

Multi-sectoral Approach for Gender, Women and Health

*Report of a Regional Consultation
Colombo, Sri Lanka, 18–20 March 2008*



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Executive summary

The Gender, Women and Health Network (GWHN) finds mention in the global gender Plan of Action (PoA) that aims to integrate gender analysis and actions into the work of WHO for the period 2008-2013. The PoA is in line with the Sixtieth World Health Assembly resolution (WHA 60.25) and it covers the four strategic directions on (1) Building WHO capacity for gender analysis and planning; (2) Bringing gender into the mainstream of WHO's programme management; (3) Promoting use of sex-disaggregated data and gender analysis; and (4) Establishing accountability.

The resolution urges Member States and requests the Director-General to support the process, to define and monitor the accountability and to ensure full implementation of the strategy, and to report every two years on the progress to the World Health Assembly, through the Executive Board. The GWHN will serve a catalytic role in the above process. It comprises GWH at headquarters and units for women's health and/or gender equality in regional offices and focal points at the country level. To achieve the desired goal, GWHN needs to be strengthened and supported by senior management through effective financing and programmes.

In order to support the mission, the WHO Regional Office for South-East Asia (SEA) conducted a regional consultation on multi-sectoral approach for Gender, Women and Health at Colombo, Sri Lanka.

Ten countries from the Region (except Nepal) participated in the consultation along with representatives from GWH headquarters, United Nations System Staff College (UNSSC) Turin, Italy, and GWH/SEARO. A total of 27 persons (22 females and 5 males) participated. The meeting was opened with the Regional Director's message being read out by the Acting WR Sri Lanka, Dr S. Puri. This was followed by the inaugural address delivered by Dr Sarath Samarage, Deputy Director-General (Planning), Ministry of Healthcare and Nutrition (MoHN), Sri Lanka. Prof. Dr Siriporn Chirawatkul from Thailand, and Dr (Mrs) Neetha Mapitigama from Sri Lanka were appointed as Chairperson and Rapporteur respectively.

WHO headquarters at the beginning of the meeting emphasized the importance of GWHN for internal and external partners. It is important for gender focal points from WHO country offices to move on the network and monitor and evaluate the process. The UNSSC presented the principles of partnering skills and engagement for GWHN implementation. Since there are risks and benefits of partnerships it is important to find a balance

between these two aspects. Networking is not automatically a partnership, but partnership covers networking, project and activities among partners.

The important approaches in partnering, called the five-fold approach consists of (1) Monitoring the equity between partners (2) Reflecting to improve efficiency and effectiveness of the partnership (3) Reviewing to get added value of partnership for sustainability (4) Assessing the impact to increase capacity and (5) Evaluating partnership approach for appropriateness.

The MoHN, Sri Lanka made a presentation on experiences regarding the multi-sectoral approach in reducing the maternal mortality rate. The factors contributing to reduction in maternal mortality in Sri Lanka are: health programmes as well as contribution by programmes outside health sector, by international organizations, and by nongovernmental organizations.

Based on the country report, countries within the SEA Region have started gender and health networking outside the health sector: such as education institution (Sri Lanka, Myanmar, Thailand and Maldives), with nongovernmental organizations (Myanmar, Bhutan and Sri Lanka), community (Sri Lanka), social and politics (Timor-Leste), Ministry of Women Affairs and a bureau or similar ministries (Sri Lanka, Maldives) and finance sector (India, Indonesia, Bhutan, Bangladesh and DPR Korea).

The issues of GWHN are: different level of hierarchy from gender focal points at different ministries, specific time needed for the networking, community gender biased understanding and low budget for networking activity. The need for political commitment was also highlighted by Timor-Leste, Myanmar and Thailand.

The conceptual framework of GWHN in the SEA Region with regard to supporting multi-sectoral approach in GWH work was presented by RA/GWH, SEARO. The framework covers eight objectives: (1) Development of a strategic plan of action; (2) Formulation, implementation, evaluation of gender perspective in health policies and programmes; (3) Building national capacity; (4) Compile, analyze, disseminate gender concerns through sex disaggregated data; (5) Provide guidance for gender, women and health activities; (6) Provide training programmes for health personnel; (7) Identify gender research needs and agenda and (8) Promote employment and participation of women.

Participants also suggested seven main activities:

- Training and sensitization
- Data collection in sex-disaggregated data
- Gender analysis and planning
- Gender-friendly health care in health-care delivery
- Health policies, strategies and programs
- Research and Tools development and
- Monitoring and evaluation for progress towards gender equality in health.

Countries are encouraged to set up a GWH network with stakeholders and set up their priorities.

In principle, the GWH network needs common understanding on gender matters. The GWH portal knowledge management has been developed in the Regional Office using information, communication and technology (ICT). It is hoped that this medium would strengthen the capacity-building process in understanding gender and sharing the information and communication within countries of the Region to support the GWH work.

Participants discussed and agreed on their country action plans as attached to this report. The country action plan needs to be followed up by WR of each country to support the GWHN at the country level, so that progress is under the control of WHO monitoring and evaluation. It is hoped that GWHN works with internal and external parties to support the WHO mission as stated in the POA 2008–2013.

Recommendations made by 10 countries were read out by the Rapporteur. Countries expressed full support to the development of GWH portal knowledge management to empower gender mainstreaming in health at the country level. Participants emphasized the need for each WHO country office and MoH to appoint a gender focal point, ask the Regional Office to play a leading role in mobilizing technical and financial resources and ask headquarters and the Regional Office to review the availability of similar networks in other regions, and bring them together for global networking.

1. General objective of the regional consultation

To promote the integration of the multi-sectoral approach into gender, women and health issues

1.1 Specific objectives

- (1) To share country experiences on gender, women and health work
- (2) To discuss the regional framework of multi-sectoral approach to gender, women and health network; and
- (3) To have an outline of the country action plan regarding GWH Network to support WHO's collaborative work.

1.2 Expected outcomes

The expected outcomes are:

- (1) Developing a common understanding of Member States on Gender, Women and Health Network;
- (2) Status of the GWH supporting system mechanism, and of approaches and resources within the SEA Region;
- (3) A regional framework on multi-sectoral approach to GWHN to support WHO's work;
- (4) Developing a country action plan to take the multi-sectoral approach forward to support the workplans for 2008-2009; 2010-2011 and 2012-2013 bienniums.
- (5) Recommendations for Member countries, WHO country offices, WHO/SEARO and WHO headquarters regarding follow-up action on the integration of multi-sectoral approach into GWH activities.

2. Opening session

Dr Erna Surjadi, Regional Adviser-Gender, Women and Health (GWH), WHO/SEARO welcomed the participants and presented the background and

objectives of the regional consultation. Dr Adepeju Aderemi Olukoya, GWH, WHO/HQ, appreciated the efforts of the countries of the Region in this area which is important to support the WHO global strategy in integrating gender analysis and actions into the work of WHO, as called for by the World Health Assembly resolution (WHA60.25) adopted in May 2007.

The message of the Regional Director, Dr Samlee Plianbangchang, was delivered by Ag. WR, Sri Lanka, Dr S. Puri followed by the inaugural address delivered by Dr Sarath Samarage, Deputy Director-General (Planning), Ministry of Healthcare and Nutrition (MoHN), Sri Lanka.

In his message, Dr Samlee stated that gender, women and health were cross-cutting issues; women's health was related to social, economic, cultural and political factors. As such, a multi-sectoral approach was needed. Such factors needed to be considered if an appropriate gender analysis was to be conducted. The factors were also essential for evaluating prospective solutions. To support the process, leadership and advocacy had to be built up and partnerships and networks had to be nurtured for engendering dialogue with various sectors to develop and promote public health policies to foster an enabling environment and improve awareness and action needed to achieve gender equality and health equity.

In his address, Dr Samarage highlighted the importance of information and a database system to observe gender and health issues, such as gender-based violence and abuse of human rights. It was important to provide better care for newborns and families as women still faced limitations in employment and constraints in family practices. Dr Samarage encouraged everyone to come together to find a solution to improve the status of women and communities as a whole and thereby improve human development.

Dr Surjadi, GWH/SEARO introduced the participants. Prof. Dr Siriporn Chirawatkul from Thailand and Dr (Mrs) Neetha Mapitigama from Sri Lanka were appointed as Chairperson and Rapporteur respectively.

3. Technical sessions

3.1 General considerations and technical updates

Dr Olukoya made a presentation on the principles of the Gender, Women and Health Network (GWHN). She informed that GWHN comprised

internal and external partners who provided the ability to generate knowledge about policies and interventions and specific women's health needs linked to gender equality. It was hoped that GWHN would be able to build capacity, provide leadership and advocacy, develop and promote policies and create an enabling environment to improve awareness on, as well as work for gender equality and health equity.

India had collaborated with the WHO country office, the Regional Office and with headquarters in organizing a seminar for WHO staff in India a few days before the Colombo meeting. She was looking forward to working with every country for supporting the GWHN programme and activities as necessary. It was hoped that the strong partnership developed between headquarters and the Regional Office would help in mobilizing enough resources.

Dr (Mrs) Neetha Mapitigama, Consultant, Family Health Bureau, MoHN, Sri Lanka made a presentation on experiences involving the multi-sectoral approach in reducing the maternal mortality rate (MMR). A publication explaining significant gains made by Sri Lanka in reducing the MMR was distributed to participants¹. Dr Mapitigama recalled that earlier 'women's health' used to be mentioned instead of 'gender'.

In the early 1930s the Ministry tried to control malaria and developed maternal care services; then in the 1940s it extended the trained maternal care services and improved accessibility through greater utilization of maternal care facilities and introduction of antibiotics. As a result, the MMR decreased rapidly. In the 1950s, the expansion addressed the emergency obstetric care (EmOC) facilities, greater availability of skilled health manpower and greater utilization of skilled services. In the 1970s, Sri Lanka improved the quality of its services with improved management. In 1978, the Women's Bureau of Sri Lanka was established while the Ministry of Women's Affairs was established in 1983. The MoH's health goal for women is to promote gender equity in relation to maternal and child health. A mechanism was developed and a special package for newly-wed couples was delivered. The multi-sectoral approach was implemented among several ministries and NGOs as well as by multilateral agencies.

The factors that contributed to a reduction in maternal mortality in Sri Lanka included health programmes as well as programmes outside the

¹ Maternal Mortality Decline, The Sri Lankan experience - funded by UNICEF, December 2003.

health sector executed by international and nongovernmental organizations. The lessons learned not only strengthened Sri Lanka's own health delivery systems but also served as an evidence-based model that would be replicated or adapted by other countries. Participants from Bangladesh, Myanmar and Timor-Leste showed a special interest to study the model further for implementation in their countries.

3.2 Principles of partnership and skills for GWHN implementation

Dr Olukoya moderated the next session during which a presentation was made by Dr David F. Murphy from the United Nations System Staff College (UNSSC), Turin, Italy.

Dr Murphy informed that the idea of partnership was being considered since 1993². According to Mark Malloch Brown, former Deputy Secretary-General of the United Nations *"while we already have decades of experience working with governments in the developing world, we now recognize the importance of working with other development actors, from grassroots civil society organizations to multinational enterprises, to ensure that the poor are not left behind"*. The launch of the UN Global Compact in 2000 provided strategic leadership on UN-business-civil society engagement and a supportive value-based platform for both responsible business practice and UN institutional learning.

The Millennium Declaration and the MDGs demonstrate that there is international consensus on the key challenges that have to be addressed in order to meet the needs and hopes of people everywhere. There is also growing recognition that the cause of "larger freedom" can only be advanced by broad, deep and sustained global cooperation among state and non-state actors. Effective and accountable partnerships between strong and capable states, private sector businesses, civil society organizations and the UN system may actually be the only way to achieve wide-ranging UN reforms as well as MDGs. A wider range of actions and competencies will be required at all levels to build professional capacity and make the necessary adaptations to management practice within both the UN and the private sector. Dr Murphy said, "what we cannot do alone, we can do together".

² See *United Nations (1993) The Global Partnership Environment and Development, United Nations Publications, New York.*

Dr Murphy defined on partnership as relationship between people and organizations, voluntary and collaborative, between various parties and a variety of institutional arrangements designed to share and exchange resources and to produce results. He explained the partnering cycle in four phases: 1) Scoping and building, 2) Managing and maintaining, 3) Reviewing and revising and 4) Sustaining/moving on. These should be performed keeping in mind three key principles: 1) Equity between partners to get respect, 2) Transparency among parties to build trust and 3) Mutual benefit for everybody to achieve sustainability. The global humanitarian platform includes five principles: 1) Equality for mutual respect, 2) Transparency for sharing information, 3) Results-oriented approach in action, 4) Responsibility in delivering capacity-based means, competency and skills; and 5) Complementarity on comparative advantages and complementing each other's contributions.

At this point, some of the participants interacted with Dr Murphy on the network issue. India highlighted the condition in the country that have a lot of networking; while DPR Korea mentioned that no certain networking could be established in that country at the moment. Indonesia mentioned the fact of partnership in health sector with WHO, UNFPA, FAO and WFP – they shared programmes but not the activity and highlighted the need of networking for gender budgeting among international agencies.

Dr Murphy mentioned that cultural differences and societal values made partnerships difficult. He urged countries to choose between the networking model and the partnership model, depending on which model would be more beneficial.

Participants were invited to discuss key aspects of partnership. The following five were identified: 1) Common understanding, common need, common goal, reaching agreement and designing a framework 2) Mutual respect, team work, cooperation, clarity of role responsibility, empowering each other and shared power/responsibility 3) Transparency, accountability, commitment, reliability and trust 4) equity, equal/mutual benefit and 5) Inter-dependency, complementary expertise and sustainability. The overall valuable aspect was to develop effective communication.

3.3 The gender, women and health network at the country level

Six country reports (Bangladesh, Bhutan, Indonesia, Myanmar, Sri Lanka and Timor-Leste) were received for consultation; however, the 10 countries had

discussed in two groups the action taken/mechanism for building a multisectoral approach, the constraints/challenges identified, resources/funding related to capacity building, and research performed for GWHN at the country level.

Group A consisted of representatives from Bangladesh, Bhutan, India and Indonesia. The group's presentation was made by Ms Ria Sukarno from Indonesia. Group B consisted of representatives from Maldives, Myanmar, Sri Lanka, Thailand and Timor-Leste; its presentation was made by Dr (Ms) Soe Moe from Myanmar; the moderator was Dr Rajesh Mehta from the WHO India country office.

Presentations of both groups showed that most countries had started gender and health networking outside the health sector: such as educational institutions (Maldives, Myanmar, Sri Lanka, and Thailand) with NGOs (Bhutan, Myanmar, and Sri Lanka), community (Sri Lanka), social issues and politics (Timor-Leste), the Ministry of Women Affairs and Bureau (Maldives and Sri Lanka) and the finance sector (Bhutan, Bangladesh, DPR Korea, India and Indonesia).

Regarding the specific topic on capacity building, most countries highlighted the limited number of experts or lack of trained professionals in the area of gender. The low awareness on gender is not an important area. Moreover, human resources in the country office (which cover many areas including gender in WHO offices) are limited. As such, they are not able to coordinate and collaborate with other ministries or departments for gender mainstreaming under a multi-sectoral programme.

The issues above could be noted as problems that need to be solved by the GWHN at the country level. A detailed analysis of GWHN in SEAR countries is being developed by UNSSC and is expected to be completed shortly.

3.4 Regional guidelines on multi-sectoral approach, discussion and plan

On Day 2, the previous day's wrap up was provided by Ms. Karma Tshering. She highlighted the need for policy in gender research; most countries were involved in gender work but did not have a uniform gender research policy. This item was also covered under the proposed regional guidelines for suggested GWHN activities.

Dr Surjadi explained the conceptual framework of GWHN in SEAR and highlighted the need for a multi-sectoral approach in GWH work. Country action plans in this regard were needed, especially to support the implementation of the global gender PoA 2008-2013 on integrating gender analysis and actions into the work of WHO.

The Regional GWHN guidelines cover eight objectives:

- (1) Development of a strategic plan of action,
- (2) Formulation, implementation, evaluation of gender perspective in health policies and programmes,
- (3) Building national capacity,
- (4) Compiling, analyzing, and disseminating gender concerns through sex disaggregated data,
- (5) Providing guidance for gender, women and health activities,
- (6) Providing training programmes for health personnel,
- (7) Identifying gender research needs and agenda and
- (8) Promoting employment and participation of women.

Seven main activities are also suggested, they are: 1) Training and sensitization, 2) Collection of sex-disaggregated data, 3) Gender analysis and planning, 4) Gender-friendly health care in health-care delivery, 5) Health policies, strategies and programmes, 6) Research and Tools development and 7) Monitoring and evaluation of progress towards gender equality in health.

Countries are encouraged to set up a GWH network in the country with stakeholders and identifying priority activities. It was important for the network to have a common understanding on gender issues. It was seen that participants recognized the existence of unequal power balancing between men and women which had an impact on health inequity.

Ten countries had included GWH programmes in their workplans for biennium 2008 -2009; hopefully the GWHN at country level could be considered to support the programmes and activities.

Development of Gender, Women and Health Partnership in countries of the South-East Asia Region

UNSSC made a presentation on the above topic to support participants' understanding towards development of GWHN at the country level.

The partnering cycle was reviewed by Dr Murphy, including the critical process that covers the strategic, political, social, and economic situation, capacities etc. There are risks and benefits of partnership. Finding a balance is most useful. Partnership is not the same with project; in a partnership there is joint activity and more information exchange. Networking does not automatically lead to partnership, but partnership covers networking, project/ activities among partners.

Dr Murphy mentioned the five-fold approach to partnership: 1) Monitoring for equity between partners, 2) Reflecting to improve efficiency and effectiveness of the partnership, 3) Reviewing to get added value of partnership for sustainability, 4) Assessing impact to increase capacity and 5) Evaluating partnership approach for appropriateness.

It was suggested to list the benefits of partnering before starting the process.

Group discussions were held on identification of challenges and actions to implement the GWHN at the country level. The following challenges were identified:

- (1) Limited opportunities for partnership,
- (2) Possibility of conflict of interest,
- (3) Different perception among parties,
- (4) Lack of transparency and
- (5) Limited resources.

The following actions were suggested by participants to address the challenges:

- (1) Resource mapping to support the activity;
- (2) Marketing partnership concept among potential partners;
- (3) Negotiation among parties;

- (4) Communication and
- (5) Monitoring & evaluation

The summary of group presentation was displayed on Table 1.

Table 1: Key Partnering Challenges and Actions for Gender, Women and Health Networking in the South-East Asia Region*

Group A		Group B	
Challenges	Actions	Challenges	Actions
Finding interested partners	Marketing partnership concepts	Conflict of interest	Negotiation to develop clear mandates
Limited opportunities for partnership	Exploration of potential new partnerships	Different cultural perceptions	Understanding and communication
Resource sharing	Resource mapping	Lack of transparency	Monitoring and evaluation

**Identified by participants at the WHO Regional Consultation on Multi-Sectoral Approach for Gender, Women and Health, Colombo, Sri Lanka, 18-20 March 2008*

Group A

Bangladesh
Bhutan
DPR Korea
India
Indonesia

Group B

Maldives
Myanmar
Sri Lanka
Thailand
Timor-Leste

Group discussions were held on the topic of country consideration and issues to support GWHN in the South-East Asia Region. The presentation was moderated by Dr Arvind Mathur.

The common issues identified by participants were:

- (1) Networking on different levels of hierarchy by focal points at different ministries
- (2) Specific time needed for networking

- (3) Community gender biased understanding
- (4) Low budget available for networking
- (5) Political commitment needed (mentioned by Timor-Leste, Myanmar and Thailand)

Specific issues were also raised by countries, such as:

- (1) Lack of support from higher level
- (2) Too many networks in every area of work
- (3) The activity is related to the Reproductive Health programme
- (4) Professional conflict among technical units due to misunderstanding
- (5) Problems in gender-based violence, maternal mortality, nutrition, HIV/AIDS, mental health, water and sanitation, cultural patriarchal dominance (social, religious, and traditional practices)
- (6) Inadequacy of information, mechanism, technology, funding, human resources, etc.

Participants had raised the importance of leadership in the Ministry of Health as internal party and the possibility to collaborate with the Ministry of Women Empowerment; it is important for members of the GWHN to be able to commit time for the network (as suggested by Indonesia and agreed by participants). That is why willingness and coordination are two important aspects stated in the GWHN process.

Another important issue highlighted by participants was to strengthen the existing system and not to create a new mechanism. The need to sustain the network was mentioned related to maintaining the interest through electronic bases; communication should be maintained regularly through quarterly meetings or through email/post.

Dr Murphy concluded by saying that countries may vary on the implementation of GWHN. It is not necessary to start from a new model; the GWHN may operate as a partnership where everybody contributes with loose coordination but there is exchange of information within the network. Working groups could become a network later on.

GWH Portal knowledge management

Day 3 started with the previous day's wrap-up provided by Ms. Noor Kinteki.

To support the development of GWHN within the South-East Asia Region, SEARO has initiated the development of GWH portal knowledge management using Information Communication Technology (ICT). Dr Surjadi demonstrated the interactive usage of a dummy model using a direct internet link. It was shown that the media of communication worked properly, although a bit slow. The mechanism showed that the internet could link the information from the temporary server in SEARO (New Delhi, India) to the recipient in Colombo (Sri Lanka). Thus, virtual networking could enlarge knowledge about GWH and support the capacity building process.

It was emphasized that this was not like a regular mailing list with a bunch of information on people's opinion; it included published/formal documents/ pictures related to GWH work that could be shared among members of GWHN.

In this context, inputs from participants were collected. India highlighted the need for quality control of the exchange information. DPR Korea mentioned the need for an editorial board which could highlight and provide new information to all members and on how to promote advocacy. Indonesia requested for facility of secretariat for question and answer. Bhutan suggested a direct link to country websites and other links. Myanmar and Sri Lanka desired that the information should be updated regularly. Thailand requested for support for research in gender areas. Bangladesh supported exchange of ideas and covering the un-reached. Headquarters voiced concern at authorization of updated information. DPR Korea was concerned at bad internet connection in the country.

Dr Surjadi responded to the participants' queries and informed that developments in this area would continue in SEARO and consideration would be paid to all inputs received from the participants.

3.5 Country action plan

Participants developed their country action plans during the group discussions as attached in this report. The plans covered aspects of GWHN leadership, potential or current partnership, means and frequency of

communication, GWHN activities and products, resources as well as aspects of GWHN monitoring and evaluation.

The following are the country action plans:

Bangladesh

1. *Gender, Women and Health Leadership:*

Ministry of Health and Family Welfare

2. *Potential and current partnership*

- WHO
- UNFPA
- UNICEF
- ILO
- UNDP
- National/International NGOs like:
 - BRAC (Bangladesh Rural Advancement Committee)
 - Marie Stopes
 - ICDDR, B (International Centre for Diarrhoeal Disease Research, Bangladesh)
 - SVAW networks
 - Bangladesh Women's Health Coalition

3. *Means and frequency of action*

Bi-monthly/quarterly meetings

4. *GWHN activities and products*

- Strengthening existing programmes like:
 - GNSP (Gender and NGO and Stakeholder's Participation Unit, MoH)
 - One stop crisis centre

- Exchanging data and information
- Sharing lessons learnt
- Also initiating new projects for effective GWH work in the country

5. *Resources*

Funding needed for increasing existing projects like:

- crisis centres
- burn units in hospitals and
- women-friendly hospitals

Resource people needed for building capacity

Materials for training

Funding needed for more activities of the GWHN

6. *GWHN Monitoring and Evaluation*

Needs to be planned and the existing system strengthened

7. *Other issues*

- GWHN country representatives need to plan stronger coordination and strengthening of existing systems for more effective activities of the GWHN network.
- WHO focal points in GWH also need to be involved to build up the network.

Bhutan

1. *Gender, Women and Health Leadership:*

- National Commission for Women and Children (NCWC)
- MOH
- WHO

2. *Potential and current partnership*

- Ten ministries
- National Women's Association of Bhutan
- Youth Development Fund
- Tarayana Foundation

3. *Means and Frequency of action*

- E-mail,
- forums,
- telephone,
- post

4. *GWHN activities and products*

Activities:

- Strengthen capacity (workshop, training, seminars)
- Strengthen collection, analysis and use of sex disaggregated and gender-related information.
- Advocacy and consensus building
- Promotion of gender research
- Strengthen IT capacity in NCWC

Products:

- Information, resource sharing and active participation in for improved GWHN.
- Gender-based information available

5. *Resources*

- Technical and financial assistance from UN agencies, other national and international agencies
- Publications

6. *GWHN Monitoring and Evaluation*

As per the evaluation plan specified in the POA for gender

7. *Other issues*

None

DPR Korea

1. *Gender, Women and Health Leadership*

Joint leadership of UNRC and WHO

2. *Potential and current partnership*

- UN agencies
- International NGOs
- Ministry of Public Health (MoPH)
- Government Institutions like:
 - Academy of Medical Sciences
 - National Institute of Public Health Administration (NIPHA) and
 - Grand People’s Study House (GPSH)

3. *Means and Frequency of action*

- Quarterly meeting of members of the network
- Email updates (frequency to be decided)

4. *GWHN activities and products*

- Sensitization and orientation of UN Staff; especially WHO country office staff
- Sharing and dissemination of GWH resource materials
- Advocacy with MOPH for sex disaggregated data

5. *Resources*

- VC funds need to be mobilized
- UNRC budget
- Identify national staff to act as co-focal point
- Resource persons from RO/HQ/Consultant
- Existing Health & Nutrition Theme Group may be expanded to have 'Gender' sub group or task force

6. *GWHN Monitoring and Evaluation*

- Currently none exists
- Documentation of existing gender and health situation in the country

7. *Other issues*

- Internet connectivity is limited in the country and
- MoPH/Institutions have no access

India

1. *Gender, Women and Health Leadership:*

- Ministry of Health and Family Welfare (MOH FW)
- WHO Country Office

2. *Potential and current partnership*

- Ministries of Women and Child Development
- Rural Development
- Education, Information and Broadcasting
- UNFPA
- UNIFEM

3. *Means and Frequency of action*

- Quarterly

4. *GWHN activities and products*
 - GWHN in WHO Country Office
 - Convening Consultations
 - Information and experience sharing events
5. *Resources*
 - Hire a Consultant or a Research Associate in WCO
 - Hire a consultant for MOH FW
6. *GWHN Monitoring and Evaluation*
 - Number of meetings conducted
 - Number of documents generated
 - Consultants hired
7. *Other issues*
 - Mechanism for Sustenance

Indonesia

1. *Gender, Women and Health Leadership*
 - MOH
 - Criteria: Able to commit time for the network
2. *Potential and current partnerships*
 - Internal MOH; includes Provincial & District Health Offices
 - External:
 - WHO
 - UNFPA
 - Central Bureau of Statistics
 - State Ministry for Women Empowerment
 - National Development Planning Agency
 - Police Department
 - Universities

3. *Means and Frequency of action*

- Forum (quarterly or annually)
- Electronic forum and mailing list

4. *GWHN activities and products*

Activities:

- Exchanging data and information, as well as lessons learned

Products:

- quarterly and/or annual network reports

5. *Resources*

In kind contribution from all members:

- funds, material and time (should be determined by the members themselves)

6. *GWHN Monitoring and Evaluation*

The regular monitoring and evaluation mechanism should be integrated into the existing health monitoring & evaluation system (not to create something new or separate from the main system)

7. *Other issues*

Sustainability of the network, and resources management

Maldives

1. *Gender, Women and Health Leadership:*

- Ministry of Gender and Family
- Ministry of Health

2. *Potential and current partnerships*

- Government
- WHO

- UNICEF
 - UNFPA
 - International NGOs
 - NGOs
3. *Means and Frequency of action*
- Media utilization
 - Technical Working groups
 - Regular meetings
 - Networking
4. *GWHN activities and products*
- Advocacy
 - Awareness programmes at all levels
 - Study on women's health and life experiences (Nov 2007)
 - Capacity building
 - Referral system for violence against women
 - Decentralization of support services
 - Promote male participation in reproductive health
5. *Resources*
- National Strategies
 - Regional Strategies, Plans, Policies
 - Government and non government funding
 - Utilization of existing technical expertise
 - Recruitment of temporary expertise in the field of Gender and Health
6. *GWHN Monitoring and Evaluation*
- MOH, Ministry of Gender & Family should be the key stakeholders responsible for monitoring and evaluation

7. *Other issues*

- Availability of gender analysis
- Strengthen high level advocacy
- Prioritize GWH

Myanmar

1. *Gender, Women and Health Leadership*

- Committee on Gender and Women's Health Network
 - Representatives from
 - Ministry of Health
 - GWH Project Manager
 - RH Project Manager
 - WCHD Project Manager
 - Department of Medical Research
 - Department of Medical Sciences
 - Department of Health Planning
 - Department of Traditional Medicine
 - Health Education Bureau
 - Other Ministries/Departments
 - Ministry of Education
 - Ministry of Information
 - Ministry of Rescue and Resettlement
 - Ministry of Labor
 - Ministry of Home Affairs
 - Attorney-General's Office
 - Agencies
 - WHO
 - UNFPA
 - UNICEF
 - International NGOs
 - PSI Pop Service
 - Burnet Institute
 - Save the Children

- Bilateral Organizations
 - JICA (Japan International Cooperation Agency)
 - JOICFP
- Local NGOs
 - MMCWA (Myanmar Maternal and Child Welfare Association)
 - MWAF (Myanmar Women's Affairs Federation)
 - Myanmar Medical Association
 - Myanmar Nurses and Midwives Association
 - Myanmar Dental Association
 - Myanmar Health Assistants Association
- Representatives from universities other than medical universities

2. *Potential and current partnerships*

- Ministry of Health
- Other Ministries(mentioned in Column 2)
- WHO
- UNFPA
- UNICEF
- JICA
- JOICFP
- Save the Children (UK)
- PSI Pop Service International
- MSI
- Burnet Institute
- Local NGOs
 - MMCWA (Myanmar Maternal and Child Welfare Association)
 - MWAF (Myanmar Women's Affairs Federation)
- Means and Frequency of action
 - Meeting every four month
 - Corresponding with sectors and partners through ICT

4. *GWHN activities and products*

- Advocacy meeting with senior officials
- Dissemination workshop inviting all the partners so that information will be spread to all government sectors as well as the private sector
- Production of health education materials on Gender and Women Health Network and its dissemination to the community, public and private sector

5. *Resources*

- WHO regular budget for gender and women health projects

6. *GWHN Monitoring and Evaluation*

- Form a group of the Committee members of GWHN (Myanmar) for monitoring and evaluation
- Invite external reviewers, if necessary

7. *Other issues*

None

Sri Lanka

1. *Gender, Women and Health Leadership*

Ministry of Healthcare & Nutrition

2. *Potential and current partnerships*

- Intra-ministerial
 - Family Health Bureau
 - Health Education Bureau
 - Estate and Urban Health
 - Mental Health
 - Non-Communicable diseases
 - Environmental and Occupational Health

- National Sexually Transmitted and HIV/AIDS Control Programme
 - National TB Control Programme
 - Youth, Elderly, Disabled and Displaced
 - Inter-ministerial
 - Ministry of Child Development and Women's Empowerment
 - Ministry of Social Services
 - Ministry of Finance
 - Ministry of Justice
 - Ministry of Education
 - Ministry of Labor
 - Other relevant Ministries are coopted when necessary
 - NGO and Civil-based Organizations (CBO)
 - National Committee on Women
 - WHO, UNFPA, World Bank and other UN organizations
 - Bilateral organizations e.g. JICA
3. *Means and Frequency of action*
- Intra-Ministerial once in three months
 - Inter-ministerial once in two months
 - NGOs and CBOs biannually
4. *GWHN activities and products*
- Implementation and monitoring of the action plan for GWH
 - Advocacy and awareness for decision makers at different levels
 - Capacity building of Health Care Providers
 - Community awareness programmes
 - Community empowerment
 - Redesign the health information system and primary health care information system to generate gender-sensitive data

- Sensitization and orientation of UN Staff especially WHO country office staff
- Sharing and dissemination of GWH resource materials
- Advocacy with MOPH for sex disaggregated data

5. *Resources*

- Government funds
- UN (WHO, UNFPA etc.)and donor agencies
- World Bank
- NGOs and CBOs

6. *GWHN Monitoring and Evaluation*

- MDG indicators
- Routine health information system
- Special surveys
- Research

7. *Other issues*

- Civil unrest
- Lack of high-level commitment
- No special budget line identified for GWH
- Lack of gender-sensitive information system

Thailand

1. *Gender, Women and Health Leadership:*

- MOPH

2. *Potential and current partnerships*

- Government agencies
- Ministry of Social Development and Human Security
- Ministry of Education
- Ministry of Interior

- Ministry of Labor
 - Ministry of Justice
 - Bureau of Civil servants
 - Universities etc.
 - Thai NGOs
 - Women's Foundation
 - Friends of Women Foundation
 - Centre for Research and Training on GWH
 - Association for promotion of status of women
 - Foundation of understanding Women's Health Fund
 - National funding agencies
 - Health Promotion Institute
 - Health System Research Institute
 - Thai Research Council
3. *Means and Frequency of action*
- Workshop
 - Seminar
 - Meeting
 - Training
 - Knowledge management (example: [http://:www.searo.who.int](http://www.searo.who.int))
4. *GWHN activities and products*
- Activities
 - Capacity building
 - Gender analysis
 - Gender sensitivity
 - Policy process
 - Products
 - Gender sensitivity counseling guideline
 - Gender assessment tools
 - Gender equality
 - Quality of life

5. *Resources*

- No specific budget presently
- Limited personnel
- MOPH may provide office, logistic and secretary

6. *GWHN Monitoring and Evaluation*

- Evaluation research and questionnaire

7. *Other issues*

None

Timor-Leste

1. *Gender, Women and Health Leadership:*

- Gender in general led by Secretariat; for promotion of equity, women and health led by MOH.
- UNFPA networking meeting held weekly to share information

2. *Potential and current partnerships*

- Government secretariat for promotion of equity, MoH & Ministry of Solidarity
- National NGOs: REDE etc., FOKUPERS (Forum Komunikasi Perempuan) and Alola Foundation
- International NGOs: Oxfam Australia, PRADET (Psychosocial Recovery and Development East Timor)
- UNFPA, UNIFEM, WHO

3. *Means and Frequency of action*

- Regular meetings
- Occasional event e.g. World Women's Day
- Sharing minutes of the weekly meeting among networking partners

4. *GWHN activities and products*

- Capacity building to increase number of nurses and midwives
- Training in infection prevention to improve management of treatment for women's health
- Distribution of ITN (Insecticide treated nets) to pregnant women to prevent malaria
- Health education about HIV to prevent STI
- Advocacy to strengthen GWHN
- Campaign to raise awareness of gender-based violence
- Establish safe shelters for women's mental health and victims of violence

5. *Resources*

- Not available

6. *GWHN Monitoring and Evaluation*

- Six months monitoring and two years evaluation of activities and targets
- Follow-up action based on M & E results

7. *Other issues*

None

It is understood that country representatives may not very often communicate with gender focal points or contact persons at the WHO country office; thus this country action plan developed by the participants should be treated as a starting point to develop the network, set up priorities and perform gender-responsive actions within the country. WHO country offices need to follow it up, monitor and evaluate the progress regarding support to achievement of gender equality and health equity.

4. Recommendations

The following recommendations for action were made by countries:

4.1 Member Countries

GWHN Country Representative

- First and foremost to identify one and once identified, to initiate dialogue and coordinate with potential partners
- Do situational analysis on gender, women and health, collecting routine data from the public and private sectors as well as research work

4.2 WHO Country Offices

- To facilitate the initiation of dialogue on gender, women and health (GWH) activities
- Mobilize resources for compilation of the data and research work regarding GWH, facilitate MoH to form the committee on GWHN

4.3 WHO-SEARO

- To give technical assistance, including sensitization and training with resource persons
- To facilitate and fund the Member countries for compilation of data and research work on gender, women and health by country and later by Region
- To facilitate Member countries to form a committee for GWHN
- To provide resources and tools
- To state GWH policy or develop mechanisms for inter-country evaluation

4.4 WHO headquarters

- To provide technical assistance (tools and guidelines) for capacity building, strengthening and sustaining GWH policy at HQ
- To provide resources including funding to implement the policy and increase country support for gender work at the Regional Office and Member countries for compilation of data and research work on gender, women and health by country and later by Region, and
- To support formation of a committee for GWHN for all levels to establish the global network.

5. Conclusions

After several meetings since 2007 on the topic of Gender, Women and Health, Member countries have gathered suitable references for planning, implementation, monitoring and evaluation of activities in this area.

It is hoped that country action plans would help in development of the Gender, Women and Health Network (GWHN) and implementation through a multisectoral approach in the Region. This, in turn, would help in reducing the health inequity and achieve gender equality and women's empowerment as stated in Millennium Development Goal No. 3 and support the implementation of Global Health Agenda No. 4 in promoting universal coverage, gender equality, and health-related human rights in Member countries.

Annex

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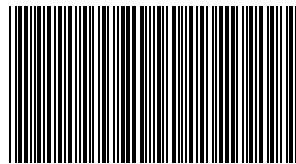
The gender, women and health network promotes partnership to increase capacity to tackle gender inequities and achieving health equity. It will address health issues that are linked to gender inequality and strategic objectives for women's health, including women's access to high-quality health care, meeting their sexual and reproductive health needs and taking action against gender-based violence.



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