



UNITED NATIONS  
UNIVERSITY

UNU-IIGH



World Health  
Organization

# What Works in Gender and Health

## Setting the Agenda

Kuala Lumpur, Malaysia, 29-30 April 2019

### Alila Meeting Summary

The 2030 Agenda for Sustainable Development recognises gender equality and women's empowerment as a standalone goal that must be achieved in its own right, as well as an accelerator that will enable and contribute to the achievement of the other Sustainable Development Goals (SDGs). The health SDG of 'ensuring healthy lives and promoting well-being for all at all ages' is inextricably linked to gender equality, as is any progress towards universal health coverage (UHC). The UN and Member states have re-committed themselves to mainstreaming gender in all policies and programmes and the UN system has put in place several policies and processes to fulfil these commitments.

Despite bold commitments, organizational processes, and a plethora of guidance documents and tools, progress has remained limited. Gender injustices persist, and the unequal distribution of power impedes our ability to affect change. Twenty-five years after it was first adopted by the UN in the Beijing Platform for Action, gender mainstreaming is often seen as irrelevant and when it is implemented, it is fragmented and rarely sustained. We cannot afford to continue with business as usual, as we risk losing ground and foregoing the fragile gains made to date.

There are several potential threats to gender mainstreaming. There is a geopolitical context that is increasingly conservative and hostile to multilateralism, civil society, human rights and gender equality. There are also significant complexities introduced by the role of industry and the private sector in health. Counterbalancing the threats, there are exciting opportunities offered through new social movements, new actors and funders, frontier technologies, and UN reform. This is a pivotal moment, and there is an urgent need to accelerate progress.

It was therefore timely for the United Nations University International Institute for Global Health (UNU-IIGH)<sup>1</sup> and the World Health Organization (WHO) to convene an expert consultation at Alila Bangsar in Kuala Lumpur, Malaysia, from 29-30 April 2019 to take stock of progress in gender mainstreaming, to critically analyse contextual and other factors that contribute to successes and failures, and to set a forward-looking action and research agenda in gender and health. The consultation was attended by gender experts from the UN agencies responsible for implementing the global health agenda (WHO, UNDP, UNICEF, UNFPA, UN Women), as well as a limited number of representatives from civil society and the academic community.

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<sup>1</sup> The United Nations University International Institute for Global Health (UNU-IIGH) is one of 14 policy think tanks and knowledge brokers in the UNU system that provides an intellectually independent and neutral space to support UN agencies and member states in addressing global priorities to promote peace, security and the achievement of the SDGs. A more detailed report of the meeting on gender and health across the UN Health agencies will be available at <https://iigh.unu.edu/> from 4 June 2019.



The meeting noted that the UN-SWAP process and several other institutional mechanisms have supported the development of effective gender-responsive approaches in certain health programmes. Key success factors include: buy-in and support from senior leadership with gender champions who can broker new relationships and alliances, creatively recognise entry points, mobilise resources, contextualise and strategically frame gender mainstreaming to specific programmes and social contexts, without losing sight of core principles.

However, several entrenched challenges remain. The operationalisation of gender mainstreaming varies considerably across institutions and programmes, resulting in a lack of conceptual clarity and failure to articulate and track outcomes that are consistent with the underlying values of achieving gender equality. Agencies and programmes may therefore meet the threshold required for assessment without achieving meaningful and sustainable outcomes. Negotiating for staff with gender expertise across programmatic areas, as well as specific technical expertise of the programmes targeted is a constant challenge. Critically, there has been only marginal investment in the gender architecture to enable gender mainstreaming, in terms of financial and human capital, and power to catalyse the institutional changes required.

Looking to the future, we recognised the need to **refocus and re-prioritise**. We will start by pooling our collective expertise to explore new possibilities. As a collective, the UN agencies have a significant global reach and an extensive, but largely undocumented body of knowledge of operationalising gender mainstreaming. These will contribute critical evidence to inform the development and implementation of sustained approaches and interventions that are grounded in the contexts and realities of institutions, settings and resources. Collective learning also offers the opportunity to consolidate and build on what is working in areas, such as gender-based violence, sexual and reproductive health and rights, maternal and child health, and HIV, and to apply these to expand into critical new areas of high-priority, namely UHC, health system strengthening, non-communicable diseases, digital health and climate change.

In line with the Global Action Plan for Healthy Lives and Wellbeing for All, UN agencies working in health need to channel their collective experience and commitment to gender equality, to forge common ground for success. More importantly, we agreed on the need to develop **strategic collaborations** across UN agencies, and to work together to boldly tap new opportunities. Achieving the fundamental changes that are needed within and beyond the UN system, will call for **new alliances** with civil society, academia, new actors and powerful social movements for gender equality.

In line with its mandate and MOU with WHO, UNU-IIGH will continue as a neutral convenor to provide a platform for collaboration, practice-based learning, and to co-produce critical analyses and evidence for action, as well as broker new partnerships and alliances. Immediate next steps include a series of consultations and partnership-building activities with the aim of developing and mobilising resources for a robust joint programme to be launched by the end of 2019 and with a first series of knowledge outputs by the end of 2020, to take stock at SDG+5 and accelerate evidence-based action towards 2030.

There is a price tag to promoting gender equality and reducing gender disparities in health outcomes, behaviours, and workplaces. Now is the time to make substantial investments towards realising gender equality in health. We cannot afford to let another quarter of a century pass by with unfulfilled promises.

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