



UNITED NATIONS
UNIVERSITY

UNU-IIGH

Summary of Meeting
12 May 2020
Zoom 928 9605 4136

What works in Gender and Health

Alila +1 Progress and Updates

Background

On 29-30 April 2019, UNU-IIGH and WHO co-convened a meeting at the Alila Hotel in Kuala Lumpur (Malaysia) with gender specialists from UN agencies with health-related mandates, academia and civil society, to take stock and review gender mainstreaming approaches in health. The [What Works in Gender and Health - Setting the Agenda Summary Report](#) highlights the limited progress in achieving results through gender mainstreaming in health, partly due to the chronic underinvestment in translating commitments into policy and action at the country level. Several promising strategies and practice-based lessons were identified, as well as critical gaps in evidence, documenting learning and evidence translation that could inform more gender-responsive programming and impacts. The meeting set a forward-looking action and research agenda with four priority areas: (1) building partnerships for effective engagement; (2) consolidating evidence and transferable lessons on what has worked (and not worked); (3) generating new evidence in emerging health priority areas; and (4) investing in gender expertise, data and independent accountability mechanisms. It was agreed that a platform for collaboration and evidence generation was needed and that a proposal for a joint programme of work would be developed and resources mobilised.

The group reconvened on 12 May 2020 for a virtual meeting co-chaired by Prof Pascale Allotey (UNU-IIGH) and Dr Nono Simelela (WHO) to provide updates and seek inputs on the proposed programme of work, as well as share updates on several relevant research initiatives on gender and global health.

Gender and Health Policy Hub Proposal

The proposal focusses on developing a platform (or Hub) for evidence generation and policy engagement to prioritise policy-relevant research that responds to the needs of key stakeholders and ensure its use in practice, programming and policy-making. The Policy Hub proposes to bring together global experts, practitioners and thought leaders in gender and health from the UN, global health institutions, academia, governments, and civil society with a time-bound mandate to:

- define and prioritise the most pressing policy questions on gender and health that can catalyse action towards 2030;
- guide, conduct and interpret research and analyses on what works; and
- communicate and apply generated learning and evidence to accelerate action and impact.

The Hub aims to generate evidence that can be fed into and support several established coordination mechanisms on health and gender within the UN (including the [SDG3 Global Action Plan](#) (GAP), [UN SDG Task teams on LNOB](#) and [Gender Equality, IANWGE, UN-SWAP](#)).

A proposal for the Hub has been submitted to the Gates Foundation. The programme of work and the knowledge-sharing platform and modalities will be further shaped by the stakeholders whose work it is designed to support.

Links to the SDG 3 GAP Accelerator on Determinants of Health

The co-chairs of the SDG3 GAP accelerator (Dr Mandeep Dhaliwal, UNDP, and Nazneen Damji, UN Women) discussed the potential linkages of the Hub with existing initiatives. The SDG 3 GAP for Healthy Lives and Wellbeing brings together 12 multilateral health, development and humanitarian agencies to better support countries to accelerate progress towards the health-related SDGs, under seven accelerator themes. The [Accelerator on Determinants of Health](#) focuses on the environmental, commercial and structural determinants of health, including gender. Guided by a Gender Working Group with representation from the 12 institutions, the SDG 3 GAP presents an opportunity to ensure gender efforts are aligned across the seven accelerators. To date, work has focused on reviewing programmes, investments, expenditures and results on gender equality to strengthen implementation of the plan at the country level, with significant progress in the areas of sustainable financing for health and primary health care. Interesting methodologies have been developed by Global Health 50/50, the UN-SWAP, and UN Women's financing for gender equality programme, and provide exciting opportunities to track key indicators. Cross-country and regional learning and good practices are being documented as part of the GAP for identifying gender-related barriers in health and promoting equitable access to healthcare. There is country-level interest for guidance on effective gender-responsive approaches, and the proposed Hub could be an entry point to strengthen alliances for gender work at the country level.

Summary of Discussion points

Participants provided feedback on how the Hub could be shaped to effectively engage stakeholders to fill critical evidence gaps and address priorities for translating evidence into action, namely:

- Design (and potential renaming) of the Hub
 - There is a need for a sharing and collaborative platform; we might, however, consider a series of 'spokes' across different regions to capture the variation in contexts in the spirit of disruption, rather than just a central Hub. The platform should ensure representativeness from all regions to address the different gender mainstreaming needs and opportunities to garner political will across contexts.
 - Consider the Hub as a platform that helps to amplify the evidence that is being collected by the UN system and build political commitment for gender equality. Despite the existing evidence, there is limited understanding of what is preventing the transformative changes. Unpacking the lack of the political and institutional will within the UN structure could inform internal advocacy to progress the gender agenda in a practical way via existing or new mechanisms that amplify evidence to mobilise action and political traction on issues.
 - The field is shifting from capturing what we know to identifying why it is not working, with the emphasis on translating evidence into policy and action. How do we communicate evidence-based advice to shift the decision-making process? An important entry point is to use simple non-technical language to reach and engage implementers, shift from the technical to the practical, and reflect on what gender-transformative means for programming, including by bringing women's voices and youth-led approaches on board.
- The Hub could address two types of evidence gaps (political and technical) to gain traction and support from health policy-makers and programmers:
 - A large gap is the quantification of the cost of inaction for countries, and exploring the issue of accountability as a key barrier to achieving gender equality in health, beyond political will. Why are we not getting traction on COVID-19? While women and health are a priority for countries, SRH services are not being prioritised in certain countries in the context of COVID-19, and GBV was not part of the initial response package across countries.
 - Reflect on what works and does not work when engaging counterparts across different health programmes and identify the institutional mechanisms in place to bring about change.
 - Explore tools beyond current generic ones for gender analysis to address the existing technical/operational gaps in integrating gender into the design, implementation and

evaluation of existing programmes, rather than considering gender as an afterthought. An example was discussed of what a gender-responsive NCD programme would look like and what this would mean for healthcare providers, which would require engaging local implementers and new audiences, such as the employment sector.

Updates on related gender and health research

- *UNU-IIGH is conducting a practice-based learning study* that was mooted at the Alila meeting, in collaboration with six UN agencies (UNAIDS, UNDP, UNFPA, UNICEF, UN Women, WHO), led by Prof TK Sundari Ravindran. The study uses a realist methodology to understand what is working or has failed in different contexts and to identify mechanisms for success in institutional and programmatic gender mainstreaming.
- *UNU-IIGH and WHO are collaborating with the BMJ to develop a collection on Women and Health to commemorate Beijing+25* (coordinated by Dr Avni Amin and Dr Michelle Remme), including commentaries and analytical pieces in four broad thematic areas: 1) progress on the Beijing platform for action; 2) women and the health workforce; 3) emerging areas of women's health (environmental health, migration, digital health, adolescent girls' health, mental health and NCDs); and 4) evidence on gender mainstreaming and the central role of feminist movements in shaping the women's agenda, and the engagement of men in gender equality and women's health. It is expected to be launched in September/October.
- *The Lancet started a Commission on Gender and Health Equity* (Co-chairs: Prof Sarah Hawkes, UCL; Prof Pascale Allotey, UNU-IIGH; Elhadj As Sy, Kofi Annan Foundation) engaging 20 Commissioners who are regionally representative gender and subject specialists (including climate, migration, mental health), and focusing on the shift from the existing evidence on gender and health outcomes to identifying strategies for action. An advisory group is being convened with representation from civil society, academia and policy to discuss policy development, adoption and implementation along with a programme of public engagement. The launch is planned for later in the year.
- *Gender and COVID-19 Working Group* was formed as a Google-drive based group, which currently has 200 members that share resources, ideas and build collaborations. Several resources have been developed, including a [Mendeley group](#), and a Lancet publication on the gendered impacts of the outbreak.
 - A comparative case study is ongoing (with CIHR funding) to [understand and mitigate real-time differential gendered effects of the COVID-19 outbreak](#) in Canada, the UK, China and Hong Kong, using document and policy review, interviews, social media analysis. The study aims to conduct real-time, multi-faceted gender analysis of preparedness and response mechanisms, and provide immediate evidence to inform public health responses.
- The new [Lancet-SIGHT Commission on Peaceful Societies through Health and Gender Equality](#) (Chaired by Tarja Halonen) aims to examine pathways between gender equality, health and peace, with 24 commissioners from across disciplines. Specifically, the Commission will document and analyse the experience of global health and development organisations in developing and implementing gender mainstreaming in conflict-affected and health emergency settings (led by Dr Geeta Rao Gupta and Dr Caren Grown).

Next Steps

- The conveners will share the summary of the meeting with the group and follow up with individuals and smaller groups to get more detailed feedback and inputs on shaping the Hub.
- The group could reconvene once the proposed Hub and programme of work have been revised and if funding is secured to start implementation.
- A plenary meeting could be held in Kuala Lumpur next year if the COVID-19 pandemic permits, or in any other format otherwise.



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List of Participants

First Name	Organisation
Adama Ndiaye	WHO
Anjana Bhushan	WHO SEARO
Anju Malhotra	UNICEF
Anna Coates	PAHO
Anna Rita Ronzoni	WHO EMRO
Asha George	SOPH UWC
Avni Amin	WHO
Caren Grown	World Bank
Cathy Cuellar	PAHO
Clare Wenham	London School of Economics and Political Science
Claudia Lopes	UNU-IIGH
Derrick Z Chan	UNU-IIGH
Diah Saminarsih	WHO
Emma Fulu	The Equality Institute
Emma Rhule	UNU-IIGH
Farida Aboulmagd	World Bank
Fatima Ghani	UNU-IIGH
Gaurav Garg	Gavi, the Vaccine Alliance
Geeta Rao Gupta	United Nations Foundation
George Atiim	UNU-IIGH
Gita Sen	PHFI
Gunilla Backman	UNFPA
Ibrahima Diop	unaids
Ingrid FitzGerald	UNFPA
Isabel Yordi Aguirre	WHO Regional Office for Europe
Isadora Quick	WHO
Jayamalar Samuel	UNFPA
Joanna Fayad	The Arab Institute for women
Joanne Sandler	Gender at Work
Kene Esom	UNDP
Kopano Ratele	University of South Africa/South African Medical Research Council
Kui Muraya	KEMRI-Wellcome Trust Research Programme
Lauren Rumble	UNICEF
Lavanya Vijayasingham	UNU-IIGH
Mandeep Dhaliwal	UNDP
Marcela Suazo	UNFPA Malaysia

First Name	Organisation
Maria Gracia Lanata Briones	World Bank
Maria Jose Alcala	UNAIDS
Mariam Otmani	TDR
Maya Malarski	Gavi
Megan Holloway	Gavi, the Vaccine Alliance
Michela Manna	WHO
Michelle Remme	UNU-IIGH
Michelle De Jong	University of the Western Cape
Nazneen Damji	UN Women
Nono Simelela	WHO
Pascale Allotey	UNU-IIGH
Rajat Khosla	WHO
Rajnish Prasad	UN Women
Reena Gupta	UN Foundation
Rosemary Morgan	Johns Hopkins Bloomberg School of Public Health
Ruth Mabry	WHO
Sabina Rashid	BRAC University
Sagri Singh	UNICEF
Sally Theobald	Liverpool School of Tropical Medicine
Sara Fewer	Swedish Institute for Global Health Transformation
Sarah Hawkes	UCL
Shirin Heidari	WHO
Sivananthi Thanenthiran	ARROW
Sundari Ravindran	UNU-IIGH
Taiwo Oyelade	World Health Organization
Tanya Jacobs	UWC
Zineb Touimi Benjelloun	Independent Consultant