Report on the

Gender mainstreaming retreat for the WHO Regional Office for the Eastern Mediterranean

Alexandria, Egypt
12 13 December 2003

World Health Organization
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1. INTRODUCTION

A Gender Mainstreaming Retreat was held for the benefit of the WHO Regional Office for the Eastern Mediterranean (EMRO) in Alexandria, Egypt, from 12 to 13 December 2003. The purpose of the retreat was to create awareness and commitment of the senior management, professional, and general staff regarding the WHO Gender Policy. The meeting people from reaching the highest attainable standard of health.

The objectives of the meeting were to:

- discuss the WHO Gender Policy in the context of EMRO working environment and experiences;
- come to a consensus on a working definition of gender that can readily integrate with EMRO work and perspectives;
- develop a planning framework of how EMRO can incorporate a gender perspective within the professional and administrative divisions and identify steps to be taken towards that objective.

The meeting was attended by 52 participants from EMRO. There was representation of senior management, including the Regional Director, Assistant Regional Director and Senior Policy Adviser, and a cross-section of professional and general staff. Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, inaugurated the retreat and delivered the opening message. Dr Gezairy explained that the WHO Gender Policy asks for the commitment of all WHO staff members in integrating gender considerations within the technical programmes, as well as within the administrative and operating procedures in the Regional office. He mentioned that not only are biological differences between the sexes responsible for different manifestations and vulnerabilities to disease, but also social role differences. He emphasized the need for further research on gender differences that create vulnerability to illness because without the necessary knowledge, those greater vulnerabilities cannot be reflected in programme designs.

Dr Gezairy stressed the importance of communicating the thoughts and concerns about the Gender Policy during the retreat, and of raising issues that may pertain specifically to the Eastern Mediterranean Region. He concluded by wishing all of the participants great success in the deliberations of the retreat and urged the formulation of relevant and practical recommendations for EMRO, as well as for the Member States.
2. TECHNICAL PRESENTATIONS

2.1 Concepts and applications of gender in the context of the WHO Gender Policy

*Ms Joanna Vogel, Short-term Professional, Women in Health and Development, WHO/EMRO*

Gender describes those characteristics of women and men, which 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. Influences on the expression of health include biological predisposition, learned patterns of response, situational influences, and characteristics of the health system. Gender analysis in health identifies, analyses and informs action to address inequalities that arise from the different roles of women and men, or the unequal power relationships between them, and the consequences of these inequalities on their lives, their health and well being.

The goal of the WHO Gender Policy is to contribute to better health for both women and men through health research, policies and programmes which give due attention to gender considerations and promote equity and equality between women and men. Gender equity in health refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The objectives of the Gender Policy are to increase coverage, effectiveness and efficiency of interventions; to promote equity and equality between women and men throughout the life course, and ensure that interventions do not promote inequitable gender roles; to provide qualitative and quantitative information on the influence of gender on health and health care; and to support Member States on how to undertake gender responsive planning, implementation and evaluation of policies, programmes and projects. In short, the Gender Policy seeks to institutionalize gender mainstreaming within WHO. Gender mainstreaming is defined as the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels.

Organizational arrangements for implementing the WHO Gender Policy require consistent and active participation by all staff at headquarters, regional and country offices, and include active interlinkage; the commitment of senior management to ensure the policy is translated into action in both technical and management aspects of WHO programmes; the expectation of regional and country offices to develop their own mechanisms, appropriately staffed and resourced, while collaborating with WHO/HQ; and organizational support for activities to advance the knowledge and skills of staff for efficient gender analysis in their area of work.

2.2 Global and regional gender mainstreaming applications

*Ms Mirvet Abou Shabanah, Temporary Adviser, WHO/EMRO*

Gender analysis means using disaggregated health and development indicators to identify gender gaps. The concept of gender mainstreaming in development was presented as
a strategy paper to the Forty-sixth Session of the Regional Committee for the Eastern Mediterranean, September 1999, based on an intercountry consultation in Amman, Jordan. A subsequent resolution of the Regional Committee (EMR/RC/R.8) called upon Member States to enhance the role of women in community-based initiatives. Strategies for gender mainstreaming in the regional context include creating opportunities for capacity building and leadership; addressing harmful, traditional health-related practices and religious misinterpretations; providing support for gender-sensitive research studies; and constructing health information systems with sex disaggregated data.

Additional strategic initiatives are using the media to create gender awareness; increasing attention to the special health-related needs of women living under difficult circumstances; and promoting positive cultural, traditional and religious values. The tools that have been developed for implementation of the strategy include the unit of Women in Health and Development, housed under executive management, the creation of a steering committee for gender mainstreaming, and the implementation of a progressively cross-cutting approach with all WHO/EMRO programmes.

One of the main activities completed towards gender mainstreaming is the Alexandria health. Similar projects have been initiated in Jordan with the Centre for Environmental gender has been mainstreamed in the operational mechanisms of sustainable development approaches.

The Regional Office has extended support to the National Commission for Women in Jordan for the collection of disaggregated data and gender analysis, and health and development profiles have been initiated in Djibouti, Saudi Arabia, and Sudan. Gender violence has been added to the national agendas of Egypt, the Islamic Republic of Iran, Jordan, Lebanon, Morocco, and the Syrian Arab Republic. Gender-related harmful traditional practices are being actively addressed in Djibouti, Egypt, Somalia, Sudan, and Yemen. In Afghanistan, Egypt, Morocco, and Pakistan, women have been trained as community health workers, traditional birth attendants, environmental health promoters and business entrepreneurs.

The aim of global gender mainstreaming is to build an appropriate evidence base on gender-related health issues, built on research studies conducted around the world covering different diseases/conditions. For instance, in the case of tuberculosis it has been found that women progress from infection to disease much faster than men and suffer higher fatality rates due to delays in reporting the disease and gaining access to health services. Gender differences in health can be due to several factors, including differing levels of risk and vulnerability, varied health-seeking behaviour, unequal responses from health services, different health outcomes and long-term social and economic consequences. Gender analysis applied to various health topics can contribute to well-targeted interventions with corresponding improved outcomes in the health of both men and women.
2.3 Religion as a facilitating vehicle for gender mainstreaming

Dr M.H. Khayat, Senior Policy Adviser, WHO/EMRO

The application of gender is most often applied to issues of equity between males and

encompassed the original feminist movement for women. A follow-up movement focused on

sexual freedom. The latest feminist movement incorporates the former two approaches, in

addition to focusing on individualism rather than on the family. It parallels Karl Marx, who

wanted to dismantle the family institution. Sexual health is no longer dependent on

reproduction and the promotion and protection of the family. Much of sexual health is now

focused on pre-marital recreational sex. Promotion of sexual freedom is not equity, in fact it

threatens the family institution. The emphasis of gender work should be on the well-being of

the family, not on actions that weaken the family institution, which provides the framework

for a stable and healthy society and should therefore be protected and reinforced.

specific condition is referred to, which applies specifically to either sex. In Islam women are

not obliged to serve their husbands. Men are obliged, however, to financially provide for their

wives. God recognizes the greater burden of women in terms of the reproductive role, and

therefore obliges men to care for and protect the well-being of women. Women can ask for

financial compensation for their domestic functions and for breastfeeding but that privilege

should not be abused, especially at the expense of children. The expectation of men to care for

women is often misinterpreted. God has not preferred men to women, He has rather entrusted

en consists of them giving

their privileges to women. There is no higher authority assigned to men.

The Prophet Muhammad emphasized kindness to women. This emphasis recognized

places a high priority on equity and justice. For example, God would grant victory to a just

nation, even if that nation were atheist. Islam is meant as a victory for the world, not just for

Muslims. Children should receive religious instruction from school in order to have a solid

moral and religious framework. Religious education should begin at an early stage and

children should receive open and frank answers to their questions, no matter what the content

of those questions.

Dr Khayat concluded his presentation by mentioning the need for a written stance and

statement from EMRO about gender and its relation to health.

2.4 Outline of a planning framework for gender mainstreaming in WHO/EMRO

Dr Mubashar Sheikh, Regional Adviser for Community-Based Initiatives, WHO/EMRO

The first element concerns the WHO Gender Policy, an action plan and strategic

budgeting (organizational commitment), with the objective of achieving a strong commitment

among staff at all levels to gender equality, through integration of gender perspectives in the
work of EMRO. Supporting activities could include development of a strategy for implementation of the WHO Gender Policy in EMRO and in the country offices, and development of mechanisms to monitor the implementation of the Gender Policy and assess its impact. Another objective within the same element is the commitment of resources for the implementation of the WHO Gender Policy.

Integrating gender equity in the structure of EMRO is the second element, with the objective of creating an organizational environment for gender mainstreaming. Supporting activities could include the definition of roles to coordinate, advocate and support the gender mainstreaming strategy and the incorporation of those roles and responsibilities in job descriptions, assignments and personal development plans.

The third element concerns capacity building for gender mainstreaming. The objective of this element is for EMRO staff to understand the importance and rationale of mainstreaming gender and to have the skills to incorporate gender aspects into their work. Proposed activities include developing needs assessments on gender capacity and the development and adaptation of WHO/EMRO-specific training materials for mainstreaming gender relevant to the technical areas and strategic objectives identified in the WHO Gender Policy.

Integrating gender perspectives in the work of EMRO comprises the fourth element, with the objective of successful integration of gender perspectives in technical programmes and adoption of a coordinated approach between programmes in EMRO. Activities proposed include the development of gender mainstreaming indicators for monitoring and evaluation, as well as methodologies for gender equity impact assessment and gender sensitive EMRO databases, including those on technical projects. A second objective is the documentation and dissemination of experiences of technical programmes in mainstreaming gender. Proposed activities include dissemination of information and materials regularly within EMRO through the website, technical seminars and publications. Another possible activity is coordinated strategic analysis to establish gender and health research priorities on the basis of frameworks for gender analysis, knowledge base and information materials.

The final element and objective is a gender-sensitive human resource and staff policy. Activities towards that objective could be the design and implementation of positive measures to increase the number of women in management positions, and the adaptation of training programmes to promote equality of opportunity for both men and women.

3. WORKING SESSIONS

3.1 Round-table discussions: Day 1

The participants were split into three working groups and given the task of reaching consensus on the definitions of the following terms: gender, gender analysis, gender equality, gender equity and gender mainstreaming.
Group A felt that definitions of gender were secondary to what priorities should be addressed in order to achieve gender equity and equality in health. Ideally, definitions should emerge after determining the scope of required actions. Group A stated that the complementary roles of men and women and the family should be reflected in the definitions of gender, and that respective roles and responsibilities should be mentioned. The importance of cultural and spiritual determinants must be expressed within the definitions and the term

Group A felt that the regional definition of gender should be compatible with the global definition and that the existing definition had a negative connotation.

Group A defined gender as a social construct which describes the socially perceived roles, responsibilities, rights, duties, opportunities and interactions for women and men for betterment/advancement of society, taking into account family, cultural and spiritual determinants. Group B defined gender as characteristics of males and females which identify and determine their roles with respect to cultural, social, and religious norms, while sex refers to those characteristics which are biologically determined. Group C defined gender as those characteristics of women and men, which are socially constructed and influenced by interaction with the environment (social, religious, political, etc.). 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.

Group A defined gender analysis as identification and defining of actions to address inequalities that arise from the different roles of women and men, or the disproportionate power relationships between them, and the consequences of these inequalities on their lives, their health and well-being. Gender analysis reflects the positive and negative social factors and status, as well as health risks and problems which both sexes may face as a result of their existing roles. Group B defined gender analysis as the systematic gathering and examination of information on gender in order to identify, understand and redress inequities based on gender. Group C defined gender analysis as identification, assessment to identify gaps and informing of action to address inequalities that arise from the different roles of women and men, or the unequal power relationships between them and the consequences of these inequalities on their lives, their health and well-being.

Group A defined gender equality as the absence of discrimination based on gender determinants for both sexes in opportunities, allocation of resources and benefits, or in access to services. Group B classified gender equality and gender equity into one definition referring to males and females having equal access to services, opportunities and resources, and balanced responsibilities and roles. Group C defined gender equality as the absence of and benefits, or in access to services.

Group A defined gender equity as fairness and justice in the distribution of benefits and responsibilities according to gender determinants. The concept takes into consideration both that rectifies the imbalance between the sexes at different phases of the life-cycle. Group C defined gender equity as fairness and justice in the distribution of benefits and responsibilities
between females and males. The concept recognizes that females and males have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Group A viewed the ultimate goal of gender mainstreaming as the achievement of gender equity and equality. It should be an integral component of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women at different phases of the life-cycle is not perpetuated. It is a process of assessing the implications of any planned action on men and women, including legislation, policies or programmes. Group B defined gender mainstreaming as a process of integration of gender perspectives into organizational strategies in order to achieve gender equity in all aspects of professional and management work. Group C agreed with the Economic Social Council Resolution (July 1997) definition which states any planned action, including legislation, policies or programmes, in any area and at all integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men

group C added that gender mainstreaming is a strategy that requires integration, links, and equal opportunities at all levels within institutions, in agenda setting, policy making, planning, implementation and evaluation.

3.2 Round-table discussions: Day 2

The participants maintained their three working groups from Day 1 and were given the task of reviewing the WHO Gender Policy and an action plan for integrating gender perspectives in the work of EMRO and strategic budgeting. Each group was assigned different sections of the Planning Framework document for review.

Group A felt that the Gender Policy should facilitate the formulation of an action-oriented programme, through a bottom-up approach where the major focus is at the country level, and stated that the existing policy does not reflect this issue. They also felt that the goal of this phrase should be emphasized wherever possible and relevant. The first objective should include increasing coverage, effectiveness, and efficiency of health interventions, while the third objective should state the provision of qualitative and quantitative information or the influence or impact of gender inequality and inequity on health and health care. Group A proposed a technical committee to prepare a framework for the implementation of the Gender Policy in the Eastern Mediterranean Region.

The same group considered that the framework containing the five elements appeared congested and did not reflect the clear-cut message of how to integrate gender perspective in the work of EMRO. They stated that the framework should be simple and concise, in line with the existing regional strategy on gender mainstreaming and that its introduction must reflect the deliberations of the retreat. Furthermore, Group A felt that without an appropriate
assessment to identify existing capacities, potentials and gaps, it would be difficult to prioritize the required remedial actions. Finally they expressed the wish for the outcome of this retreat to be disseminated at all levels of WHO (country/region/headquarters).

3.3 Planning framework for gender mainstreaming in WHO/EMRO

1. WHO gender policy, an action plan and strategic budgeting

commitment to gender equality through integration of gender perspectives in the work of EMRO.

Proposed activities:

- Formulate and issue policy statement by the Regional Director.
- Adapt and disseminate WHO Gender Policy to all staff.
- Present and discuss the adapted Gender Policy and its implications throughout EMRO at all levels (from senior management to technical staff).
- Develop a strategy for supporting the implementation of the gender policy at the various levels in EMRO and in country offices.
- Develop indicators to monitor the implementation of the gender policy and assess its impact in relation to the overall work of WHO.
- Formulate and disseminate action plan for implementation of the Gender Policy.
- Submit resolution on gender mainstreaming for adoption by the Regional Committee.

Examples of indicators for monitoring progress:

- Regional Gender Policy and action plan for implementation are in place;
- Meetings held where gender policy and action plan have been discussed;
- Indicators to monitor the progress of implementation are developed;
- Regional Committee resolution on gender mainstreaming is in place.

Comments from Group A: There was a strong consensus that Objective 1 should not focus exclusively on EMRO but also on the country levels. The list of activities should be refined and be sequenced carefully to provide an effective programming tool. Sequencing suggested was policy, structure, programming, budgeting, and human resources development. Each programme should be based on the Regional Strategy and guidance of the Regional Director and should develop a strategic framework to incorporate gender focus in their respective programmes.

Objective 2: To commit resources for the implementation of the WHO Gender Policy.

Proposed activities:

- Strategic budgeting to promote greater attention to gender equality in the programme budget process.
• EMRO and country offices to include a specific budget allocation to support mainstreaming gender activities.

Example of indicators for monitoring progress:

• Reference to gender equality is clearly present in the programme budget documents from 2004-2005 onwards.

Comments from Group A on item 1: The outlined activity implies a vertical approach which is not in the spirit and intent of the policy and the programme. The examples of indicators should include development of gender sensitive/gender responsive performance indicators. This would facilitate incorporation of gender focus in the organics of the programming.

Amendments from Group B to items 2 and 3 are highlighted in **bold italics**.

2. **Integrating a gender perspective in the structure of EMRO**

   Objective: To further promote an enabling organizational *set-up* for gender mainstreaming.

   Proposed activities *for the next biennium*:

   • inate, advocate
     and support the gender mainstreaming strategy.
   • Incorporate roles and responsibilities of managers, gender focal points and other relevant staff concerning gender in job descriptions, assignments and personal development plans.
   • Set up specific institutional arrangements to ensure the implementation of the Gender Policy at different levels.

   Examples of indicators for monitoring progress:

   • *Establishment of an organizational focal point*
   • *Gender mainstreaming committee (exists)*
   • *Establishment of roles and responsibilities to enhance organizational gender mainstreaming.*

3. **Capacity building for gender mainstreaming**

   Objective: To promote in EMRO staff *a common understanding of the importance and rationale of mainstreaming gender* with the skills to incorporate gender aspects into their work and provide gender-sensitive and responsive services.
Proposed activities:

- Assess level of understanding of gender mainstreaming among staff members at all levels.
- Develop, pre-test and adopt WHO/EMRO-specific training materials for mainstreaming gender relevant to the technical areas and the strategic objectives identified in the WHO Gender Policy.
- Identify and establish a core group of staff trainers (internal and external, males and females). Develop terms of reference for trainers.
- Integrate gender policy into the standard introductory briefing for EMRO staff as well as other relevant EMRO reference documents.
- Develop, coordinate and arrange seminars and consultation meetings on gender and health.

Examples of indicators for monitoring progress:

- A comprehensive capacity-building programme on gender equality and gender mainstreaming for EMRO staff and managers is designed and implemented.
- Number of technical seminars and consultation workshops on gender and health.
- **Percentage of total** EMRO staff participating in capacity-building programmes, technical seminars and consultation meetings on gender and health.
- Gender mainstreaming policy integrated in EMRO briefing material and other reference documents.
- Core group of staff trainers established.

Amendments from Group C to items 4 and 5 are highlighted in **bold italics**.

4. **Integrating gender perspectives in the work of EMRO**

   Objective 1: To **successfully** integrate gender perspectives in all programmes and to adopt a coordinated approach between programmes in EMRO based on a community needs approach.

Proposed activities:

- Develop and apply gender analysis systematically in the design, planning, implementation and evaluation of WHO programmes involving research, technical cooperation and dissemination of information.
- Develop and test tools and guidelines for integrating gender issues into planning, implementation, monitoring and evaluation of two programmes in EMRO per year, based on the priorities of the Region.
- Develop, pre-test and adopt WHO-specific **staff** materials on gender awareness and basic gender concepts.
- Develop gender mainstreaming indicators for monitoring and evaluation, as well as methodologies for the assessment of gender equity impact.
• Ensure that all EMRO databases, including those on technical projects, are gender sensitive.
• All technical programmes to initiate the collection of data disaggregated by sex and age and to review their work from a gender perspective.
• Provide support to professional staff incorporating a gender perspective into programme activities, including the development of programme specific analyses and materials as needed.
• Include gender issues as a regular standing item on the agenda of senior management as programming meetings.
• Organize regular meetings convened by the Gender Department and Gender Advisory Board with senior management and representatives of technical programmes.
• Organize regular meetings convened by the responsible unit (Gender Department, Gender Steering Committee, Advisory Board) with senior management and representatives of technical programmes.
• Undertake biennial gender audits on EMRO programmes to identify strengths as well as gaps; review and analyse past experiences of integrating a gender perspective within the different EMRO programmes and other organizations to identify strengths as well as gaps.
• Report the Biennial Progress Report results to governing bodies (e.g. Regional Committee).

Examples of indicators for monitoring progress:

• Number of programmes, including research projects, where gender analysis has been applied;
• Tools and guidelines that have been developed and applied;
• Databases and technical projects that are gender sensitive;
• Number of technical programmes that have initiated sex disaggregated data collection;
• Number of senior management meetings that include a regular item on gender issues;
• Number of meetings between responsible unit and technical programmes;
• Gender audits conducted.

Objective 2: To document and disseminate experiences of WHO programmes in mainstreaming gender.

Proposed activities:

• Constantly document and update available knowledge on gender equality issues in the health field based on applied research, collection of good practices as regards mechanisms and effective sustainable interventions, as well as lessons learned from technical cooperation.
• Disseminate information and materials regularly within EMRO, through websites (internet, intranet), technical seminars, publications, etc.
• Coordinate strategic analysis to establish gender and health research priorities on the basis of frameworks for gender analysis, knowledge base and information materials.
Examples of indicators for monitoring progress:

- Knowledge base synthesizing existing empirical evidence in order to formulate a basis for a general approach to gender and health equity has been created.
- Information and materials from the knowledge base are available.
- Gender and health research priorities are set.

5. Gender-sensitive human resource and staff policy

Objective 1: To develop a gender-sensitive human resource and staff policy.

Proposed activities:

- Design and implement positive measures to achieve gender equity in management positions.
- Assess and adapt training programmes to promote equality of opportunity for men and women.
- Review and adapt selection, job classification and performance appraisal procedures and develop an incentive system to ensure gender equity.
- Review and, if necessary, revise provisions and practices regarding childcare assistance and maternity, paternity, parental and family care leave.

Examples of indicators for monitoring progress:

- Percentage of women in the professional and higher categories.
- Mechanisms and plans are introduced to facilitate equality of treatment between men and women in career development.
- Measures for gender-sensitive and family-friendly working conditions established and operational.

4. DISCUSSIONS

Dr Saleh commented that gender is related to the new world order and there is an associated taboo with going against that world order. He questioned how much effort should go into gender mainstreaming and asked whether the issue is related to equity alone. Dr Saleh felt the Women in Health and Development unit should not be dealing with the gender issue
family unit and not to make the gender mainstreaming effort too resource intensive. He mentioned that additional men should be incorporated within the general staff to make it more gender equitable. Dr Saleh stated that the magnitude of the regional gender problem must first be understood before EMRO can frame an appropriate response.

Dr Mohit remarked that there is a dramatic stage of change for gender in our society. He expressed the need for attendees to leave the retreat thinking differently about the issue of it should be targeted, i.e. in the hiring process of EMRO, in programme development, etc. He proposed gender mainstreaming as a process which should be responsive to the importance should also contain mechanisms for affecting the way these value systems are interpreted, in order to make them more cognizant of, and responsive to, the need for equity and equality. Dr Mohit remarked that women have excellent rights in Islam but that there should be more advocacy work done on observing these rights. He further stated that the clarification of misconceptions in Islam warranted greater effort. Dr Mohit mentioned that freedom is a different issue in the Eastern Mediterranean Region and should not be confused with sexual freedom, which is not condoned.

Dr Siddiqi raised the question if men have greater responsibility in Islam. He also remarked that indicators in Pakistan reflect gender inequity because of its higher female mortality.

Dr El Ghamry commented that 19 gender indicators are included in the Millennium Development Goals monitoring process. She further mentioned the need for developing strategies to monitor gender in the research process and survey activities.

Dr Abdel Latif remarked on the need to further explore the determinants of relative male and female health problems. He asked how EMRO can be more thematic in the technical programmes and what the role of the gender lens would be.

Dr Abouzaid mentioned that cultural and religious aspects must be incorporated into the regional term for gender and that the scope of gender inequity must be properly defined. He recommended a rapid assessment to define that scope.

Dr Bassiri mentioned that the units of Programming, Monitoring and Evaluation (PME), Community-Based Initiatives (CBI), and Women in Health and Development (WHD) are planning collaboration of integrating tools and planning with a gender perspective. She stressed that gendered changes would include only enhancements rather than major changes of process.

Dr Al Khawashky remarked that the work on gender for EMRO should be focused on health problems and that the extent to which gender affects health problems should be further researched.

Ms Badr raised the issue of poverty being a major impediment to social equality.
Dr Khosh-Chashm remarked that the family and social network are under threat and asked how the work on gender can be used to protect the family institution and social health. He mentioned that male breadwinners have a large burden of responsibility to provide for their families.

Ms Sedky raised the question of a recent fatwa released in Egypt that states women are not obliged to serve their husbands or obliged to breastfeed and can in fact get reimbursed for those services. Dr Khayat confirmed that women are not so obliged and can ask for reimbursement but stressed their responsibility for the well-being of their children should always be placed first.

General comments included the need for women to take their deserved rights from Islam.

Dr Khayat stated that agreement must be reached on the concept of equity and equality in terms of the Regional Office and health in the Eastern Mediterranean Region. In the Regional Office the staff association should monitor and report inequity issues, while in the Eastern Mediterranean Region the focus must be on the preservation of health of children, women, and men. Dr Khayat remarked that girls should not be deprived in the family environment and that mothers have a responsibility towards their children. He further stated that the gender issue should not move to discrimination against men and remarked that the feminist movement has been one of conflict. Dr Khayat elaborated by saying that males and females are brothers and sisters and that efforts should be coordinated on fraternity as opposed to conflict, and should be complementary rather than antagonistic. He expressed the wish for the outcome of the meeting to include a gender concept which EMRO could endorse.

Dr Gezairy mentioned that males tend to eat first, which often leads to malnutrition for females in low-income areas. He raised the issue of the dowry paid by women in Pakistan and India as an example of gender inequity and that cultural pressure discriminates against women in that area. Another example he cited of a hardship faced by women is the use of rape as revenge payment in some tribes.

He stated that a regional strategy on gender mainstreaming already exists but that it should be possible to suggest some changes with the approval of the Regional Committee. Dr Gezairy felt that if gender equity is framed in terms of proper access to medical facilities and resources, nobody will object to its inclusion. Females need to be empowered to access opportunities, even if those opportunities are provided equally in society, and that concept should be promoted at the country level for a plan of action. Dr Gezairy mentioned that task forces and units are processes at work and that the important thing is agreement on goals. Countries must be convinced of those goals and of the necessity to grant equal chances to both sexes. He expressed the wish for the WHO Gender Policy to be adapted to suit the Eastern Mediterranean Region and felt that the regional policy on gender mainstreaming is reasonable. He stressed that the importance lies in our actions rather than our agreement on terms of gender.
5. CONCLUSIONS

Acknowledging the critical importance of gender policy applications in the technical and managerial work of EMRO, the participants of the Regional Retreat expressed their objective will be to promote gender equity and equality across the life course while preserving the sanctity of the family, and to contribute towards the accomplishment of the MDGs. This will require building on the strong leadership provided by the Regional Director, ensuring compatibility with the regional socio-cultural perspectives while building on the existing structures and activities.

6. RECOMMENDATIONS

The following recommendations were proposed for gender mainstreaming during 2004-2005:

1. Develop a position light of the regional policy and recommendations of the Regional Retreat, to institutionalize the implementation of the WHO Gender Policy in the regional and country offices.

2. Undertake specific institutional arrangements to ensure the implementation of the Gender Policy at different levels.

3. Collaborate with the Member States and all departments and units in the Regional Office to integrate gender issues into WHO work and programmes.

4. Encourage strategic budgeting to promote greater attention to achieving gender equity and equality, including a specific allocation in the WHO programme budget.

5. Design and implement a comprehensive capacity-building programme on gender equality and gender mainstreaming for EMRO staff.

6. Develop tools and indicators for gender mainstreaming in the design, planning, implementation, monitoring and evaluation of WHO/EMRO programmes involving research, technical cooperation and dissemination of information.

7. Review and enhance human resource and staff policies to further strengthen gender equity between men and women in career development.

8. Organize seminars and consultation meetings on gender and health, such as the meaning and applications of gender in Islam.

9. Disseminate information and materials regularly through websites (internet, intranet), technical seminars, publications, etc.
PROGRAMME

Thursday, 11 December 2003

19:30 20:00  Registration

Friday, 12 December 2003

08:30 08:45  Opening remarks by Dr Hussein A. Gezairy, Regional Director

08:45 09:00  Why are we here? Issues and challenges
  
  Dr M. Sheikh, CBI, WHO/EMRO

09:00 09:30  Concept and applications of gender in the context of the WHO Gender Policy
  
  Ms J. Vogel, WHD, WHO/EMRO

09:30 09:45  Global and regional gender mainstreaming applications
  
  Ms M Abou Shabanah, WHO/EMRO

10:15 10:45  Religion as a facilitating vehicle for gender mainstreaming
  
  Dr M.H. Khayat, Senior Policy Adviser, WHO/EMRO

10:45 11:30  Discussion

13:30 15:20  Working groups: Consensus on terms of gender

15:20 16:00  Feedback and consensus

Saturday, 12 December 2003

09:00 09:30  Outline of a planning framework for gender mainstreaming in WHO
  
  Dr M. Sheikh, CBI, WHO/EMRO

09:30 11:00  Working groups: Planning framework

11:30 12:30  Feedback and consensus

12:30 13:00  Conclusions and recommendations

13:00 13:15  Closing Session
Annex 2

LIST OF PARTICIPANTS

Dr Hussein A. Gezairy, WHO Regional Director, Eastern Mediterranean Region

Dr M.H. Khayat, Senior Policy Adviser to the Regional Director

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GROUP DISCUSSION GUIDELINES

Group work: Day 1

In recognition of the role of gender-based differences in the health of women and men, and in line with its long-standing concern with health equity, WHO has developed a Gender Policy to ensure that all research, policies, programmes, projects and initiatives of WHO address gender issues. Integrating gender considerations in all facets of WHO work is a matter of good public health practice. Knowledge gained from gender analysis of health risks and health problems, as well as recognition of the influence of gender roles in society is a prerequisite for an appropriate design of policies, interventions and programmes that are intended to efficiently address issues pertaining to both women and men.

The purpose of the round table discussions on Day 1 is to explore the terms of gender in our region as well as to discuss the Gender Policy.

Review of standard terms and definitions of gender. Please refer to the definitions listed in the WHO Gender Policy and provided below and indicate how these can be adapted to fit

Gender

Those characteristics of women and men which are socially constructed, while sex refers to those which 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.

Gender analysis

Gender analysis identifies, analyses, and informs action to address inequalities that arise from the different roles of women and men, or the unequal power relationships between them and the consequences of these inequalities on their lives, their health and well-being. The way power is distributed in most societies means that women have less access to and control over resources to protect their health and are less likely to be involved in decision-making. Gender constraints women face to attain health and ways to address and overcome these. Gender analysis also reveals health risks and problems which men face as a result of the social construction of their roles.

Gender equality

The absence of discrimination on the basis of a allocation of resources and benefits or in access to services.
Gender equity

Fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender mainstreaming

Implications for women and men of any planned action, including legislation, policies or programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is technical and a political process which requires shifts in organizational cultures and ways of thinking, as well as in the goals, structures and resource allocations. Mainstreaming requires changes at different levels within institutions, in agenda setting, policy making, planning, implementation and evaluation. Instruments for the mainstreaming effort include new staffing and budgeting practices, training programmes,

Review of the WHO Gender Policy

Please refer to the main points of the WHO Gender Policy listed below and indicate your agreement or disagreement. If disagreement, please indicate how it might be adapted to

The goal of the WHO Gender Policy is to contribute to better health for both women and men through health research, policies and programmes, which give due attention to gender considerations and promote equity and equality between women and men. WHO will analyse and address gender issues in planning, implementation, monitoring and evaluation of policies, programmes, projects and research in order to achieve the following objectives:

- increase coverage, effectiveness and efficiency of interventions;
- promote equity and equality between women and men throughout the life course, and ensure that interventions do not promote inequitable gender roles relations;
- provide qualitative and quantitative information on the influence of gender on health and health care;
- support Member States on how to undertake gender responsive planning, implementation and evaluation of policies, programmes, and projects.

These objectives will be achieved through the incorporation of gender analysis in the work of WHO at headquarters, and in regional and country offices. This analysis will examine
the differences in the relationships between women and men and their roles, and how these differences impact on:

- protective and risk factors;
- access to resources to promote and protect mental and physical health, including information, education, technology and services;
- the manifestations, severity and frequency of disease, as well as health outcomes;
- the social and cultural conditions of ill health/disease;
- the response of health systems and services;
- the roles of women and men as formal and informal health-care providers.

This analysis will include identification of ways to overcome constraints so that improved outcomes for women and men can be achieved.

Organizational arrangements for implementation:

- Consistent and active participation by all staff at headquarters, regional and country offices. Responsibilities and actions will require collaboration and effective linkages across departments and levels of WHO.
- Senior management will take the necessary steps to ensure the policy is translated into action in both technical and management aspects of WHO programmes. They will transmit the policy to technical and administrative staff and monitor its consistent and effective application throughout the work for which they are responsible. They will be accountable to the Director-General for successful incorporation of gender considerations in their work.
- This policy applies to all work throughout the organization: research, programme planning, implementation, monitoring, evaluation, human resource management and budgeting. Effective implementation of the policy will require senior level commitment and validation, organizational support for activities to advance the knowledge and skills of staff for efficient gender analysis in their area of work. Directors will be expected to institutionalize mechanisms for building capacity among their staff providing

- General guidance and support will initially be provided by the Gender Unit of WHO/Family and Community Health, in collaboration with gender focal points in other departments/clusters/regional offices. However, all programmes will be expected to collect disaggregated data by sex, review and reflect on the gender aspects of their respective areas of work, and initiate work to develop content-specific materials. This analysis will help ensure the integration of gender considerations in all work with which WHO is associated in different technical fields.
- Regional and country offices will be expected to develop their own mechanisms, appropriately staffed and resourced, and collaborate with WHO/HQ to develop strategies to promote the integration of gender issues in health systems, working mainly with Ministries of Health, other sectors, NGOs and civil society.
- The WHO/HQ Gender Unit will assist and support the development of methodologies and materials for gender analysis, standardized terminology to ensure coherent communication about gender issues, a strategy for appropriate capacity building across
the Organization, and mechanisms for monitoring and evaluation. The Gender Unit will also have responsibility for on-going collection and dissemination of information, such contributing to the building of an appropriate evidence-base on gender-related health issues in the Organization. The WHO/HQ Gender Unit will collaborate with gender focal points throughout the Organization, to ensure continuous implementation of this policy and the above activities.

- The resources and administrative and operational mechanisms for implementation and monitoring effectiveness of this policy throughout the Organization will be set forth in directives of the Director-General and Cabinet.

**Group work: Day 2**

The purpose of the round table discussions on Day 2 is to discuss the objectives, proposed actions, and indicators of the document entitled *Integrating gender perspectives in the work of EMRO: a framework for a planning and monitoring tool.*

Review of objectives, proposed actions, and indicators of the Planning Framework.

**Group A**

- Read carefully the first key element: WHO Gender Policy and an action plan for integrating gender perspectives in the work of EMRO and strategic budgeting.
- Comment and suggest modifications to the objectives, proposed activities and examples of indicators for monitoring progress mentioned in the technical paper.

**Group B**

- Read carefully the second and third elements: Integrating gender in the structure of EMRO and capacity building for gender mainstreaming.
- Comment and suggest modifications to the objectives, proposed activities and examples of indicators for monitoring progress mentioned in the technical paper.

**Group C**

- Read carefully the fourth and fifth elements: Integrating gender perspectives in the work of EMRO and gender-sensitive staff policy.
- Comment and suggest modifications to the objectives, proposed activities and examples of indicators for monitoring progress mentioned in the technical paper.