisms and leadership support. Lastly, there needs to be greater diversity of the actors involved in policy making, including increased participation of civil society. These criteria could be used to assess the effectiveness of gender mainstreaming in bringing about institutional and policy change.

Although the ECOSOC definition is widely accepted and used among scholars and practitioners, it has been criticised for being too broad, contributing to confusion about what gender mainstreaming is and how it can be implemented. However, the ECOSOC definition does highlight some fundamental principles of gender mainstreaming, including that it is a process. It is a concept in fieri – in progress – something that can shift and adapt to a changing context. As a result, gender mainstreaming should not be seen as an end in itself but as a means to achieve gender equality. Gender mainstreaming seeks to reposition gender issues at the centre of policies and programmes. The need to re-balance a world where norms presented as neutral are, in reality, male-centred, is the bedrock of gender mainstreaming. From this perspective, gender mainstreaming is a political strategy that envisions the transformation of mainstreaming means integrating a gender equality perspective at all stages and levels of policies, programmes and projects. Women and men have different needs and living conditions and circumstances, including unequal access to and control over power, resources, human rights and institutions, including the justice system. The situations of women and men also differ according to country, region, age, ethnic or social origin, or other factors. The aim of gender mainstreaming is to take into account these differences when designing, implementing, and evaluating policies, programmes and projects, so that they benefit both women and men and do not increase inequality but enhance gender equality. Gender mainstreaming aims to solve – sometimes hidden- gender inequalities. It is therefore a tool for achieving gender equality’<https://www.coe.int/en/web/gender-equality/what-is-gender-mainstreaming> accessed 24 June 2021.


10 Katharine Sarikakis, ‘Power, Patriarchy, Profit: Barriers to Gender Mainstreaming in Media Policy’ in UNESCO International Association for Media and Communication Research (eds), Media and Gender: a Scholarly Agenda for the Global Alliance on Media and Gender (2014).

existing unequal gender roles and practices through the adoption of specific policies and programmes built on measurable targets.

Gender mainstreaming can be seen as a transformative tool for addressing gendered power imbalances; however, scholars recognise that its implementation in practice has been uneven and somewhat limited in impact. Indeed, questions have been raised about the achievements of gender mainstreaming, and whether it has ‘failed’ in terms of its original objectives. Despite global endorsement of gender mainstreaming, the principles of gender equality remain marginalised in many countries and gender mainstreaming has not been transformative in terms of breaking down existing structures of power and privilege related to gender and other intersecting factors including education, disability, racism, harmful masculinity and male privilege among others.

3 Barriers to Gender Mainstreaming

To further unpack these critiques, in this section we examine three barriers to the effective implementation of gender mainstreaming in policies and programmes: addressing conceptual challenges, the need for leadership and commitment, and overcoming practical constraints.

3.1 Addressing Conceptual Challenges

A broad definition of gender mainstreaming has made it a particularly contested concept. Its practical application has in turn been affected by this conceptual gap. The conceptual confusion is two-fold. First, as previously stated, the purpose of gender mainstreaming was to make gender issues ‘main’, or more
precisely, normal and widely accepted in contrast to ‘gender side-streaming’.\textsuperscript{15} However, the notion of ‘mainstreaming’, that is how to integrate gender at the different levels of the policy-making process, is not always well understood or implemented. In many cases ‘mainstreaming’ is at best operationalised as the need to add ‘women’s interests’ to existing policies and programmes, rather than an approach to addressing unequal gendered power relations.

In addition, mainstreaming, in practice, often involves the layering of the concept onto a presumed immutable system. The existing system is very rarely challenged to ensure it is adaptable and fit for purpose to achieve the desired transformation.

Secondly, there is confusion about what ‘gender’ means, and why it is necessary to understand the critical dimensions of the impact of gender. Gender is still not always understood as the social construction of roles and power dynamics but believed to be primarily related to biological differences. This confusion in turn limits the development of local, national, regional, and international policies and approaches to addressing gender discrimination and inequality. This is particularly relevant to gender mainstreaming policies in health, as both biological factors, including reproductive, genetic, and hormonal differences, and socially constructed differences between women and men play a part in exposure to different diseases and in health experience.\textsuperscript{16}

What is more, more recent understandings of gender go beyond the dominant discourse of a gender binary, that is the classification of gender into two distinct, opposite forms of male and female, which stays static over time. Gender also intersects with other social determinants to shape people’s experiences.

As a result, gender mainstreaming can be ‘fuzzy’ and contradictory in practice with a lack of tailored strategies and measurable targets. This conceptual gap has also contributed to gender mainstreaming being reduced to a technical exercise with a reliance on toolkits and guidance. Moving beyond a tick-box exercise requires high-level commitment and resources to gender mainstreaming and gender equality more broadly.

3.2 \textbf{Need for Strong Leadership and Commitment}

The decision to introduce and properly fund gender mainstreaming in policies and programmes depends on the commitment and willingness of organisational leadership. Gender mainstreaming measures need to be robust while

\textsuperscript{15} Charlesworth (n 5).

demanding discussion, rigour, adaptability, action, and accountability to incite change in organisations and on the ground. This is where leadership is critical and why we argue that gender mainstreaming cannot be left up to a designated ‘gender lead’ – effectively side-lining the gender issues.\(^\text{17}\)

Central to effective mainstreaming is real buy-in within an organisation so that addressing gender is integral to every role, rather than being a silo or an add-on. Champions at different levels of the organisation, including women in leadership is critical.\(^\text{18}\) Clear roles and responsibilities that are endorsed by senior leadership are also needed for implementing, monitoring, and overseeing gender equality and mainstreaming objectives.

### 3.3 Overcoming Practical Constraints

Pragmatic barriers reflect the level of resources required for successful implementation of gender equality policies.\(^\text{19}\) Related to the conceptual gap, an important practical constraint is that in many countries gender mainstreaming is not regarded as a priority, and that ‘more urgent’ problems should be solved before gender equality is tackled. Or the integration of gender equality principles into legislation and policies is a response to international pressure and/or because of a domestic push from civil society. This in turn can affect the priority and investment given to gender mainstreaming in policies and programmes.\(^\text{20}\)

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17 For example, in a commentary published in *The Lancet* in 2017, Roopa Dhatt, Ilona Kickbusch, Kelly Thompson, and other experts suggested concrete action in order to enhance female leadership in WHO, in particular ‘1 proposing reforms to the WHO secretariat that will institute specific measures to achieve gender parity in their top leadership; 2 ensuring equal representation of both women and men in our delegations to the World Health Assembly and WHO Executive Board meetings and regional governance meetings; and 4 maintaining gender parity in the organization of all panels and events that we convene during the WHA and other high level international and regional global health events; Roopa Dhatt et al., ‘Act Now: a Call to Action for Gender Equality in Global Health’ (2017) 389 (10069) Lancet 602.


19 Sally Theobald et al., ‘Engendering the Bureaucracy? Challenges and Opportunities for Mainstreaming Gender in Ministries of Health under Sector-Wide Approaches’ (2005) 20 (3) Health Policy and Planning 141.

20 An example is the Gender Equality Duty, that was introduced in the United Kingdom in 2007. ‘The UK policy agenda has not been completely devoid of a focus on gender. However, gender mainstreaming has not been well understood. [Indeed] it has been hard to discern the mainstreaming of gendered perspectives into general policy-making and gender has not yet been effectively mainstreamed into the work of local planning authorities in the UK. The Gender Equality Duty presents an opportunity for gender to be
Other practical constraints on gender mainstreaming include the lack of appropriate, regular, and accurate data disaggregated by sex and other relevant characteristics in programmes and health information systems. This limits the effectiveness of decision-making on policies, especially in relation to service access and coverage. Moreover, policies and programmes cannot be evaluated without specific gender information and indicators. Institutional capacities to analyse the health and development situation with a focus on gender and other determinants of inequality, such as socioeconomic status, disability, or experiences of racism is also weak in many contexts. This is partly because many activities aimed at addressing gender inequalities neglect to examine the multifaceted determinants that intersect with gender to cause inequalities.21

4 What Can We Learn from Mainstreaming Gender, Equity, and Rights within the World Health Organization

The links between gender inequality, health and development were reinforced in the Beijing Platform for Action and, in response, many organisations including within the UN started to develop initiatives to address gender in policies and programmes. In this section we reflect on WHO’s experience of mainstreaming gender, drawing on published literature and the personal expertise of authors (FB) and illuminate the lessons learnt for policy and practice. We focus on the formative years that coincide with the leadership of Director-General Dr Margaret Chan (2007–2017).

Following the 1995 Beijing Declaration, WHO began to operationalise programmes on gender and human rights, initially focusing on reproductive health and, later, on sexual health and reproductive rights. In 2000, WHO also created the Department of Gender and Women’s Health (later renamed

considered in policy making. This new legislation required public authorities involved in planning and regeneration to take gender into account. Fundamentally, the duty requires more than equal treatment for men and women (Equal Opportunities Commission, 2007). Public bodies must promote and take action to bring about gender equality. This involves looking at gender equality issues for men and women, understanding why inequalities exist and how to overcome them and creating effective service provision for all, so that everyone can access services that meet their needs; Gemma Burgess, ‘Planning and the Gender Equality Duty – Why Does Gender Matter?’ (RICS 2009).

Department of Gender, Women and Health).

WHO’s Executive Board, at its 116th session in 2006, requested the Director-General to prepare a ‘draft strategy and plan of action for bringing gender into the mainstream of WHO’s work.’ Responding to this request, the Secretariat submitted a draft strategy through the Executive Board to the World Health Assembly for its consideration. Subsequently, the Sixtieth World Health Assembly in 2007 adopted resolution WHA60.25: ‘Strategy for integrating gender analysis and actions into the work of WHO’, which focused on disaggregation of data, gender analysis, and strengthening accountability mechanisms.

The 2007 World Health Assembly urged Member States to formulate national strategies for addressing gender issues in health policies, programmes, research, and planning processes. It also pressed Member States to ensure that a gender equality perspective be incorporated at all levels of health care delivery and services. In addition, the resolution requested the Director-General to ensure the full implementation of the strategy. The purpose of the strategy was to ‘enhance, expand, and institutionalise WHO’s capacity to analyse the role of gender and sex in health, and to monitor and address systemic and avoidable gender-based inequalities in health’. The strategy was consistent with the UN system-wide policy on gender equality and the strategy on gender mainstreaming. It included four strategic directions:

i. building WHO’s capacity for gender analysis and planning;
ii. bringing gender into the mainstream of WHO’s management;
iii. promoting use of sex-disaggregated data and gender analysis; and
iv. establishing accountability.

5 Moving the Strategy Forward

In 2008 a baseline assessment was conducted as part of the monitoring and evaluation of the WHO strategy for integrating gender analysis and actions
into it work. The results of the baseline assessment presented the status of gender mainstreaming in WHO as well as the gaps and actions required for implementing the strategy. Findings were presented for 17 indicators that corresponded to the four strategic directions.\(^27\)

The results showed that although WHO staff had high levels of knowledge of gender issues, application of gender analysis skills and institutional support for gender mainstreaming was weak. Staff identified collaboration with and technical support from gender focal points and units as a facilitating factor for building awareness and knowledge, and the lack of an enabling institutional environment for mainstreaming was identified as a barrier. Much more needed to be done to mainstream gender into the operational planning, programme implementation, and monitoring and evaluation cycle as well as to promote the use of sex-disaggregated data in programmes. There was a need for advocacy to increase institutional commitment to gender equality at the senior management level as well as with Member States to reflect gender in country cooperation strategies and plans.

At this time the small department of Gender, Women and Health was based within the cluster of Family, Women and Children's Health. As well as a focus on gender, the department had small teams made up of 2 or 3 people working on the intersecting areas of equity and human rights. Although junior, these teams created a small island of excellence, building strong networks beyond WHO, including with civil society. However, compared to other priorities within the organisation, these efforts attracted limited support and attention from the organisational leadership and within the organisation more generally.

Furthermore, because gender mainstreaming had been criticised for its exclusive focus on women and for overlooking the multiple and intersecting drivers of inequality, a new approach was designed to support all WHO staff members to integrate the core values of gender, equity, and human rights in their work. Central to this strategy was the creation of a new unit reporting to the WHO Director-General, through the office of the Assistant Director-General, Family, Women’s and Children’s Health. The unit was positioned to work across the organisation headquarters, headed by a senior staff, with competences on gender, human rights, and equity. In 2013, WHO’s governing bodies requested an effective and integrated approach to mainstreaming, whereby

\(^{27}\) World Health Organization (WHO), Gender Mainstreaming in WHO: Where are We Now? Report of the Baseline Assessment of the WHO Gender Strategy (World Health Organization, 2011).
WHO’s Gender, Equity and Human Rights (GER) team was established. Its aim was to integrate gender, equity, and human rights into health programmes and policies across the different programme areas that make up WHO. As well as headquarters, all six WHO regional offices have dedicated GER staff as do some WHO country offices.

The GER team are expected to work with staff at all levels of WHO to catalyse, support, and coordinate the ‘mainstreaming of gender, equity, and human rights approaches in health’. Thus, GER provides the infrastructure for mainstreaming across the organisation, which operates through a range of activities and publications aimed to:

1. Support the review of national health programmes to leave no one behind, which includes the development of the technical handbook ‘Innov8’ for reviewing national health programmes and country case studies of its application.
2. Address barriers to equitable health systems for everyone, which includes the development of the handbook for conducting an adolescent health services barriers assessment (AHSBA) and country assessments and reports.
3. Advance gender, equity, and human rights in programmes and policies including with the WHO Equity, Gender and Human Rights Country Support package for leaving no one behind.
6 Impact of WHO’s Gender Mainstreaming Work on the Ground

WHO can be seen as a pioneer within the UN in its approach towards ‘mainstreaming gender as a relational concept that intersects with other drivers of inequalities’ to impact on people’s health and wellbeing.\(^{31}\) We provide below some examples of the GER approach in practice.

6.1 Integrating a GER Analysis in Sexual and Reproductive Health Assessments

WHO provides its staff at headquarters and country level with capacity building and a package of tools and resources aligned with the GER criteria aimed at increasing impact at the country level. It also provides technical support to Member States via its country offices. For example, WHO supported the Government of Nepal to apply Innov8 – a methodology for reorienting health programmes towards equity – for the identification of barriers to access to sexual and reproductive health services faced by adolescents.\(^{32}\) The analysis revealed challenges facing Nepalese adolescent girls, including early marriage, higher school dropout rates, gender-based violence, heavy workload, restricted mobility in rural areas, and limited household autonomy, as outlined in the case study below (see Box 1 below).\(^{33-36}\)

### Case Study Nepal

The Innov8 approach was implemented in Nepal by a diverse team of experts, including representatives from national and subnational authorities, civil society, and research institutes. Its aim was to identify inequities

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\(^{32}\) Magar et al. (n 22).

\(^{33}\) Pan American Health Organization (PAHO) and World Health Organization (WHO), ‘Policy on Ethnicity and Health’ (Pan American Health Organization, 2017).

\(^{34}\) ibid.


in adolescents’ access to sexual and reproductive health (SRH) services and improve the overall health of adolescents by addressing diverse gendered barriers. It was born out of a need to fill the gaps left by Nepal’s original adolescent SRH programme, which did not take into account specific barriers to SRH access, such as distance and cost of travel, opening times, lack of privacy and confidentiality, and harmful gender norms.

Informed by the Innov8 approach, adolescent-friendly and gender-responsive services were introduced and communities were engaged in the programme to reach remote and disadvantaged populations. Adolescents also participated in local decision-making processes concerning adolescent-friendly services. The use of an intersectionality approach also enabled the SRH programme to engage with other sectors, including education and social protection, to tackle issues such as early marriage, pregnancy, and harmful and stigmatising social norms. A new adolescent health strategy was created in 2020 to support the redesign and implementation of SRH programmes. Legislative measures such as outlawing early marriage and promoting greater access to SRH services were also introduced.

6.2 Examining the Role of Power Relations in Access to Care

Understanding the influence of gender norms and adopting an intersectionality approach is especially important for addressing gendered barriers to access to health services. WHO works closely with national authorities to improve access to health care using the gender, equity, and human rights approach. This enables a better understanding of the impact of power relations and gender norms on people’s health and wellbeing throughout the life course.

For example, a gender, equity, and rights lens were used to assess the barriers faced by adolescents in accessing health services in Nigeria and the United Republic of Tanzania. A range of individual and systemic barriers were identified. The assessment showed that adolescent boys encountered negative attitudes of health staff and were often denied access to clinics due to their reported substance use. In addition, because boys believed that services were exclusively for girls, they often chose to avoid health facilities. These

38 Magar et al. (n 22).
perceptions and masculine norms resulted in a delay in health care seeking among adolescent boys. Girls, mostly from poor rural settings, were less likely than boys to purchase medicines and pay fees for health services and laboratory tests. Additionally, adolescent girls face stigma in care-seeking for maternal health services.\textsuperscript{39} These findings are being analysed and the results used to reduce gender-related barriers to improve services and quality of care for adolescents.

6.3 Working alongside Other Social Justice Agendas

In 2017, the Pan American Health Organization, which functions as the WHO regional office for the Americas, adopted a Policy on Ethnicity and Health to address health inequalities among Indigenous peoples. This included addressing the high rates of maternal mortality in Indigenous women partly owed to ‘culturally inappropriate health services, and stigma and discrimination based on both gender and ethnicity’.\textsuperscript{40} The policy recognised the need to address the interconnection ‘between ethnicity, gender, equity, and human rights if the health service barriers rooted in discrimination, racism, and exclusion’ were to be addressed.\textsuperscript{41} This approach, which examined health through the lens of power relations and gender norms, enabled the development of a concrete action agenda to both improve health equity outcomes and advance gender equality and women’s empowerment.\textsuperscript{42}

The Strategy and Plan of Action on Ethnicity and Health 2019–2025 promotes intercultural approaches to health and direct action to tackle the social determinants of health. With the participation of the groups involved, and incorporating a gender perspective, the plan of action seeks to produce evidence for decision-making on public health policies, promote policy action for universal access to health, strengthen social participation and strategic partnerships, recognise ancestral knowledge and traditional and complementary medicine, and build capacity to facilitate and foster intercultural action at all levels.\textsuperscript{43}

\textsuperscript{39} ibid.
\textsuperscript{41} Flavia Bustreo, Anna Giulia Ponchia, Cecilia Rocco, Rachael Hinton, ‘Strengthening the Transformative Potential of Gender Mainstreaming in Global Health’ (14 April 2021) 34 (100858) EClinicalMedicine.
WHO’s approach to gender mainstreaming in countries has helped inform the design of actionable and measurable criteria for mainstreaming gender, equity, and human rights (the GER criteria) across the organisation, including in monitoring output achievement. The GER criteria set minimum standards for mainstreaming and offer aspirational goals such as changing global treaty monitoring processes to ensure that health measures are consistent with sustainable development goals.44

7 Reflections on WHO’s Experience

There are important lessons to be learned from WHO’s formative experience with mainstreaming GER across the organisation and its programmes. These lessons, which are focused around the three barriers to implementing gender mainstreaming – conceptual considerations, leadership, and practical constraints – have broader implications for how WHO and other such organisations can meaningfully address gender and intersecting inequalities in policies and programmes.

7.1 Conceptual Considerations

A more practical approach is seen as a way to move beyond the conceptual confusion surrounding gender mainstreaming. However, for GER such a ‘practical approach’ became equated with a sense of pressure to show success using a narrow technocratic, tick-box exercise. For example, a GER unit is established and a budget line is allocated, or new procedures, checklists, and guidelines for GER are produced. The challenge arises when a mainstreaming strategy is rolled out as a one-size-fits-all response across an institution that has departments that are very set in their ways of working. To take on gender, a cultural change is needed that goes deeper than purely undertaking a gender analysis and ‘fixing’ the identified gaps. ‘Mainstreaming GER’ should be part of a formula for both the structure and ethos of the institution, otherwise it will always be an add-on.

GER mainstreaming did not operate in a social and political vacuum. We found it was determined by the institutional context and the interplay of internal and external influences. GER mainstreaming focal points did face resistance to gender equality as well as attempts to disregard their work. However, the positive impact of GER mainstreaming also lies in the increasing number

of potential and actual allies within WHO that had greater sensitivity and awareness of the issues and sought support for implementing GER in their own programme activities.

7.2 The Role of Leadership
Within WHO, gender mainstreaming is an organisation-related strategy of change that takes a top-down approach. High-level support and championing has been critical for driving the agenda to mainstream gender, equity, and rights. However, GER mainstreaming was also seen as a political imperative by Member States, reflected in the decisions of the Executive Board. This external push also included pressure from civil society groups, and the Director-General’s (Dr Chan) engagement in leadership networks such as International Gender Champions,\(^{45}\) that asked WHO to make specific commitments to gender mainstreaming. This in turn gave further impetus to making gender mainstreaming an organisational priority.

As a top-down approach, the responsibility for the process of GER mainstreaming is in the hands of WHO leadership as well as the entire staff. The issue of responsibility and accountability is important in gender mainstreaming because, as some suggest, when the responsibility for gender equality is given to all, it can become everybody’s and nobody’s responsibility.\(^{46}\) However, gender mainstreaming cannot be ‘the sole responsibility of a gender focal point’ or GER unit as the impact would be limited and the potential for failure high.\(^{47}\) It was GER’s role to support staff to build the competencies needed to integrate GER-related issues in their work. There were, however, several practical constraints (see below).

7.3 Practical Constraints
Financing for gender mainstreaming is often a major constraint, as mainstreaming is not a cost- or ‘resource-free process’.\(^{48}\) For a large organisation

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\(^{45}\) The International Gender Champions (IGC) is a leadership network that brings together female and male decision-makers determined to break down gender barriers and make gender equality a working reality in their spheres of influence. The initiative was co-founded by former UN Geneva Director-General Michael Møller, former US Ambassador to the UN in Geneva Pamela Hamamoto and Women@TheTable CEO/Founder Caitlin Kraft-Buchman in 2015. The network numbers more than 250 active Champions and 165 Alumni who are the heads of international organizations, permanent missions, and civil society organizations <https://genderchampions.com/about> accessed 24 June 2021.

\(^{46}\) Monday (n 21).

\(^{47}\) Bustreo et al. (n 31).

such as WHO with established programmes and funding, it was not easy to fund a programme of work that cuts across different areas and structures of the organisation, especially when there can be some internal resistance to doing so. Such resistance can arise when sensitivity and awareness about mainstreaming issues at the senior management level are not well established.

In addition, donor organisations were more willing to support specific health programmes and initiatives than to devote sufficient resources to support mainstreaming gender equality across WHO’s programmes. To encourage teams across the organisation to mainstream gender in their work, such as to develop gender-disaggregated programme data, financial incentives were also considered. Although small amounts of funding were provided to programmes through the GER budget, overall, funding for GER-related activities was a constraint.

This is illustrated by the 2014/2015 WHO programme budget where gender, equity, and human rights mainstreaming had the second-lowest approved funding across the entire organisation at US$13.9 million. Although this increased by 2.4% in the proposed 2016/2017 budget to US$16.3 million, gender, equity, and human rights mainstreaming remained the second-lowest budget item after ageing and health (US$ 9.5 million and US$ 13.5 million). However, the proposed percentage budget increase of 4% for ageing and health was nearly double the increase of the GER budget.

Tools and analyses can be used to raise awareness, generate evidence and may even result in change in policy and practice, but there is not always sufficient knowledge, interest, or willingness to understand and examine the gender-differentiated impacts on health. For instance, without gender- and other disaggregated data one cannot establish that inequalities exist, which is why the adoption of a GER perspective, and the production of disaggregated statistics is needed in all WHO policy-making and programme processes. Yet the capacity and willingness to gather and use sex-disaggregated data (and other disaggregated data) was not always at hand. For some programmes the analysis of gender-disaggregated data, let alone markers of other disadvantages, such as disability status, or education, did not exist. People, funds and time are needed to support this work, but such activities go beyond the funding remit of GER mainstreaming and must be integrated within specific programme budgets.

Gender mainstreaming is often still seen as an end in itself and it is approached from a technical perspective. In practice, this means that the transformational aspects of gender mainstreaming can be side-lined, especially in large institutions like WHO, which are composed of many different departments with long-established working processes, history, and expertise.

The experience of mainstreaming within WHO clearly illustrates the main challenges – conceptual confusion, role of leadership, and practical constraints. We found that gender mainstreaming did not operate in a social and political vacuum. As such, addressing the conceptual challenges, which includes addressing the cultural change required, is paramount if gender mainstreaming is to become a way of working and more than an add-on. A commitment to gender mainstreaming is also one of the most effective ways that leadership, whether that be senior management within an organisation or public policy-makers, can support and promote gender equality. Any policy mandate for gender mainstreaming must be supported by leadership, financial investment, and technical expertise.

We found that political support by Member States was critical to gender mainstreaming and will remain an important factor in its success or failure. Further, only senior managers can direct a cross-cutting issue like gender mainstreaming, which intersects with management structures and different areas of an organisation. Organisational leadership plays a vital role in promoting and implementing gender equality commitments as it provides the enabling institutional environment and support for cooperation, consensus, and programming.

The principle for addressing gender inequality must be a shared responsibility for all staff within an organisation and it must not be just the job of the gender team or ‘designated’ gender lead. Senior managers must be clear about the priority given to gender equality and gender mainstreaming and support demands on staff for information, analysis, and measurement, such as in terms of gathering and using sex-disaggregated data. As described elsewhere, when such demands are not made or when staff are not held accountable for their efforts on issues of equality, there is little motivation for action.

Gender mainstreaming is not a panacea or the only modality for achieving gender equality. Instead, it should go hand in hand with other approaches to build women’s empowerment, redefine masculinity, and address the interconnected drivers of inequalities. Gender mainstreaming can still be a useful strategy if adequate funding and high-level commitment are assured.

But the concept requires further thought to reflect current understandings of gender such as that ‘women’ includes lesbian, bisexual, asexual, transgender,
and queer women; that ‘gender’ also includes the differing experiences of men and non-binary persons.\textsuperscript{50} It requires far-reaching and transformative thinking and approaches to address the inequalities related to individuals’ identities in addition to gender – e.g., ethnicity, age, sexual orientation, and socioeconomic status.

As seen with gender, this intersectionality enables us to understand how people are vulnerable to multiple marginalities. We may need different agendas to promote the specific needs of women, men, and people with non-conforming gender identities, but our common agenda is to promote policies, approaches, and investments to address gender inequalities and unequal power dynamics.\textsuperscript{51}

Finally, to strengthen the transformative potential of gender mainstreaming, a feminist economic approach would help global health institutions such as WHO address the social, political, and commercial determinants of health care delivery, resourcing, and decision-making.\textsuperscript{52} Such an approach would ensure gender equality becomes and remains a priority for all health and development decision-makers.

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