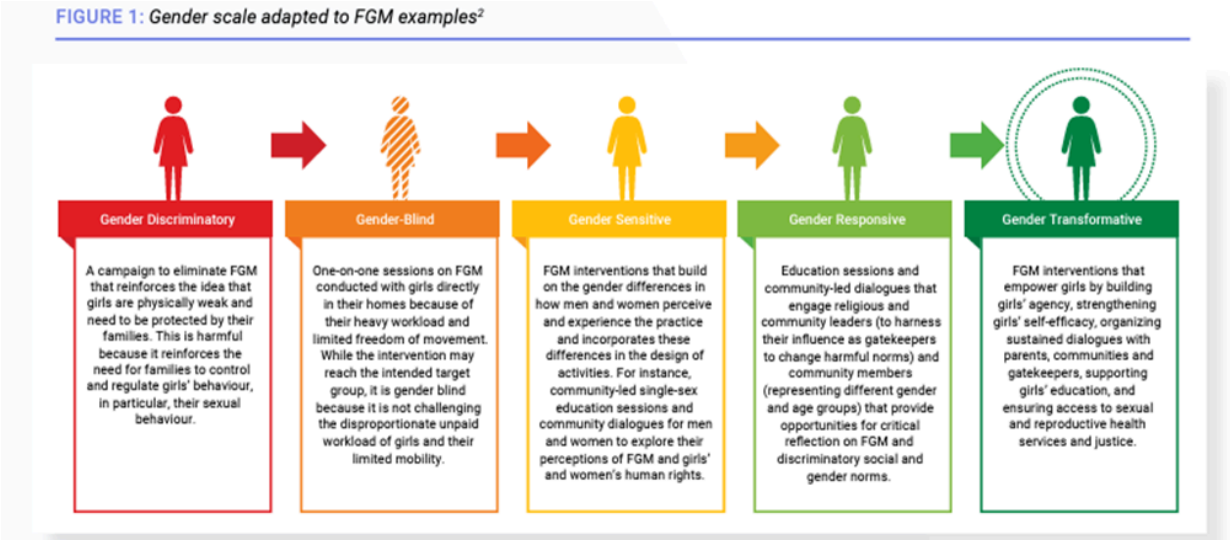
Gender Language Guide WHA77 (working document; not for public distribution)

Drafted by members of the Alliance for Gender Equality and UHC[1]

Definitions:

FIGURE 1: *Gender scale adapted to FGM examples*[2]



Gender Discriminatory: programming that reinforces harmful and negative gender norms and actively harms women and girls.

Gender Blind: programming that ignores gender differences and differing needs of women, men, boys and girls, and also ignores gender power dynamics and therefore by default tends towards doing harm to women and girls.

Gender Sensitive: programming that recognizes different needs of women, men, boys and girls and acknowledges gender power dynamics but does not necessarily address these other than to try and integrate an understanding of these dynamics within program design.

Gender Responsive: programming that recognizes different needs of women, men, boys and girls and acknowledges gender power dynamics and includes specific action to try and reduce gender inequalities within communities.

(this is the ideal!) Gender Transformative: programming which is designed around a fundamental aim of addressing root causes of gender inequality and transforming power dynamics within society.

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Gender Equality vs Gender Equity:

'Gender equality' means equal rights, responsibilities and opportunities for women, men, girls, boys, and gender-diverse people. 'Gender equity' is a mechanism to achieve true gender equality. Gender equity recognizes that women and gender-diverse people are not in the same 'starting position' as men. To ensure fairness and equality, strategies and measures are needed to compensate for women's and gender diverse people's historical and social disadvantages that prevent them from operating on a level playing field. (Sources: UNFPA[2] and UN Women[3])

Gender language concerns at WHA77

We - as gender experts and as part of the Alliance for Gender Equality and UHC (an alliance of over 200 civil society organizations based in all regions, working together for gender-responsive UHC to fulfil the right to health of all people, especially girls and women), as well as part of the SRHR and Climate Justice Coalition—are deeply concerned at the way language on gender equality and sexual and reproductive health, including maternal health, has become contested and politicized including in several resolutions currently being considered at WHA77, chiefly:

i. EB154/CONF./4 - Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2

ii. EB154/CONF./12 - Climate change and health

iii. EB154/CONF./2 - Strengthening health emergency preparedness for disasters resulting from natural hazards.

iv. EB154/CONF./10 - Social participation for universal health coverage, health, and well-being

v. EB154/CONF./7 - Antimicrobial resistance: accelerating national and global responses

vi. EB154/CONF./8 - Economics of health for all

Each of the resolutions addresses crucial topics that will benefit ALL people, support stronger health systems, and deliver health for all. Gender language is included because gender equality remains elusive and existing gender inequalities have a negative impact on health outcomes.

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2 https://www.google.com/url?q=https://www.unfpa.org/resources/frequently-asked-questions-about-gender-equality&sa=D&source=docs&ust=1716962684122505&usg=AOvVaw3cRU24Y_HeGH6QtaxhrUkT

3 https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=letter&hook=G&sortkey&sortorder&fullsearch=0&page=2

Gender is a critical social determinant of health. Gender and other intersecting inequalities can limit people's ability to access health services, risking people's health and wellbeing. Gender roles and power imbalances affect vulnerabilities, health behaviors, use of services, treatment responses, and health outcomes. For example, gender norms and ideas of culturally appropriate behavior may restrict women's mobility and their access to the health services they need. And gender norms may encourage behavior among men that puts them at higher risk from accidents, violence, suicide, or ill health from tobacco use. The lower life expectancy for men seen in every country in the world is explained by a combination of sex and gender differences between men and women. Put simply, a gender-responsive health system intentionally addresses these different health needs and a gender-sensitive health system does not.

This is more than just words, it is about life, death and the right to health. There is a fundamental difference between 'gender-sensitive' and 'gender-responsive' health systems. According to UNFPA, a gender-sensitive health system considers gender norms, roles and relations, but does not address resulting inequalities. Whereas a gender-responsive health system considers gender norms, roles and relations, and intentionally addresses the need to reduce inequalities.

Sexual and reproductive health and rights / sexual and reproductive health services (to come)

Will add more text here

Recommendations and discussion of language options

We do not support any compromise on language that goes back on previously agreed language, including from Beijing, ICPD, SDGs, UNGA, UHC, UNFCCC, WHA. Allowing 'gender-responsive' to be replaced with 'gender-sensitive' will undermine the stated resolve of member states to address health for all, and especially, to achieve UHC by the SDG target date of 2030. We also want to stress that the phrase "advance gender equality" is not a replacement for "gender-responsive." While "advance gender equality" re-emphasizes the need to achieve SDG 5 and aligns with WHO goals and the 2030 Agenda it is not sufficient. "Gender responsive" denotes a more comprehensive approach that includes actions aimed at achieving both legal and substantive equality, addresses norms, and ensures that national policies and programs are designed and implemented in a way that effectively reduces gender disparities so that all people have access to the full range of quality health services they need.

Actions to resolve the persistent differences between women's and men, girls' and boys', and gender non-conforming people's health risks, health status, and access to services will improve the performance of health systems. Without an explicit focus on their holistic health needs, health targets will not be met, including achieving UHC by 2030.

We, therefore, ask all member states to support the language in these six resolutions that restates agreed commitments to gender-responsive health systems and sexual and

reproductive health and reproductive rights. Any weakening of this language will push back the chances of achieving the highest attainable standard of health, including maternal health, and universal health coverage for those who need it most.

For additional insight into WHA77 discussions on gender language see Health Policy Watch articles:

- Conservative Member States Balk at References to 'Gender' in WHA Resolutions 28 May 2024
- Reverse the Backsliding on Sexual and Reproductive Health and Rights: A Wake-up Call from Independent Scientists and Advisors 24 May 2024

Examples of 'gender-responsive' in UN resolutions

'Gender-responsive' is language previously agreed upon in a number of agreements made by member states, including at the UN General Assembly. Most recently, the September 2023 Political Declaration from the UN High Level Meeting on UHC restated a commitment to 'gender-responsive' health systems. Some of the agreements that include the term 'gender-responsive' are listed below:

UHC political declarations (selected examples)

- Political declaration of the high-level meeting on universal health coverage, 2023, A/RES/78/4 (para 23 and 51). Implement the most effective, high-impact, quality-assured, people-centred, gender-, race- and age-responsive and disability-inclusive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for promotive, preventive, curative, rehabilitative and palliative care in a timely manner;
- Political declaration of the high-level meeting on universal health coverage, 2019, A/RES/74/2 (para 25) 25. Implement the most effective, high-impact, quality-assured, people-centred, gender- and disability-responsive and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for prevention, diagnosis, treatment and care in a timely manner;

UNGA

- UNGA Resolutions Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situations of risk and humanitarian emergencies, 78/195 (2023)
- Protection of migrants, A/C.3/78/L.52/Rev.1 (20223)
- Agenda 2030, SDGs (sexual and reproductive health (SRH) and sexual and reproductive health and reproductive rights (SRHR)

- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

UN Climate Change documents

- Paris Agreement, Article 7, Paragraph 5; Article 11, Paragraph 2
- Decision 20/CP.26, Gender and climate change
- Decision 3/CP.25 Enhanced Lima work programme on gender and its gender action plan

WHA Resolutions

- WHA75.19 Well-being and health promotion, Paragraph 7
- WHA74.7 Strengthening WHO preparedness for and response to health emergencies, PP
- WHA74.8 The highest attainable standard of health for persons with disabilities, PP
- WHA73.1 COVID-19 response, PP and OP7(2)
- WHA72 Global action plan on promoting the health of refugees and migrants, 2019–2023

Detailed language in the above WHA resolutions:

WHA75.19

Well-being and health promotion (7) to consider taking steps to include basic health knowledge in curricula to ensure that everybody has an appropriate level of health literacy and to implement effective, high-impact, quality-assured, people-centred, gender-, disability- and health literacy-responsive, equity-oriented and evidence-based interventions, mindful of cultural contexts to meet the health needs of all throughout the life course and in particular of persons with disabilities and people in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for health promotion, disease prevention, diagnosis, treatment and care, and rehabilitation in a timely manner, including promoting return-to-work programmes;

WHA74.8 The highest attainable standard of health for persons with disabilities1

PP. Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all

human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

WHA74.7 Strengthening WHO preparedness for and response to health emergencies

PP. Acknowledging also the key leadership role of WHO within the United Nations system in preparing for and in catalysing and coordinating a comprehensive, early, effective, transparent, sustainable response to health emergencies that is age- and disability-sensitive and gender-responsive, that ensures respect for human rights and fundamental freedoms, and that recognizes the centrality of Member States' efforts therein;

WHA73.1 COVID-19 response

PP. Emphasizing the need to protect populations from COVID-19, in particular people with pre-existing health conditions, older people, and other groups at risk, including health professionals, health workers and other relevant frontline workers, especially women, who represent the majority of the health workforce, as well as people with disabilities, children and adolescents, and people in vulnerable situations; and stressing the importance of age- and disability-sensitive and gender-responsive measures in this regard;

CALLS ON Member States,1 in the context of the COVID-19 pandemic:

(2) to implement national action plans by putting in place, according to their specific contexts, comprehensive, proportionate, time-bound, age- and disability-sensitive and gender-responsive measures against COVID-19 across government sectors, ensuring respect for human rights and fundamental freedoms and paying particular attention to the needs of people in vulnerable situations, promoting social cohesion, taking the necessary measures to ensure social protection and protection from financial hardship, and preventing insecurity, violence, discrimination, stigmatization and marginalization;

Global action plan on promoting the health of refugees and migrants, 2019–2023

Priority 3. Advocate the mainstreaming of refugee and migrant health into global, regional and country agendas and the promotion of: refugee-sensitive and migrant sensitive health policies and legal and social protection; the health and well-being of refugee and migrant women, children and adolescents; gender equality and empowerment of refugee and migrant women and girls; and partnerships and intersectoral, intercountry and interagency coordination and collaboration mechanisms

Objectives

(i) providing support for the development of intercountry surveillance tools and mechanisms for the exchange of data on the health of refugees and migrants and exchange of information on steps taken and methods used in collecting and analysing data disaggregated by age and gender to inform gender-responsive programmes and services;

Resources

- Critical considerations and actions for achieving universal access to sexual and reproductive health in the context of universal health coverage through a primary health care approach, WHO 2022
- Guidelines for safe abortion care, WHO 2022
- SRHR-UHC Learning by Sharing portal, WHO 2022
- Investing in sexual and reproductive health and rights: essential elements of universal health coverage, WHO 2022
- Advancing SRHR in UHC: An Advocacy Guide, Women Deliver 2022