Advancing Health through Attention to Gender, Equity and Human Rights

SUMMARY OF STORIES
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Attention to gender, equity and human rights can advance health. But the question is: how can this be done? How can health programmes consider the concerns and experiences of women, men, girls and boys from diverse groups as an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes? Health programmes are increasingly recognizing that one-size-fits-all does not deliver benefits equitably to all population groups and that in some cases inequity may even be exacerbated. Programmes have also learned that attention to gender, equity and human rights is crucial for sustaining achievements in health and development.

The booklet provides a brief summary, highlights and key messages from the Regional Report on Advancing Health through Attention to Gender, Equity and Human Rights: stories from the Western Pacific Region, due to be published later this year. Gender, equity and human rights are not new ideas. Nevertheless, their importance has been given new impetus by the adoption by the United Nations of the Sustainable Development Goals (SDGs), which focus on leaving no one behind. To successfully contribute to equity, gender and human rights, many organizations are transforming their culture from within. One critical step in the process is identifying strategic entry points for action, based on lessons learnt from best and promising practices. The stories highlighted here come from across the WHO Western Pacific Region and show that progress is being made, if sometimes slowly. Of course, there is always more to be done. Nevertheless, on International Women’s Day 2017, the WHO Regional Office for the Western Pacific is pleased to present this compilation of examples that demonstrate how attention to gender, equity and human rights is reshaping the way health policies and programmes are developed and implemented – for the benefit of all women, men, girls and boys across the Region.
Making polio vaccines in the Lao People’s Democratic Republic more acceptable to all communities, while building trust in the health system.

Increasing the voice and participation of affected communities in policies and actions that affect them is critical to successful, rights-based health programmes. In the Lao People’s Democratic Republic, where the landscape and the diverse range of ethnic communities present special challenges, reaching out to remote communities often can be difficult. Despite these hurdles, effective outreach provided two-way communication that enabled the national immunization programme to meet its targets and address the health needs of ethnic communities. A targeted immunization campaign made vaccines more acceptable to all communities, while building trust in the health system.
A health programme’s reach and effectiveness depend on its ability to capture those left behind. In Papua New Guinea, which has one of the highest tuberculosis (TB) rates in the world, an equity analysis of the TB-control effort was conducted. The analysis sought to determine if the TB programme was reaching targeted populations. The analysis also helped ensure that the programme’s financial and human resources were being allocated optimally. The participation of affected communities in identifying barriers to access and in designing and implementing interventions was a critical component of success.

Integrating an equity focus into analysis for tuberculosis control in Papua New Guinea
Using gender and equity analysis to improve access to water and sanitation in the Philippines

Improving access to water, sanitation and hygiene improves the health of children and their ability to do well in school. It also promotes gender equality, empowers women and helps improve life in poor communities. But efforts to improve water, sanitation and hygiene for diverse population groups require a strong evidence base – we need to identify gaps in access in order to address them. In the Philippines, gender and equity analysis helped draw attention to the specific needs of marginalized communities and guided action to help ensure that access to safe water and adequate sanitation becomes a reality for all.
Analysing gender-based violence in Cambodia

Policy-makers need reliable data and strong evidence to develop effective policies. In Cambodia, researchers in 2014–2015 employed the WHO methodology, which is considered the gold standard for measuring violence against women, to conduct a national survey. The gender-sensitive methodology provided rigorous data to support the findings included in the National Survey on Women’s Health and Life Experiences in Cambodia. The survey’s findings and recommendations provided an important foundation to develop policies and actions to eliminate gender-based violence and achieve gender equality in Cambodia.
Tackling discrimination against people with psychosocial disability in the Pacific Islands

Attention to human rights can strengthen advocacy and policy responses designed to improve mental health. In Pacific island countries and areas, mental health services continue to be strengthened. By explicitly including human rights, policy discussions about mental health are broadening the emphasis from a narrow, biomedical approach to a sociocultural approach that places people and their priorities at the centre. This helps foster whole-of-government and whole-of-society actions to meet the priorities of people with psychosocial disabilities and their families.
Emphasizing the issues of gender and human rights in policy dialogue can mobilize social and political forces to support reproductive health and rights – especially in the face of opposition. Highlighting evidence – and using that evidence to counter false claims – increases the likelihood of success. In the Philippines, gender-responsive and human rights-based approaches helped inform advocacy for the Responsible Parenthood and Reproductive Health Act, bringing together various partners and stakeholders to promote women’s health and access to reproductive health services.

Advocating reproductive health and rights in the Philippines
Equity-focused health-policy making in Viet Nam

Health inequities can be addressed most effectively when the policy-making process explicitly gives attention to the most vulnerable population groups – those in rural and remote locations, the urban poor, and ethnic minorities. In Viet Nam, a policy-oriented process was initiated to foster health equity. It included “immersion” missions to hard-to-reach areas that enabled policy-makers to better understand health system structures, as well as community settings and expectations. Equity analysis and health vulnerability profiles helped identify the social determinants of health inequities. This has guided policy-making and helps ensure that services reach everyone, leaving no one behind.
Health and human rights are closely linked. Policy dialogue that utilizes a rights-based approach through participation of affected groups and advocacy on the right to health can bring about real change. In Viet Nam, sex workers face stigma and discrimination that are major barriers to accessing appropriate sexual and reproductive health services. But policy advocacy and the implementation of legal reform and interventions that promote the health and rights of sex workers have created opportunities for accelerating the response to HIV/AIDS among priority groups.
Explicit commitment to gender equality in a policy or strategy can create a mandate for taking meaningful action. Papua New Guinea’s Health Gender Policy 2014 marked a milestone that strengthened the mandate for gender mainstreaming in health, including legislation, policies and programmes. It demonstrated the Government’s commitment to address gender as a core component of efforts to improve the health of women and girls, as well as their families and communities.
Overcoming geographical barriers to health services is an important dimension of moving towards universal health coverage. In Mongolia, where many people live in remote, hard-to-reach communities or are nomadic herders, these barriers can be particularly challenging. But access to health services is being improved for these remote communities through the innovative use of information technology and mobile health applications, such as portable Wi-Fi enabled early-screening devices. At the same time, the capacity of health workers in remote duty stations is being strengthened through eLearning platforms.

Overcoming geographical barriers in access to services in Mongolia
Addressing the needs of a displaced group in the Philippines

Empowering communities to be involved in decisions and programmes that affect them is an important dimension of mainstreaming. This approach is particularly important for sex workers, who often do not access health services for fear of stigma and discrimination. Without adequate sexual and reproductive health services, there is a risk of sexually transmitted infections in this vulnerable population. In Zamboanga, Philippines, collaboration with peer educators has helped tackle the issue, increasing access to these health services by sex workers among displaced populations.
Empowering women to fight tobacco in China

Tobacco exacts an enormous toll on China’s health, with around 1 million deaths a year caused by a smoking-related disease. Exposure to harmful second-hand smoke is a particular problem for women and children in China, and among the highest in the world. But women, as well as girls, boys and men, can be effective champions for better health. In Tianjin, China, the tobacco control programme has focused on gender in an effort to tackle the underlying reasons for tobacco-related harm in the home. Women were empowered to stand up for their health and the health of their families, and developed the necessary skills to make their homes smoke-free.
Strengthening the health sector response to gender-based violence

Gender-based violence against women and girls is a human rights violation and a major public health concern, with wide-ranging health consequences for women, families and communities. The health system is a key entry point to identify women and girls who have experienced violence and to provide them with health services. With this in mind, several countries in the Western Pacific Region have taken steps to strengthen the health system response to such violence and ensure survivors’ access to quality services. Mainstreaming gender into these responses has been critical to empower women and girls, validating their experiences and supporting their decisions about their health and safety.
Ensuring an equity focus in the tuberculosis programme in the Philippines

Rigorous disease programme reviews provide an opportunity to pay particular attention to vulnerable population groups. In the Philippines, the national joint TB programme review focused on equity to shed light on the specific needs of marginalized groups, including the urban poor, poorer rural households, prisoners, indigenous peoples, and others. Paying systematic attention to these needs can increase the effectiveness and sustainability of achievements, enhancing the TB programme’s ability to reach and improve the health of individuals, families and communities.
Incorporating gender into HIV/AIDS monitoring and evaluation in Viet Nam

Strong monitoring and evaluation of health programmes demands the integration of a gender focus to determine if the programmes are meeting the needs of both men and women from diverse groups. In Viet Nam, the Authority of HIV/AIDS Control initiated a number of steps in response to concerns that limited knowledge and understanding of gender posed significant challenges to accelerating and sustaining effective responses to HIV/AIDS. These steps included strengthening the gender focus of the national HIV response through capacity-building of staff on gender mainstreaming and gender-sensitive monitoring and evaluation.
Attention to gender is a key dimension in evaluating a programme’s effectiveness. In light of this, WHO conducted a gender assessment of the Emergency Response to Artemisinin Resistance in the Greater Mekong Subregion. The assessment and subsequent changes to the project marked a turning point in the fight against drug resistant malaria in the subregion. It was a crucial step in ensuring that gender is addressed more systematically in programme design and implementation – with the goal of better meeting the needs of various population groups affected by malaria.

Integrating gender into the fight against malaria and artemisinin resistance in the Greater Mekong Subregion
Attention to gender, equity and human rights is everyone’s responsibility – regardless of the health topic or programme you are working on.

The idea of “leaving no one behind” is at the heart of the Sustainable Development Goals. Attention to gender, equity and human rights can help to deliver on this overarching goal.

Attention to gender, equity and human rights can improve programme outcomes and effectiveness.

Key messages

How are gender, equity and human rights relevant?

- Attention to gender, equity and human rights is everyone’s responsibility – regardless of the health topic or programme you are working on.
- The idea of “leaving no one behind” is at the heart of the Sustainable Development Goals. Attention to gender, equity and human rights can help to deliver on this overarching goal.
- Attention to gender, equity and human rights can improve programme outcomes and effectiveness.

When are gender, equity and human rights relevant?

- Anytime, anywhere – a gender, equity or human rights lens can be applied at any point in the project cycle, from analysis, programme and policy design to implementation and monitoring and evaluation.
- The earlier gender, equity and human rights questions are considered, the more effective the programme is likely to be.

Key messages

How can programmes trigger attention to gender, equity and human rights?

- Leadership matters: strong and explicit support for gender, equity and human rights from leaders and senior managers is crucial, and can be an important catalyst for change.
- No matter who we are or where we work – we can all be champions for gender, equity and human rights.
- Attention to gender, equity and human rights relies on partnerships. It requires all of us to move out of the strict confines of individual programmes and work together towards equitable and inclusive societies.

Key messages

How can programmes sustain attention to gender, equity and human rights?

- Attention to gender, equity and human rights is successful when we move from words about gender, equity and rights to action.
- Progress in one area can prompt action in another area – it is important to remember that opportunities to promote attention to gender, equity and human rights can be interconnected and interdependent.
- Gender, equity and human rights successes are sustained when organizational culture is supportive – this requires continuous learning and reflection.
Conclusions

The Sustainable Development Goals (SDGs) provide new impetus for advancing health through attention to gender, equity and human rights. Universal health coverage provides a vision for health sector development that places people and communities at the centre of policy and action. As the various examples in this report reaffirm, there is no simple or one-size-fits-all approach to mainstreaming gender, equity and/or human rights. While many lessons have been learnt and broad guidance exists, mainstreaming remains an ongoing challenge. This booklet – featuring examples from the forthcoming Regional Report on Advancing Health through Attention to Gender, Equity and Human Rights: Stories from the Western Pacific Region – is not the final word. This is only the beginning. Ongoing review and lessons from experience are crucially important for creating further change. The stories presented here are intended to start a process of reflection and learning. This process will help to inform and accelerate efforts by health programmes to consider and advance action on gender, equity and/or human rights within the Western Pacific Region. The SDGs and universal health coverage challenge all of us to work towards inclusive societies that leave no one behind. Attention to gender, equity and human rights is at the heart of this effort.