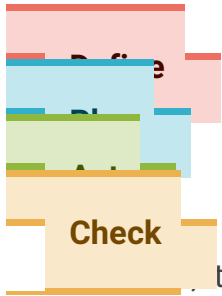


Policy cycle in health



It's recommended that information is gathered on the situation of women and men in a particular area. This means looking for sex-disaggregated data and gender statistics, as well as checking for the existence of studies, programme or project reports, and/or evaluations from previous periods.

Did you know that EIGE has a [Gender Statistics Database](#)? Check whether there are relevant statistics to feed into your analysis.

Examples of gender and health statistics

Eurostat

Health statistics measure both objective and subjective aspects of a population's health. They cover different kinds of health-related issues in different parts of everybody's life, including key indicators on the functioning of the healthcare systems. Equality indicators made available by Eurostat relate to gender issues include indicators for life expectancy, life expectancy by highest level of education attained, healthy life years, causes of death, and hospital discharges by diagnosis. Disaggregations by sex are available. The health dimension refers to both drivers and outcomes as well as the aspect of access to healthcare. Health outcomes include data on life expectancy as well as data on self-perceived physical and mental health. 'Drivers' refer to (un)healthy behaviours and include data on smoking, alcohol consumption, physical activity, and body mass index (BMI). Access to healthcare is operationalised by self-reported unmet medical needs.

These aspects include:

Health status and health determinants

The section presents [data on various aspects of the health status of a population and its non-medical determinants](#), lifestyles and health behaviour. The data enable an analysis of public health issues as well as demographic and socio-economic patterns and disparities in health status and its determinants, and provide a tool for monitoring the effects of health policies. Statistics on self-reported health and morbidity, functional and activity limitations, injuries, overweight and obesity, physical activity, dietary habits, risky behaviours such as tobacco and alcohol consumption data are included.

Healthcare

The section presents [data on various aspects of healthcare systems](#):

- healthcare expenditure

- human and technical healthcare resources

- healthcare activities in hospitals and outside hospitals (covering treatment and prevention)

- use of medicines

- unmet needs for healthcare.

The indicators can be used for evaluating the functioning and performance of healthcare systems including quality and access to healthcare services, healthcare expenditure, healthcare resources (staff and facilities) and activities (hospital and ambulatory services).

Disability

Disability statistics provides [data on the number of disabled persons](#) as well as on their involvement in society, through data related to living conditions, social inclusion, labour market, health, or education. Prevalence of disability, employment of disabled persons, barriers to the social integration of disabled persons data are included.

Causes of death

[Statistics on causes of death \(COD\)](#) provide information on mortality patterns and form a major element of public health information.

Health and safety at work

This section provides [data on accidents at work, work-related health problems and exposure to risk factors](#).

The European health interview survey (EHIS)

The [European Health interview Survey \(EHIS\)](#) collects a large variety of data on health status, health determinants and healthcare activities on a non-annual basis. It consists of 4 modules on health status, healthcare use, health determinants and socio-economic background variables. EHIS targets the population aged at least 15 and living in private households. Disaggregation by sex are available.

It represents one of the major sources of data and statistics on health status, health determinants and healthcare activities at the EU-28 level, used for populating the Eurostat statistics on health.

The 4 modules cover the following topics:

- Background variables on demography and socio-economic status such as sex, age, household type

- Health status such as self-perceived health, chronic conditions, limitation in daily activities, disease specific morbidity, physical and sensory functional limitations

- Healthcare use such as hospitalisation, consultations, unmet needs, use of medicines, preventive actions

- Health determinants such as height and weight, consumption of fruit, smoking, alcohol consumption.

The Eurostat statistics on income, social inclusion and living conditions

The main source for the compilation of statistics on income, social inclusion and living conditions at the EU-28 level is the [European Union living conditions survey \(EU-SILC\)](#). EU-SILC provides cross-sectional and longitudinal information on income, poverty, social exclusion and living conditions, disaggregated by sex, age, nationality, education level, activity status and type of household. The EU-SILC contains 7 annual variables on health status and healthcare use:

- self-perceived health

- chronic morbidity

- activity limitation

- self-reported unmet needs

medical care
dental care
main reasons for unmet needs.

Breakdowns are given by: sex, age, labour status, educational attainment level, and income quintile group. It represents one of the major sources of data and statistics on health status, used for populating the [Eurostat Statistics on Health](#).

The European Union labour force survey (EU-LFS)

This provides the main aggregated statistics on labour market outcomes in the European Union. [The EU-LFS is the main data source for employment and unemployment](#). Tables on population, employment, working hours, permanency of job, professional status etc. are included. It provides disaggregated statistics by sex, age groups, economic activity, education attainment and field of education, from which the characteristics of the labour force of women, by age, can be measured. Numbers of women and men in the labour force by economic activities related to human health and social work activities are available. Periodically LFS ad-hoc modules cover employment of disabled people and accidents at work and work-related health problems.

Eurostat – education and training database

[This database](#) produces and publishes data, indicators and analysis on the operation, evolution and impact of education from early childhood through formal education to learning and training throughout life. Data and indicators disseminated include:

participation rates at different levels of education
enrolments in public and private institutions
third-level education graduates
pupil-teacher ratios
foreign language learning
expenditure on education per student
relative GDP.

Data are disaggregated by sex, age, educational level and field of education. The data collection on education statistics is based on the International Standard Classification of Education (ISCED). For data on educational attainment based on the EU Labour Force Survey (EU-LFS) the International Standard Classification of Education 2011 (ISCED 2011) is applied as from 2014. Numbers of women and men by education attainment and field related to health (e.g. health, health and welfare, medicine nursing and caring, dental studies, medical diagnostic and treatment technology, therapy and rehabilitation) are available.

EIGE – gender statistics

EIGE assists EU institutions and the Member States in the collection, analysis and dissemination of objective, reliable and comparable information and data on equality between women and men. [The gender statistics database](#) provides statistics on the indicators established and implemented for monitoring the BPfA critical areas of concern. Indicators related to health are included in Area C – women and health.

EIGE (2015) gender equality index report

Measuring gender equality in the European Union 2005 – 2012

EIGE's gender equality index compiled 2 main indicators for monitoring gender in health, referring to health status, health behaviours and access to health structures. You can find the results for the EU and the 28 Member States in [EIGE's gender equality index website](#).

WHO (World Health Organisation)

Health workforce data sources

This database contains the [latest and trending data on core health indicators from WHO sources](#), including the annual World Health Statistics Report and the statistical annexes of the World Health Report.

It comprises more than 100 indicators, including those on human resources for health.

OECD Statistics on Health

[This database](#) provides data and statistics on health status and health risks, disaggregated by sex.

Examples of studies, research, reports

Faculty of Medicine Carl Gustav Carus Research Association Public Health, 2009
Saxony and Saxony-Anhalt. Technische Universität Dresden, Dresden, Germany.

Data and Information on Women's Health in the European Union

This report presents [an overview of the state of women's health in the European Union](#). The report focuses on women aged 15 years and older in the 27 EU Member States, as well as the EEA countries Norway, Iceland, and Liechtenstein, and occasionally Switzerland. The report shows there is persistent evidence that sex and gender differences are not only relevant for reproductive health issues, but also for the prevalence of diseases, risk factors and healthcare among women. It is essential to acknowledge that differences in health between women and men are due to interactions between environmental, behavioural, and biological factors.

UN Women, World survey 2014 on the role of women in development

Gender equality and sustainable development

Coming on the heels of the UN Secretary-General's climate summit in September 2014, the report [focuses on the theme of gender equality and sustainable development](#) by examining a select range of issues that are fundamental to women's lives and are strategic for achieving gender equality and sustainability, including:

- patterns of growth, employment generation and the role of public goods
- food production, distribution and consumption
- population dynamics and women's bodily integrity
- water, sanitation and energy.

The report makes concrete recommendations also related to the health sector. In particular, it calls on Member States to ensure that sustainable population policies are grounded in sexual and reproductive health and rights. This includes the provision of universally accessible quality sexual and reproductive health services, information and education.

World Health Organisation (WHO), 2010

A conceptual framework for action on the social determinants of health.

This report pursues a [comprehensive discussion of conceptual frameworks for science and policy for health equity](#). The report summarises the evidence on how the structure of societies, through social interactions, norms and institutions, are affecting population and health, and what governments and public health can do about it. A review and summary of different frameworks for understanding the social determinants of health were carried out. This review was summarised and synthesised into a single conceptual framework for action on the social determinants of health.

World Health Organisation (WHO), 2015

Beyond the mortality advantage. Investigating women's health in Europe.

The report [presents some of the preliminary findings of the investigation](#), focusing on broad causes of mortality and morbidity during 4 age stages. This covers the girl child, adolescents, adult women and older women, and emphasises how factors that influence health cut across the stages. It shows how gender and socio-economic determinants affect opportunities for girls and women in the European Region to realise their right to health and well-being across the life-course. It also provides a basis for prioritising actions for all sectors of governments and societies.

World Health Organisation, Women and health, 2009

Today's evidence – tomorrow's agenda

This report [uses available data to take stock of the health of girls and women around the world](#). It draws attention to the consequences and costs of failing to address health issues at appropriate points in their lives. In particular, the study notes the importance of women's multiple contributions to society in their productive and reproductive roles, and both as consumers and – just as importantly – as providers of healthcare. In recognition of this, the report calls for primary healthcare reforms to be implemented in ways that ensure health systems better meet the needs of girls and women.

European Women's Lobby, Position paper, 2010

Women's health in the European Union

This paper [presents the analysis of the European women's lobby \(EWL\) regarding the issues of health and well-being](#) (both physical and mental), considered as crucial conditions for the full development of every human being. It calls for national and European decision-makers for public policies in the health sector to fully address women's health needs.

European Institute of Women's Health, Women's health in Europe, 2006

Facts and figures across the European Union.

The report captures the state of women's health across the enlarged European Union (EU) of 25 Member States. The study acknowledges that gender is a key determinant of health and equally important as the social, economic or ethnic background of any individual in relation to that individual's health. The report is divided into 3 sections: demographic and socio-economic trends; women's health issues; policy recommendations and suggestions for future research in the field of women's health at the EU level.

Lasch, V., Freitag, W., and Sonntag, U. (eds.), 2006

Gender, health, and cultures: networking for a better future for women.

This book gives an overview of gender and health in the EU with a strong focus on Eastern European countries. The specific country cultures are not only different with regard to their health systems, but also in integrating gender aspects in research, policy and practice. The very definitions of health, illness and health-related social problems are different. If networks focus on gender-specific aspects of health and illness, the necessity for transnational communication is evident. Instruments for bringing gender aspects into health-related research, prevention and healthcare are introduced. The increasing importance of the internet is shown. Central elements in the process of intercultural networking are described.

One of the first steps to take when defining your policy/project/programme is to gather information and analyse the situation of women and men in the respective policy area. The information and data you collect will allow an understanding of the reality and assist you in designing your policy, programme or project. Specific methods that can be used in this phase are gender analysis and gender impact assessment.

Examples of gender analysis

Did you know that EIGE has a [resource and documentation centre](#)? Check whether there is relevant information to feed into your analysis.

RinGs (2015). How to do gender analysis in health systems research

RinGs is a new initiative funded by the UK Department for International Development. It brings together 3 health systems into Research Programme Consortia (RPC): future health systems, ReBUILD and RESYST in a partnership to galvanise gender and ethics analysis in health systems. On 8 September 2015 RinGs held a cross-RPC webinar on How to do gender analysis within health systems research. Gender analysis is important for all health systems research and there are multiple ways in which gender analysis can be incorporated, all of which will help to strengthen research evidence and recommendations. The webinar drew upon research evidence and examples to explore ways in which health systems researchers can incorporate gender analysis into their research.

WHO Department of Gender, Women and Health, 2003

Gender analysis in health: a review of selected tools.

This critical review [examines the content of 17 widely-used gender tools](#) and their usefulness for gender analysis in health. The review is a useful resource for those working on gender and health.

WHO Commission on social determinants on health (CSDH), 2008

Closing the gap in a generation – health equity through action on the social determinants of health.

The study [deals with systematic differences in health](#) that can be avoidable by reasonable action in order to contribute to remedy differences in health between and within countries. Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale. The study dedicates chapter 13 to the improvement of gender equity for health.

Interagency Gender Working Group (IGWG), 2009

A manual for integrating gender into reproductive health and HIV programmes.

The manual is [a companion to the guide for incorporating gender considerations in USAID's family planning and reproductive health RFAs and RFPs](#). It complements the guide by orienting programme designers, managers, and technical staff on how to integrate gender issues into programme design, implementation and evaluation. The manual promotes greater understanding of how gender relations and identities affect the capacity of individuals and groups to make informed choices about their sexual and reproductive health.

Clow, B., Pederson, A., Haworth-Brockman, M., and Bernier, J., 2009

Rising to the challenge: sex- and gender-based analysis for health planning, policy and research in Canada

[Sex- and gender-based analysis \(SGBA\)](#) rests on the understanding that both biology (sex) and the social experience of being a man or a woman (gender) affect people's lives and their health. Taking into consideration these biological and social differences between women and men, and analysing how they relate to a particular health problem, is the crux of sex- and gender-based analysis.

The Women's Health Council, 2007

[Integrating the gender perspective in Irish health policy: a case study.](#)

This entails integrating attention to sex and gender differences in all stages of health policy development: problem definition and agenda setting; policy design; decision-making; policy implementation and monitoring. This case study aimed to describe the extent to which gender was included in the national cardiovascular health policy and its follow-up reports, and to assess the extent to which gender was taken into account in the development of the strategy.

Arber, S., and Thomas, H., 2001, From women's health to a gender analysis of health
The Blackwell Companion to Medical Sociology

The health experiences of women differ from those of men. These differences primarily reflect gender roles relating to the social, cultural and economic circumstances of women's and men's lives. The study [explores how gender roles and relationships affect health](#), and points to some of the ways in which changes in gender roles over time and between societies influence gender differences in health.

Sundari Ravindran, T. K., and Kelkar-Khambete, A., 2007

Women's health policies and programmes and gender mainstreaming in health policies, programmes and within health sector institutions.

The paper reviews published literature in English on [experiences in mainstreaming gender within the health sector since the 1990s](#). It has a focus on policies, programmes, research and health provider training, and institutional changes within health sector organisations.

World Health Organisation, 2011, Human rights and gender equality in health sector strategies. .

How to assess policy coherence

This tool is designed to [support countries as they design and implement national health sector strategies](#) in compliance with obligations and commitments. The tool focuses on practical options and poses critical questions for policy makers to identify gaps and opportunities in the review or reform of health sector strategies, as well as other sectoral initiatives. It is expected that using this tool will generate a national multi-stakeholder process and a cross-disciplinary dialogue to address human rights and gender equality in health sector activities. The tool aims to operationalise a human rights-based approach and gender mainstreaming through their practical application in policy assessments.

Examples of gender impact assessments

European Commission, Gender in Research

Gender impact assessment of the specific programmes of the Fifth Framework Programme: an overview.

This report presents a [synthesis of the key findings and recommendations of 7 studies carried out as part of the gender impact assessment exercise](#), launched by the European Commission in June 2000. These studies were undertaken with a view to assessing the way in which gender issues are being addressed within the Fifth Framework Programme (FP5). Each study focused on one specific programme or sub-programme of the FP5, assessing whether and how gender issues have been taken into account. It also provided recommendations for a better integration of the gender dimension in future Community research in that area. A review of research in the field of gender and health is also included.

Women's Health Victoria

Guide to developing a gender impact assessment.

The Australian not-for-profit organisation focused on improving the lives of Victorian women has [produced topic-based gender impact assessments](#). These analyse the extent to which existing or proposed policy and practice is based on gendered evidence, and responds appropriately to gender. They highlight policies and practices that are gender blind, and make recommendations that promote gender equity and improved outcomes for women. The content emphasises the social model of health, and has an Australian focus.

Ontario Ministry of Health and Long-Term Care

Health Equity Impact Assessment (HEIA)

The Health Equity Impact Assessment (HEIA) is a [decision support tool](#) that walks users through the steps of identifying how a programme, policy or similar initiative will impact population groups in different ways. The end goal is to maximise positive impacts and reduce negative impacts that could potentially widen health disparities between population groups for more equitable delivery of the programme, service, policy etc.

Consider consulting stakeholders (e.g. gender experts, civil society organisations) on the topic at hand, to share and validate your findings and to improve your policy or programme proposal. This will enhance the learning process on the subject for all those involved and will improve the quality of the work done at EU level. The stakeholders consultation process will start in this phase, but could also be considered as an important method to be applied along all the policy cycle's phases.

Examples of stakeholder involvement

World Health Organisation

In 2005 the World Health Organisation set up [the Commission on Social Determinants of Health](#). This was formed to marshal the evidence on what can be done to promote health equity, and to foster a global movement to achieve it. Its Commission on the Social Determinants of Health (CSDH) has identified principles and recommendations to tackle health inequities: the factors responsible for avoidable health inequalities, which persist globally and in the European Union.

European Institute of Women's Health

This is a non-governmental organisation set up to [promote gender equity](#) in public health, research and social policies across Europe.

European Women's Lobby

The [European Women's Lobby](#), among its several working areas, increasingly requests a stronger position and expertise in the area of health. Thus the network developed actions to push for gender equality principles to be fully embedded into European health policies in order to ensure and reach an improvement of women's health status.

European Gender Medicine Network – EUGenMed

[This network](#) was developed by a project funded by the European Commission, EUGENMED. The project identified focal areas of work where sex and gender play a major role and set timelines for the generation of materials. All materials together constitute the road map for specific target audiences by the consortium and experts. All partners will contribute to the dissemination of the road map.

During the project, 6 meetings with key stakeholders were organised in order to produce recommendations, guidelines and teaching materials. The drafted materials will be disseminated through a European gender health portal. The aim is to create a truly multi-sectoral sourcing of knowledge, a key factor for building consensus and helping close the participatory governance gaps.

EPHA – European Public Health Alliance

This is the European platform bringing together public health organisations representing health professionals, patient groups, health promotion, disease specific NGOs, academic groupings and other health associations. EPHA's mission is to protect and promote public health in Europe. EPHA brings together organisations across the public health community, to share learning and information and to bring a public health perspective to European decision-making. Its aim is to ensure health is at the heart of European policy and legislation. On October 2011 it launched [the European Charter for Health Equity](#), inviting all relevant stakeholders, organisations and institutions to sign it. The Charter calls for action from the civil society to all relevant stakeholders and in particular decision-makers, relevant governmental and civil society partner organisations, and other regulatory bodies. The aim is to protect and promote people's health by acting on health inequalities between and within countries in Europe.

Institute of Gender and Health

[The Institute of Gender and Health \(IGH\)](#)'s mission is to foster research excellence regarding the influence of gender and sex on the health of women and men throughout life, and to apply these research findings to identify and address pressing health challenges.

For a more detailed description of how gender can be mainstreamed in this phase of the policy cycle, visit the [EIGE's Gender Mainstreaming Platform](#).

In this phase, it's appropriate to analyse budgets from a gender perspective. Gender budgeting is used to identify how budget allocations contribute to promoting gender equality. Gender budgeting brings visibility to how much public money is spent for women and men respectively. Thus, gender budgeting ensures that public funds are fairly distributed between women and men. It also contributes to accountability and transparency about how public funds are being spent.

Example of gender budgeting in health

UNFPA/UNIFEM, 2006. Gender responsive budgeting and women's reproductive rights: a resource pack.

The [Budgeting for reproductive rights resource pack](#) was produced under a UNFPA/UNIFEM strategic partnership aimed at developing a coordinated approach for effective technical assistance to gender responsive budgeting (GRB). Gender responsive budgeting encompasses a broad range of possible activities. The types of activities for which country partners request support are also very diverse. Thus, it is not possible to provide simple recipes for either the country partners or for UNFPA country support teams. The purpose of this resource pack is to provide relevant knowledge that may facilitate mainstreaming gender responsive approaches into reproductive health. It is also aimed at assisting with the inclusion of specific aspects of gender inequality and disadvantage into national policy frameworks. The resource pack focuses primarily on health, particularly reproductive health, on HIV/AIDS and on violence against women as it relates to health services.

When planning, don't forget to establish monitoring and evaluation systems, and indicators that will allow measurement and compare the impact of the policy or programme on women and men over the timeframe of its implementation. Remember to define the appropriate times to monitor and evaluate your policy.

Examples of indicators for monitoring gender and health

Life expectancy at birth, by sex

The indicator measures the mean additional number of years that a person can expect to live, assuming current mortality conditions. It is disaggregated by women and men and is also considered in the calculation of the EIGE gender equality index under the health domain. In 2013, the average expectancy at birth in EU-28 for women was [83.3 years of age and 77.8 years for men](#). The indicator is available from [the Eurostat's statistics on health](#).

Healthy life years (HLY), by sex (BPfA Area C – women and health)

This indicator, (also called disability-free life expectancy) measures the number of remaining years that a person of a certain age is still expected to live without disability. HLY introduces the concept of quality of life into life expectancy. It is used to distinguish between years of life free of any activity limitation and years experienced with at least one activity limitation. The emphasis is not exclusively on the length of life, as is the case for life expectancy, but also on the quality of life. HLY is a functional health status measurement increasingly used to complement the conventional life expectancy measures. Chronic disease, frailty, and disability tend to become more prevalent at older ages, so a population with a higher life expectancy may not be healthier.

This indicator measures the number of healthy life years that a person is expected to live without any severe or moderate health problems. The calculation is based on 2 data sources: Eurostat demographic data on mortality and the European Union statistics on income and living conditions (EU-SILC). The self-perceived disability is based on the EU-SILC survey. An 'unhealthy' condition is defined by the limitation in people's usual activities because of health problems for at least the previous 6 months. It is disaggregated by women and men and is also considered in [the calculation of the EIGE gender equality index](#) under the health domain. The indicator is included in the set of indicators for [monitoring Area C – women and health, in the BPfA](#).

In 2013, the number of healthy life years at birth was estimated at 61.4 years for men and 61.5 years for women in the EU-28; this represented approximately 79% and 74% of total life expectancy for men and women. The gender gap was considerably smaller in terms of healthy life years than [it was for overall life expectancy](#). The indicator is available from [the Eurostat's statistics on health](#).

Access to healthcare – self-reported unmet needs for medical examination, by sex
BPfA Area C – women and health

This indicator is defined as the share of women and men aged 16 and over perceiving an unmet need for medical examination or treatment. Reasons include problems of access and other issues:

- could not afford to
- waiting list
- too far to travel
- could not take time off
- fear
- wanted to wait and see
- didn't know any good doctor or specialist
- other reason.

It is disaggregated by women and men and is also considered in the calculation of [the EIGE gender equality index](#) under the health domain. The indicator is included in the set of indicators for monitoring Area C – [women and health, in the BPfA](#). In 2013, 7.4% of women declared they had unmet needs for medical examination, compared to 6.4% of men.

The indicator is available from [the Eurostat's statistics on health](#), calculated on the basis of the European Union living conditions survey (EU-SILC).

Self-perceived health by sex

The indicator focuses on self-perceived health, based on an auto-evaluation that excludes any temporary health problem, and it is a subjective measure. Although influenced by impressions or opinions from others, it provides an account of a woman or man's assessment of their health relative to their own beliefs and attitudes. The categories considered are 'good' and 'very good'. The indicator is disaggregated by women and men and is also considered in the calculation of the EIGE gender equality index under the health domain. In 2012, the EU-28 [is close to gender equality in self-perceived health](#), with an average gender gap of 5.5 percentage points. The calculation is based on the European Union statistics on income and living conditions (EU-SILC) and included in [the Eurostat's statistics on health](#).

When preparing calls for proposals in the framework of funding programmes, or terms of reference in the context of public procurement procedures (notably for contractors to be hired for policy support services), don't forget to formalise gender-related requirements. This will ensure the projects and services which the European Commission will fund are not gender blind or gender-biased.

Example of procurement

Swedish Association of Local Authorities and Regions

Stockholm Country Council: equality requirement for procurement of healthcare

The Swedish Association of Local Authorities and Regions has published [a guide to inform on the legal possibilities of imposing gender equality requirements on public procurements](#). The guide has primarily been elaborated for politicians who wish to increase their knowledge on gender equality issues and to improve quality of services. It provides concrete examples of how requirements in public procurement can be carried out, and aims to encourage local authorities to start using this as an instrument to advance gender equality. The guide reports on the best practice of the Stockholm Country Council (SCC) that states they should guarantee provision of good healthcare on equal terms regardless of gender. Therefore, they have set general requirements for companies or partners that enter into an agreement with them. A precondition for entering into an agreement with SCC is that the caregiver has to follow SCC's equality policy. Among other things, this includes taking part in ongoing quality work and focusing on providing equal treatment for women and men in healthcare. Furthermore, in the evaluation of activities all relevant key figures and statistics should be reported divided by gender and age.

For a more detailed description of how gender can be mainstreamed in this phase of the policy cycle, visit the [EIGE's Gender Mainstreaming Platform](#).

In the implementation phase of a policy or programme, ensure that all who are involved are sufficiently aware about the relevant gender objectives and plans. If not, set up briefings and capacity-building initiatives according to staff needs. Think about researchers, proposal evaluators, monitoring and evaluation experts, scientific officers, programme committee members, etc.

Examples of capacity-building initiatives about gender and health

National Women's Council of Ireland

Gender matters, [training handbook on gender mainstreaming](#) in health.

The objectives of this handbook are:

- to improve understanding and awareness about how gender inequalities impact on the health of women, men and transgender people, including their access to healthcare
- to raise awareness about how services can be provided so that they take account of the needs and experiences of women and men
- to give a specific focus on addressing attitudes and stereotypes, and how people think and act as a result of learned gender roles
- to show how gender mainstreaming tools can be used to provide gender-sensitive health services, so that services are provided in equal and non-discriminatory ways

to enhance capacity for the planning and delivery of healthcare services by focusing on the gender-specific health needs of women and men.

Pan American Health Organisation

Gender and health, awareness, analysis and action: [a virtual course](#).

The purpose of this course is to provide basic skills on gender mainstreaming in health. The objectives are as follows:

- increase knowledge and awareness of how outcomes in health are related to sex, gender norms, roles, relations and other determinants of health
- initiate the building of core analytical skills for gender analysis and its application in a public health context
- understand how the health sector can use gender analysis tools to effectively reduce health inequities

Medical Women's International Association, 2013

Training manual for gender mainstreaming in health.

The Medical Women's International Association developed [a training manual for gender mainstreaming in health](#). This was in response to the need for physicians to understand how adding a gender perspective to health and healthcare could positively influence the health of women and men. Although this manual was published in 2001, it has been updated in 2013 and is, therefore, a useful example for a capacity-building initiative about gender and health.

World Health Organisation, 2011

Gender mainstreaming for health managers: a practical approach. Facilitator's guide.

This manual [focuses on gender as a determinant of health for women and men](#) and the particular ways that gender equality contributes to better health outcomes for women and girls. In particular, this manual addresses how gender norms, roles and relations affect health-related behaviours and outcomes as well as health sector responses. At the same time, it recognises that gender inequality is a cross-cutting determinant of health that operates in conjunction with other forms of discrimination. This may be based on such factors as age, socio-economic status, ethnicity or place of origin and sexual orientation. The manual provides a basis for addressing other forms of health-related discrimination.

European Commission, Gender in research as a mark of excellence, 2011

Gender in EU-funded research: [toolkit and training \(module on health\)](#).

The toolkit and training packages give the research community practical tools to integrate gender aspects into FP7 research. They include equal opportunities for women and men AND the gender dimension of research, thereby contributing to excellence in research. The first module is specifically dedicated to health research.

Ontario Women's and Health Council

Gender and health collaborative curriculum.

The site [presents a series of training modules](#) covering the topics of gender and health. These include an introductory module, gender and cardiovascular disease, gender and depression, and gender and dementia.

Example of gender language in health

Campbell White A., Catsambas, T. and Monnet, M., 2002

Language, culture and health: the gender divide using proverbs to tackle gender inequities in health.

This paper [examines the use of proverbs as an innovative way](#) of helping health policymakers and service providers to understand how inherent socio-culture influences public perceptions of gender roles. The use of proverbs facilitates self-awareness of gender biases and engages people in deeper and more sincere dialogue about possible solutions. Planners and providers of health services have to think beyond requirements based on statistical trends and economic considerations such as costing and prioritisation; they also have to consider societal attitudes that determine demand. The task of identifying and understanding gender roles might seem overwhelming enough without the additional task of analysing the culture and values that created the gender roles. Yet, without a way to increase self-awareness about culture and values around gender roles, it is difficult for people to hear and understand messages that depart from their cultural norms about gender. Planners and providers of health services need a strategy to overcome the natural resistance and defences people have against gender discussions.

For a more detailed description of how gender can be mainstreamed in this phase of the policy cycle, visit the [EIGE's Gender Mainstreaming Platform](#).

A policy cycle or programme should be checked both during – monitoring, and at the end – evaluation, of its implementation.

Monitoring the ongoing work allows for the follow-up of progress and remedying unforeseen difficulties. This exercise should take into account the indicators delineated in the planning phase and realign data collection based on those indicators.

At the end of a policy cycle or programme, a gender-sensitive evaluation should take place. Make your evaluation publicly accessible and strategically disseminate its results to promote its learning potential.

Examples of gender monitoring and evaluation on health

USAID from the American people

Monitoring and evaluation of gender and health

This [USAID-funded measure evaluation project](#) aims at strengthening health systems in low-resource settings. Strong health systems are able to gather, interpret and use data to maximise health programme impact. Strong health information systems are a crucial element in overall health systems and, therefore, a critical factor in achieving better health for people. The document intends to contribute to the identification of the importance of gender to health outcomes and programming, and the identification of donor gender monitoring and evaluation requirements. The overall goal is to contribute to the understanding of how to apply gender indicators to health programmes, to integrate gender into monitoring and evaluation in the health sector.

Pan American Health Organisation (PAHO)

Guide for analysis and monitoring of gender equity in health policies.

This guide [provides a comprehensive framework and a method](#) for monitoring and evaluating the effects of health policies on gender equity. It includes guidelines for the analysis of the social, economic, legal and political context of gender equity. It also has detailed lists of indicators and variables to be used in data collection tools. It includes guidelines and tables of benchmarks, indicators, and questions for monitoring and analysing the impact of health policies on gender equity. These cover 9 fields of the health system including access to care, quality of care, health system financing, the management of human resources and intersectorial action.

International Planned Parenthood Federation (IPPF)/Western Hemisphere Region – WHR, 2000

Manual for evaluating quality of care from a gender perspective.

This manual [provides tools, strategies and methods](#) to evaluate (from a gender-based perspective) the quality of care at reproductive health institutions. The manual will also help the institutions analyse the evaluations and identify areas that need improvement.

For a more detailed description of how gender can be mainstreamed in this phase of the policy cycle, visit the [EIGE's Gender Mainstreaming Platform](#).