

## WORLD HEALTH ORGANIZATION (WHO)

### Good practice

Gender based violence is major risk factor for the ill health and lack of wellbeing of girls and women around the world. Therefore, a WHO multi-country study on women is being completed in seven culturally diverse countries (Bangladesh, Brazil, Japan, Namibia, Peru, Thailand and United Republic of Tanzania). It has obtained data on prevalence and frequency of different forms of gender-based violence; consequences of domestic violence on women's health (reproductive health, injuries, use of health services, etc.); risk and protective factors; and strategies that women use to reduce or deal with the violence. The study is at the cutting edge of research in this field and has amassed important data that will be important in shaping strategies for prevention and for interventions for the health sector and other support services. At country level the Study has had tremendous impact, facilitating the development of networks between researchers and women's organizations and increasing awareness and action on the problem.

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### Recent policy statements

A gender policy was approved by the WHO Cabinet in March 2002 and has been disseminated to staff accompanied by a Statement from the Director General emphasizing its importance. The implementation of the WHO gender policy is being strengthened throughout the Organization.

### Operational activities

A senior level cross-organizational Gender Task Force has been appointed by the Director-General to oversee the implementation of the Gender Policy. Gender focal points in each programme or initiative at WHO headquarters, together with the core gender staff in the Department of Gender and Women's Health and core gender staff in the Regional Offices, form the WHO Gender Team. Gender focal points in each programme or initiative at WHO Headquarters, together with the core gender staff in the Department of Gender and Women's Health constitute WHO's Gender team. The policy is so far available in five of the six official UN languages. An expert meeting was held in November 2002, that helped identify priority areas of work by WHO and developed strategies for integrating gender concerns in its work at the international, regional and country levels.

In terms of papers and publications produced, in the area of gender analysis in health, WHO commissioned a series of review papers on gender and different health topics such as: malaria, HIV/AIDS, tuberculosis, suicide, asthma, etc. These are being compiled into an edited volume on gender analysis in health to be published in the latter half of 2002. A series of gender and health information sheets are being developed, based on the above reviews. For each topic, the sheet summarizes: what is known, what research is needed, and what are the implications for policy and programming. Information sheets are already available on: gender and blindness, gender and mental health, gender and tuberculosis, gender and road traffic injuries, gender and health in disasters, gender and HIV/AIDS, and gender and tobacco. Others under preparation include gender, health and ageing, gender and malaria, and gender, work and health.

WHO organized a panel entitled "Gender and Work related Issues: Moving the Agenda Forward" at the International Congress on Women, Work and Health held in June 2002. Three invited speakers highlighted gender and health issues globally in relation to industrial work, agricultural work, and sex work. The purpose of the panel was to draw up recommendations on how to promote international efforts to address gender concerns in work-related fields. An edited volume and a fact sheet will subsequently be released containing the presentations and recommendations.

In terms of development of tools and guidelines for gender analysis, WHO has commissioned a review of existing tools and guidelines for 'mainstreaming gender' and their applicability to health. A thorough and very interesting review has been produced and is available through the gender web-site ([www.who.int/gender](http://www.who.int/gender)). However, the document is too detailed for non-gender specialists, so a shorter programmatic tool on how to apply gender analysis in health has been developed- 'Mainstreaming Gender in Health: A WHO Manual for Health Managers'. This is now being tested with WHO staff. The Regional Office for Europe (EURO) is piloting guidelines for gender mainstreaming health pro-

grammes in two countries in the region. Efforts are under way in at least two Regional Offices to work on gender indicators for health situation analysis and to develop a core set of gender and health indicators for use throughout WHO. EURO is also conducting a multi-country analysis of success criteria for planning and implementing gender sensitive health policies. Further, the WHO Regional Office for the Americas plans to prepare conceptual documents on 'Gender equity in health sector reform' and 'Evaluation of health policies from a gender perspective'.

In June 2002, WHO held a consultation on 'Integrating gender into HIV/AIDS programmes' which brought together national AIDS programme managers, policy makers, NGOs and others working on gender issues in HIV/AIDS. Draft guidelines are currently under revision and will be tested in 4-5 countries. A review paper was prepared as background to these guidelines and is available on the Department of Gender and Women's Health website.

WHO is developing a Resource Kit for Integrating Gender Considerations in Health Research. The objectives of the resource kit are to raise awareness of the need for integration of gender in health research, to provide practical guidance on how to do this and to identify policies and mechanisms that can contribute to the engendering of health research. The target group for the guidelines will be researchers, managers or research or research institutions as well as funders of research.

The WHO Regional Office for the Western Pacific Region (WPRO) is working on the development of a toolkit, to improve the awareness, knowledge and skills of health care providers in the Region on poverty and gender concerns through the integration into training curricula. It aims to strengthen policy making, service delivery and programme planning through improved capacities of health workers to analyse and address the interrelationships between poverty, gender and health. WPRO is also working on gender based violence and health and is implementing a study in China on domestic violence against pregnant and post-partum women and the impact on women and children. A study on medico-legal services related to persons who have experienced sexual violence is also underway, which will feed into the review of the WHO protocol for the medical management of child and adult survivors of sexual violence.

As an entry point to gender mainstreaming, the WHO Regional Office for Africa (AFRO) is undergoing a preliminary gender analysis in HIV/AIDS and Sexual and Reproductive Health programmes at regional level and in four countries. These two programmes were selected due to their inter-relatedness in cause and effect. The purpose is to gather views and ideas from programme officers and experts in the fields to adapt the generic gender analysis tools and make them more African specific. In addition, ways will be identified to mainstream gender into the two programmes. A gender mapping exercise is underway to evaluate the existing resources for gender work in the Region.

The South-East Asia Regional Office (SEARO) is working on several mainstreaming strategies in the region. These include supporting the introduction of gender concepts into the medical education curricula in Member Countries, strengthening national capacity to collect and use sex-disaggregated data for gender analysis of health issues and reviewing regional and country workplans for all areas of work to ensure that gender considerations are included in indicators. SEARO is also working with several member countries on specific issues in women's health where gender discrimination plays an important role, such as violence against women, the needs of elderly women and health risks among female workers.

A project underway at the WHO Regional Office for the Western Pacific Region aims to train peer community workers and professionals in Korea who are working with battered women, to increase their knowledge and skills about domestic violence to assess their clients' needs and intervene effectively. ■