



# **Integrating Gender Analysis and Actions into the Work of WHO:**

**PLAN OF ACTION (PoA)**

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## Introduction

The 116<sup>th</sup> Session of the Executive Board requested the Director-General to prepare a draft strategy<sup>1</sup> and plan of action for bringing gender into the mainstream of WHO's work in response to the Beijing Platform for Action and the United Nations Economic and Social Council's agreed conclusions (1997/2). It is generally agreed that integrating gender perspectives into policies and programmes is important to the achievement of the all the Millennium Development Goals, beyond the goal #3 on women's empowerment and gender equality. This strategy will strengthen WHO's role in achieving the MDGs, and builds on the WHO Gender Policy adopted by the Secretariat in 2002, and its submission is the next step in response to the above recommendation.

The goals and objectives of the Strategy include enhancing, expanding and institutionalizing WHO's capacity to analyse the role of gender and sex and to monitor and address unfair gender-based disparities in health. The main target is WHO managers & staff because there is need to ensure that gender equality and equity are incorporated into preparation of health norms and guidelines, policy making and programme implementation. The Medium Term Strategic Plan of the Organization also reinforces this by articulating a specific Organizational Wide Expected Result that gender analysis and responsive actions are incorporated in WHO's normative work. This WHO Strategy is fully consistent with the UN system-wide policy on gender equality and strategy on gender mainstreaming (CEB/2006/HLCP-XII/CRP.1) and includes the following strategic directions:

- Building WHO capacity for gender analysis and planning
- Bringing gender into the mainstream of WHO's programme budgets
- Promoting use of sex-disaggregated data and gender analysis
- Establishing accountability

## The Plan of Action (2008-2013), the WHO eleventh Programme of Work, and the Medium Term Strategic Plan

The Plan of Action flows from the Strategy for integrating gender analysis and actions into the work of the World Health Organization submitted to the Executive Board at its 120<sup>th</sup> Session and the four Strategic Directions elaborated in that document and stated above. The Plan of Action also identifies the links with the priorities<sup>2</sup> set out in WHO's Eleventh General Programme of Work (2006-2015) and the associated sixteen Strategic Objectives (SOs) outlined in the six year Medium-term Strategic Plan (2008-2013).

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<sup>1</sup> Strategy for integrating gender analysis and actions into the work of the World Health Organization.

<sup>2</sup> These are: Providing support to countries in moving to universal coverage with effective public health interventions (SOs 1-4); Strengthening global health security (SO 5); Generating and sustaining action across sectors to modify the behavioural, social, economic and environmental determinants of health (SOs 6-9); Increasing institutional capacities to deliver core public health functions under the strengthened governance of ministries of health (SOs 10-14); Strengthening WHO's leadership at global and regional levels and supporting the work of governments at country level (SOs 15-16).

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This Plan of Action seeks to facilitate the integration of gender perspectives into all operational planning and reporting procedures of WHO, *thereby strengthening WHO's ability to support Member States to address gender issues in policies and programmes*. For each of the four Strategic Directions of the WHO Strategy on Gender, the Plan identifies specific actions for integrating gender perspectives into WHO programmes (**programmatic** mainstreaming linked with Strategic Objectives 1-9) and WHO mechanisms (**institutional** mainstreaming primarily linked with Strategic Objectives 10-16).

## **Strategic Directions of the Strategy and the PoA**

- 1. Building WHO capacity for gender analysis and planning**
  - Enhance and build on existing capacity building tools for addressing and integrating gender in health
  - Implement gender learning programme at all levels
  - Activate global gender focal point network in each SO
- 2. Bringing gender into the mainstream of WHO's management**
  - Integrate gender into results based management (RBM) training
  - Integrate gender perspectives into PB process
  - Integrate gender perspectives into the CCS process
  - Institute actions to redress sex imbalances in employment at WHO
  - Ensure sex parity in expert and advisory bodies
  - Create gender-sensitive work environment
- 3. Promoting use of sex-disaggregated data and gender analysis**
  - Ensure global and national health data initiatives systematically address sex and age disaggregation and promote gender analysis of these data
  - Promote appropriate research using quantitative and qualitative methodologies to analyse the effects of gender inequality and of social and cultural gender norms on health
- 4. Establishing accountability**
  - Conduct a gender assessment
  - Develop and implement a M & E plan for the implementation of the Strategy at all levels
  - Appoint focal points for integrating gender
  - Establish staff competencies and modalities for assessment
  - Report on implementation of the Strategy

**Strategic Direction #1: Building WHO capacity for gender analysis and planning**

Actions	WHO priority/ Strategic Objectives	Output	Timeline S,M,L <sup>3</sup>	Indicators	Responsible
1.1 Enhance and build capacity to integrate gender analysis and responsive actions in health.	WHO priorities: <sup>4, 5, 6</sup>  <i>All Strategic Objectives 15<sup>7</sup> &amp; 16<sup>8</sup></i>	* Tools and mechanisms for capacity building developed and regional/country adaptation made as appropriate	S, M	Number of tools and mechanisms developed to integrate gender analysis in health and responsive actions	GWHN/SDL, PRP/PME  All clusters, technical programmes, at HQ, regional and country levels
1.2 Implement gender learning programme at all levels, including using existing opportunities		* Plans for gender learning developed for each SO  Gender capacity building courses delivered at HQ, RO, CO	S, M, L	Number of staff (by sex and grade and WHO level) who have attended capacity building on basic concepts and skills to integrate gender analysis and responsive actions.  Number of existing WHO training initiatives that have included a gender component	

<sup>3</sup> Short (S):2008-2009; Medium (M): 2010-2011; Long (L): 2012-2013. This time frame will be adapted to the situation in each region.

<sup>4</sup> Strengthening WHO's leadership at global and regional levels and supporting the work of government at country level cited in Engaging for Health, 11<sup>th</sup> Programme of Work, 2006-2015: A global agenda, GPW/2006, WHO, Geneva.

<sup>5</sup> Providing support to countries in moving to universal coverage with effective public health interventions

<sup>6</sup> Increasing institutional capacities to deliver core public health functions under the strengthened governance of Ministries of Health

<sup>7</sup> To provide leadership &, strengthen governance and foster partnership and collaboration with countries in order to fulfill the mandate of the WHO in advancing the global health agenda as set out in the Eleventh General Programme of Work

<sup>8</sup> To develop and sustain WHO as a flexible, learning organization, enabling it to carry out its mandate more efficiently and effectively

\* Outputs reflect on norms, standards, guidelines and technical support to countries

1.3 Develop effective mechanisms to integrate the evidence base on gender and health to support capacity building, advocacy and action.		Relevant evidence-based reports and reviews in collaboration with other departments  Effective ways of learning to bridge the 'know-do' gap in gender and health established		Number of reports and reviews  Knowledge management network established and functioning	GWHN and other departments
1.4 Establish and appropriately resource a system of gender focal points ** to support gender mainstreaming in each SO/large programmes at all levels, as appropriate		Gender focal point system established and appropriately resourced	S	Total number of gender focal points, by sex, grade and location	All SO focal points
1.5 Engage in and facilitate advocacy to build capacity for gender analysis and planning					

**Strategic Direction #2: Bringing gender into the mainstream of WHO's management**

<b>Actions</b>	<b>WHO priority/ Strategic Objectives</b>	<b>Output</b>	<b>Timeline S,M,L <sup>1</sup></b>	<b>Indicators</b>	<b>Responsible</b>
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2.1 Integrate gender into WHO's technical work	WHO priority <sup>2, 9</sup> <i>Strategic Objectives</i> 1 <sup>10</sup> , 2 <sup>11</sup> , 3 <sup>12</sup> , 4 <sup>13</sup> , 15 <sup>5</sup> & 16 <sup>6</sup>	<ul style="list-style-type: none"> <li>* Major reports and speeches by WHO senior management reflect WHO commitment to gender equality and health equity</li> <li>* Reviews of current work plans vis a vis the integration of gender analysis and actions carried out.</li> <li>* Planning officers and other relevant staff trained at all levels of the Organization</li> <li>* Gender analysis and responsive actions integrated into RBM tools and training workshops</li> <li>* Planning officers and other relevant staff trained at all levels of the Organization</li> </ul>	S, M, L	<p>Number of planning officers and relevant staff trained with RBM tools at all levels</p> <p>Number of WHO departments/technical programmes integrating gender analysis and responsive actions into their work</p>	PRP
2.2 Integrate gender analysis and responsive actions into organization-wide operational planning and reporting processes		<p>Operational plans reflect gender analysis and responsive actions</p> <p>Thematic evaluations include gender analysis</p>		Proportion of departments/technical programmes including specific budgetary allocation to support gender mainstreaming activities.	All clusters, technical programmes, at HQ, regional and country levels PRP CCO OIS
2.3 Provide support		CCSs include gender analysis and		Proportion of CCSs reflecting	CCO

<sup>9</sup> Providing support to countries in moving to universal coverage with effective public health interventions

<sup>10</sup> To reduce the health, social and economic burden of communicable diseases

<sup>11</sup> To combat HIV/AIDS, tuberculosis and malaria

<sup>12</sup> To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries

<sup>13</sup> To reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.

\* Outputs reflect on norms, standards, guidelines and technical support to countries.

to integrate gender perspectives into the CCS process <sup>14</sup> / health policies, programmes and actions in Member States		strategic gender responsive actions		commitment to gender equality	
				Number of MS/CO integrating gender analysis and responsive actions using WHO technical support	
2.5 Institute actions to the increase the recruitment and promotion of women at WHO	WHO priority <sup>5</sup> <i>Strategic Objectives</i> 15 <sup>5</sup> & 16 <sup>6</sup>	* Existing policies and mechanisms strengthened and implemented  Ensure the achievement of existing target for the employment and participation of women in WHO ***  Mechanisms for input from staff improved to strengthen responsiveness	M, L	Distribution of P staff, by sex and grade at each level  Distribution of G staff, by sex and grade	HR Staff Association
2.6 Accelerate action to increase the participation of women in expert and advisory bodies			S, M, L	Sex ratio among participants in technical expert and advisory bodies of WHO, by programme area at each level	SO focal points, technical programmes, HR
2.7 Enhance gender-sensitivity of the WHO work environment			S, M, L	Facilitating mechanisms for promoting a gender sensitive environment Level of gender sensitivity as measured in staff satisfaction surveys	HR, Staff Association

<sup>14</sup> The CCS represents a balance between country priorities, as analysed by the Secretariat in full consultation with national stakeholders and regional as well as Organization-wide strategic orientations and priorities. It constitutes a framework for WHO co-operation with countries.

\* Outputs reflect on norms, standards, guidelines and technical support to countries.



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\*\*\* Resolution WHA 50.16 (1997) stipulates a target of 50% of women in professional and higher graded posts in WHO, and 50% of new appointments of women to professional posts by 2002. This was reaffirmed by Resolution WHA 56.17 (2003).

### Strategic Direction #3: Promoting use of sex-disaggregated data and gender analysis

Actions	WHO priority/ Strategic Objectives	Output	Timeline S,M,L <sup>1</sup>	Indicators	Responsible
3.1 Promote systematic sex and age disaggregation in all global health data initiatives and national health information systems, and gender analysis of these data		* All technical programmes to collect analyse and report data disaggregated by sex and age (as appropriate) to monitor and measure gender differences and inequalities in health and health care		Proportion of national health indicators disaggregated by sex and age and available for exploratory research  Proportion of SO indicators that are presented by sex and age, and analysed from a gender perspective.  Significant global and regional reports by WHO presenting epidemiological data by sex and include gender analysis.	EIP, and all technical programmes, SOs
3.2 Build the evidence base on gender and health issues, including promoting and supporting appropriate research using quantitative and/or qualitative methodologies.	WHO priority <sup>15</sup>  <i>Strategic Objectives</i> 7 <sup>16</sup> 11 <sup>17</sup>	*Evidence on gender differences and inequalities and health generated.  * All technical programmes to collect analyse and report of data disaggregated by sex and	S, M, L	Proportion of WHO commissioned research using both quantitative and qualitative methods to adequately address gender differences and inequalities in health outcomes.  Number of technical areas in which evidence based on gender and health has been strengthened	EIP, and all technical programmes, SOs

<sup>15</sup> Generating and sustaining action across sectors to modify the behavioral, social economic and environmental determinants of health

<sup>16</sup> To address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender responsive, and human rights-based approaches

<sup>17</sup> To strengthen leadership, governance and evidence base of health systems

\* Outputs reflect on norms, standards, guidelines and technical support to countries.

		age (as appropriate) to monitor and measure gender differences and inequalities in health and health care		Proportion of WHO commissioned research using both quantitative and qualitative methods to adequately address gender differences in health outcomes.	
3.3 Develop and use evidence-based norms and guidelines on gender and specific health issues	All WHO priorities All SOs	Norms and guidelines developed		Number of guidelines developed and applied in country	

#### Strategic Direction #4: Establishing accountability

Actions	WHO priority/ Strategic Objectives	Output	Timeline S,M,L <sup>1</sup>	Indicators	Responsible
4.1 Conduct a baseline gender assessment	WHO priority: <sup>18</sup>  <i>Strategic Objectives 15<sup>5</sup> &amp; 16<sup>6</sup></i>	Adoption and support for implementation of the Strategy by senior management with support of governing bodies	S, L	Baseline assessment carried out at HQ and RO level	DGO, RDs, DPMs, ADGs
		Baseline and follow-up assessments carried out		Allocated funds committed and staff assigned to specific results for gender mainstreaming	
4.3 Establish accountability mechanisms		* Accountability mechanisms established	S	Management of Director's Generals and Regional Directors' implementation of the gender strategy	
4.2 Develop and implement a M & E plan for the implementation of the Strategy at all levels		* M&E plan ... * biennial reports...	S	Annual progress reports completed.	
4.4 Establish competencies to be assessed, and modalities for the assessment in PMDS		Gender competencies identified and included in PMDS of relevant staff	S		
			S, M, L		

#### Suggested roles and responsibilities

<sup>18</sup> Strengthening WHO's leadership at global and regional levels and supporting the work of government at country level. Engaging for Health, 11<sup>th</sup> Programme of Work, 2006-2015: A global agenda, GPW/2006, WHO, Geneva.

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*Focal points on Gender:*

1. Appoint a focal point for SO (HQ) or grouping of SOs (ROs) with clear ToR for function and to devote at least 25% of time<sup>19</sup>
2. Ensure that relevant staff in departments undergo capacity building to integrate gender
3. Ensure adequate allocation of resources for integrating gender into SO
4. Ensure that accountability mechanisms are implemented and followed (e.g. in OWERS, OSERs and PMDS of appropriate staff)
5. Prepare reports for submission to DGO

*Departmental Gender Focal points:*

1. Build own capacity for mainstreaming gender
2. Facilitate gender analysis within department, as well as the development of responsive actions
3. Monitor the integration of gender perspectives in own department, for example in terms of gender integration into research, indicators, policies, planning and activities, including for technical support to countries
4. Liaise with the GWHN to ensure the mainstreaming of gender into own departmental work

*Other Senior management:*

1. Ensure adequate resource allocation in terms of personnel and finances for integrating gender into WHO policies, programmes, and support to member states to achieve this
2. Institute effective mechanisms to facilitate the integration and monitoring of the implementation of the Strategy

***The role of the Gender, Women and Health Network (GWHN) in supporting the WHO strategy***

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<sup>19</sup> The important principle is to have staff with the responsibility and the accountability and dedicated time, with the requisite capacity for gender analysis and development of responsive actions to ensure mainstreaming into WHO work and with adequate resources to do so.

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The implementation of the strategy will be the responsibility of all Strategic Objectives in WHO. The Gender, Women & Health Network (GWHN) of the Organization will only serve a *catalytic* role in this process. GWHN comprises of the Department of Gender, Women and Health at headquarters, and units for women's health and/or gender equality at regional and focal points at country levels. (see Appendix for a description of GWHN)

The GWHN will work with internal and external partners to: (1) Catalyse/Support a WHO strategy and institutional mechanisms for integrating gender analysis and action into the work of the Organization at all levels; (2) generate knowledge on effective policies and interventions and on specific women's health needs linked to gender inequality, such as violence against women; (3) develop relevant norms, standards, tools and guidelines for integrating gender perspectives into health systems and public health actions; (4) build capacity and provide technical support for integrating gender analysis and responsive actions, women and health to other departments/areas of work in WHO at all levels, ministries of health and other partners in Member States; and (5) provide leadership and advocacy and nurture partnerships and networks that engender dialogue, as well as development and promotion of policies relating to public health in order to create an enabling environment and improve awareness of, and action needed for gender equality and health equity.

To achieve the goals of the strategy, the GWHN will be strengthened and supported by senior management and an effective financing and resource mobilization plan as appropriate for each level. Particular attention will be paid to women's health issues linked to gender inequality and the strategic objectives for women's health based on the Beijing Platform for Action. Work to address the role of men in promoting gender equality will also be strengthened. GWHN will serve a supportive and catalytic function, while accountability for ensuring the integration of gender into the work of the Organization lies with line management, including WHO senior management at the highest level of the Organization who will report to the World Health Assembly on a regular (biennial) basis

Specific key activities to be carried out by GWHN to catalyse the implementation of the Strategy include:

- (1) Establishing mechanisms to enable the GWHN to support SOs/departments to integrate gender analysis and responsive actions into their work, and providing technical support to them
- (2) Building the evidence as the basis for addressing emerging health issues relating to gender inequality
- (3) Development of global tools for capacity building for mainstreaming gender
- (4) Facilitating the development of national strategies for addressing gender issues in health policies, programmes and research
- (5) Facilitating gender analysis and gender responsive planning in joint strategic and operational planning, including country cooperation strategies
- (6) Advocating for the importance of gender equality to health and for addressing gender dimensions in public health.

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## SUMMARY OF WHA RESOLUTIONS RELATED TO GENDER, WOMEN AND HEALTH (2000-2006)

2000

### WHA 53.14

#### *HIV/AIDS: confronting the epidemic*

... ..to strengthen public education on HIV/AIDS and to pay particular attention to national strategic plans directed at reducing the vulnerability of women, children and adolescents, bearing in mind that public education and national campaigns should place emphasis on prevention, on reducing discrimination and stigmatization, and on promoting healthy environments to prevent and alleviate AIDS problems;

.....to continue research on the prevention of mother-to-child transmission of HIV and to integrate interventions for it into primary health care, including reproductive health services, as part of comprehensive care for HIV-infected pregnant women and postnatal follow-up for them and for their families, ensuring that such research is free from interests that might bias the results and that commercial involvement should be clearly disclosed;

.....to intensify efforts to prevent HIV and sexually transmitted infections in women, including promotion of research on and development of microbicides and affordable female condoms to provide women and girls with female-initiated protection methods;

### WHA 53.17

#### *Prevention and control of noncommunicable diseases*

.....to provide technical support and appropriate guidance to Member States in assessing their needs, developing effective health promotion programmes, adapting their health care systems, and addressing gender issues related to the growing epidemic of noncommunicable diseases;

2001

### WHA 54.2

#### *Infant and young child nutrition*

.....to set up or strengthen interinstitutional and intersectoral discussion forums with all stakeholders in order to reach national consensus on strategies and policies including reinforcing, in collaboration with ILO, policies that support breastfeeding by working women, in order substantially to improve infant and young child feeding and to develop participatory mechanisms for establishing and implementing specific nutrition programmes and projects aimed at new initiatives and innovative approaches;

.....to develop, implement or strengthen sustainable measures including, where appropriate, legislative measures, aimed at reducing all forms of malnutrition in young children and women of reproductive age, especially iron, vitamin A and iodine deficiencies, through a combination of strategies that include supplementation, food fortification and diet diversification, through recommended feeding practices that are culture-specific and based on local foods, as well as through other community-based approaches;

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.....to recognize and assess the available scientific evidence on the balance of risk of HIV transmission through breastfeeding compared with the risk of not breastfeeding, and the need for independent research in this connection; to strive to ensure adequate nutrition of infants of HIV-positive mothers; to increase accessibility to voluntary and confidential counselling and testing so as to facilitate the provision of information and informed decision-making; and to recognize that when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-positive women is recommended; otherwise, exclusive breastfeeding is recommended during the first months of life; and that those who choose other options should be encouraged to use them free from commercial influences;

.....to take all necessary measures to protect all women from the risk of HIV infection, especially during pregnancy and lactation;

#### **WHA 54.13**

##### ***Strengthening health systems in developing countries***

.....to reaffirm the importance of health as an indispensable resource for sustainable development and to advance such development through actions which promote and maintain equity and equality, including between men and women;

#### **WHA 54.19**

##### ***Schistosomiasis and soil-transmitted helminth infections***

.....to ensure access to essential drugs against schistosomiasis and soil-transmitted helminth infections in all health services in endemic areas for the treatment of clinical cases and groups at high risk of morbidity such as women and children, with the goal of attaining a minimum target of regular administration of chemotherapy to at least 75% and up to 100% of all school-age children at risk of morbidity by 2010;

## **2002**

#### **WHA 55.19**

##### ***Making Pregnancy Safer:***

.....Strengthen and expand efforts to meet in particular, international development goals and targets related to reduction of maternal and child mortality and malnutrition and to improve access to PHC services, including reproductive health, with special attention to the needs of the poor and underserved populations

#### **WHA 55.23**

##### ***Diet, Physical activity and health***

.....Monitor scientific data and to support research in a broad spectrum of related areas, including human genetics, nutrition and diet, matters of particular concern to women, and development of human resources for health



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2003

**WHA 56.1**

***WHO Framework Convention on Tobacco Control: Preamble***

Alarmed by the increase in smoking and other forms of tobacco consumption by women and young girls world wide and keeping in mind the need for full participation of women at all levels of policy making and implementation and the need for gender-specific tobacco control strategies

**WHA 56.17**

***Human resources: Gender Balance***

Reaffirms the target of 50% for appointments of women to professional and higher-category posts

Requests the Director-general to redouble efforts in order to achieve the target of parity in gender distribution among professional staff, and to raise the proportion of women at senior level and to report back on an action plan for recruitment that integrates gender and geographical balance to the EB in January 2004

**WHA 56.21**

***Strategy for Child and Adolescent Health and Development***

Strengthen and expand efforts to meet international targets for the reduction of maternal and child mortality, and malnutrition;

2004

**WHA 57.11**

***Family and health in the context of the tenth anniversary of the International Year of the Family***

Ensure the availability of appropriate legal, social and physical infrastructures to support mothers and fathers, families, legal guardians and other caregivers, particularly older women and men, to strengthen their capability to provide care, nurturing and protection in the best interest of every child in their care, the views of the child being given due weight in accordance with the age and maturity of the child;

**WHA 57.12**

***Reproductive health: draft strategy to accelerate progress towards the attainment of international development goals and targets***

to make reproductive and sexual health an integral part of national planning and budgeting;

to strengthen the capacity of health systems with the participation of community and nongovernmental groups to achieve universal access to sexual and reproductive health care, with particular attention to maternal and neonatal health in all countries;

to monitor implementation of the strategy to ensure that it benefits the poor and other marginalized groups, including adolescents and men, and that it strengthens reproductive and sexual health care and programmes at all levels;

to ensure that all aspects of reproductive and sexual health including, inter alia, adolescent reproductive health and maternal and neonatal health, are included within national monitoring and reporting of progress towards attainment of the development goals of the United Nations Millennium Declaration;

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**WHA 57.14**

***Scaling up treatment and care within a coordinated and comprehensive response to HIV/AIDS***

Pursue policies and practices that promote:

..... human rights, equity, and gender equality in access to treatment and care;

Take action within the framework of the “Three Ones” principle:

..... to support, mobilize and facilitate efforts of developing countries to scale up antiretroviral treatment in a manner that focuses on poverty, gender equality, and the most vulnerable groups, within the context of strengthening national health systems while maintaining a proper balance of investment between prevention, care and treatment;

**WHA 57.16**

***Health promotion and healthy lifestyles***

.....to strengthen existing capability at national and local levels for the planning and implementation of gender-sensitive and culturally appropriate, comprehensive and multisectoral health-promotion policies and programmes, with particular attention to poor and marginalized groups;

.....include harmful use of alcohol in the list of lifestyle-related risk factors as stated in *The world health report 2002*, and to give attention to the prevention of alcohol-related harm and promotion of strategies to reduce the adverse physical, mental and social consequences of harmful use of alcohol, especially among young people and pregnant women, in the workplace, and when driving;

**WHA 57.17**

***Global strategy on diet, physical activity and health***

..... to work with other specialized bodies of the United Nations system and intergovernmental agencies on assessing and monitoring the health aspects, socioeconomic impact and gender aspects of the Strategy and its implementation, and to brief the Fifty-ninth World Health Assembly on progress;

**2005**

**WHA 58.1**

***Health action in relation to crises and disasters, with particular emphasis on the earthquakes and tsunamis of 26 December 2004***

.....pay particular attention to gender-based violence as an increasing concern during crises, and to provide appropriate support to those affected;

.....ensure that women and men have equal access to both formal and informal education on emergency preparedness and disaster reduction through early warning systems that empower women, as well as men, to react in timely and appropriate ways, and that appropriate education and response options are also made available to all children;

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.....to ensure that – in times of crisis – all affected populations, including displaced persons, have equitable access to essential health care, focusing on saving those whose lives are endangered and sustaining the lives of those who have survived, and paying particular attention to the specific needs of women and children, older people, and persons with acute physical and psychological trauma, communicable diseases, chronic illnesses, or disability;

## **WHA58.2**

### ***Malaria control***

.....to pursue a rapid scale-up of prevention by applying expeditious and cost-effective approaches, including targeted free, or highly subsidized, distribution of materials and medicines to vulnerable groups, with the aim of assuring that at least 60% of pregnant women receive intermittent preventive treatment and at least 60% of those at risk use insecticide-treated nets, wherever that is the vector-control method of choice;

.....to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; of sensitive and specific diagnostic tests; of effective vaccine(s); and of new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

## **WHA 58.16**

### ***Strengthening active and healthy ageing***

.....take measures to ensure that gender-sensitive health policies, plans and programmes recognize and address the rights and comprehensive health, social-service and development needs of older women and men, with special attention to the socially excluded, older persons with disabilities, and those unable to meet their basic needs;

.....to pay special attention to the key role that older persons, especially older women, play as caregivers in their families and the community, and particularly the burdens placed on them by the HIV/AIDS pandemic;

## **WHA58.22**

### ***Cancer prevention and control***

... Recognizing that among all cancer sites cervical cancer, causing 11% of all cancer deaths in women in developing countries, has one of the greatest potential for early detection and cure, that cost-effective interventions for early detection are available and not yet widely used, and that the control of cervical cancer will contribute to the attainment of international development goals and targets related to reproductive health; Recognizing the value

.....to encourage the scientific research necessary to increase knowledge about the burden and causes of human cancer, giving priority to tumours, such as cervical and oral cancer, that have a high incidence in low-resource settings and are amenable to cost-effective interventions;

## **WHA58.23**

### ***Disability, including prevention, management and rehabilitation***

.....to ensure gender equality in all measures, with special attention to women and girls with disabilities, often subject to social, cultural and economic disadvantages;

.....to intensify collaboration within the Organization in order to work towards enhancing quality of life and promoting the rights and dignity of persons with disabilities, inter alia by including gender-disaggregated statistical analysis and information on disability in all areas of

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work;

**WHA58.30**

***Accelerating achievement of the internationally agreed health-related development goals, including those contained in the Millennium Declaration***

.....ensuring that health and development policies are underpinned by a gender analysis and striving for gender equality and women's empowerment;

**WHA58.31**

***Working towards universal coverage of maternal, newborn and child health interventions***

..... to adopt and implement, in line with international agreements, the legal and regulatory frameworks to promote gender equality and protect the rights of women and children, including equal access to health care, with special attention for those thus far excluded, particularly the poor, the marginalized and the underserved;

**2006**

**WHA 59.24**

***Public health, innovation, essential health research and intellectual property rights: towards a global strategy and plan of action***

.....to work to ensure that progress in basic science and biomedicine is translated into improved, safe and affordable health products – drugs, vaccines and diagnostics – to respond to all patients' and clients' needs, especially those living in poverty, taking into account the critical role of gender, and to ensure that capacity is strengthened to support rapid delivery of essential medicines to people;