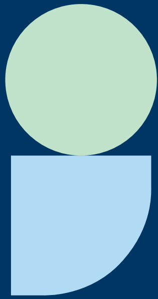

WHAT WORKS

IN GENDER AND HEALTH IN THE UNITED NATIONS

Lessons Learned from Cases of Successful Gender Mainstreaming across Five UN Agencies

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United Nations University International Institute for Global Health (UNU-IIGH), Kuala Lumpur, Malaysia, is the designated UN think tank on global health. It builds global health knowledge and decision-making capacity and advances evidence-based policy on key health issues of sustainable development, peace, and global security.

Website: iigh.unu.edu
Email: iigh-info@unu.edu
Twitter: @UNU_IIGH

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Executive summary

Recommendations for multilateral and bilateral organisations to meet the challenges and opportunities of advancing gender equality in health

- **Invest** in high-quality, strategically positioned gender experts with decision-making power at headquarters, as well as regional and country offices. These positions should be core funded to ensure their sustainability.
- **Combine** well-crafted organisational mandates with robust accountability mechanisms that publicly track and report outcomes, and support gender equity goals both institutionally and programmatically, and move funding and spending beyond marker allocations.
- **Identify** and seize expected and unexpected changes in contextual factors, such as exceptionally committed senior leadership, savvy gender experts and leaders, strong donor interest, disruption due to crises, positive shifts in strategic advantage, and organisational restructuring, which present opportunities to create more gender-responsive programmes, put gender and health issues on the global agenda, and strengthen institutional practices that prioritise gender equality in health and other programming.

The COVID-19 pandemic, alongside a looming economic crisis, political fragility, and climate change, are eroding progress on hard-won but fragile gains in improving health and addressing gender inequalities. The silver lining of the pandemic is the opportunity it presents to do things differently, with a heightened urgency to learn from past experiences and build on successes. Promisingly, political commitments to prioritise gender equality are emerging. However, the global nature of many of the challenges means that a response that is supported via an effective multilateral system is needed, with the United Nations (UN) and its agencies strategically well-placed to provide direction and lead the agenda of gender equality in health.

In this vein, the United Nations University International Institute for Global Health (UNU-IIGH) worked with five UN agencies that operate under a health mandate[1] to document and analyse what has worked institutionally and programmatically to promote gender equality in health over the last 25 years. Through a collaborative practice-based learning approach, the project studied 14 cases deemed successful, and identified the contextual elements that enabled their success, triggered change, and sustained positive shifts over time.

Three overarching types of positive outcomes were observed, reflecting the different levels that UN agencies work on and showcasing the capabilities and strengths of the UN system in promoting gender equality in health, namely:

1. operational functions – agencies empowered women, girls and other marginalised groups to resist oppressive gender norms affecting their health;
2. global agenda-setting work, including convening, thought-leadership, evidence generation, advocacy and technical support – agencies directly shaped global agendas to prioritise and invest in specific gender and health issues; and
3. institutional processes and structures – agencies successfully embedded gender equality into their own institutional processes and structures, with improvements in gender equality at the organisational level and in health programmes.

Key contextual enablers, either external or internal to the agencies, facilitated successful outcomes.

External contextual enablers included:

- **strong feminist** civil society actors;
- **UN conventions**, declarations and resolutions on gender equality;
- **Member State pressure or support** for particular issues related to gender equality and health; and
- **interagency collaboration** that leveraged complementary agency strengths.

Internal contextual enablers specific to each agency consisted of:

- **high-calibre**, competent gender experts;
- **supportive governance** structures that provided autonomy; and
- **strong performance** accountability frameworks (in specific cases).

Across all cases, a change in the internal or external context opened windows of opportunity, which were identified and seized by either senior leadership or high-calibre gender experts with technical expertise and political astuteness within the organisation. These individuals leveraged opportunities and set off a series of actions that contributed to successful outcomes.

Progress was sustained when:

- **gender equality work** was institutionalised in strategies, action plans and other frameworks;
- **internal and external accountability mechanisms** were created and strengthened through reporting to executive bodies;
- **dedicated and sustained funding** was mobilised;
- **internal and external capacity** to advance gender equality work in health was strengthened;
- **high-quality guidance materials** to provide technical support were developed;
- **internal and external partnerships** were built; and
- **structures** linked work on gender equality to planning and budgeting functions.

It is important to note that the process of change, which culminated in the successful outcomes reported, was not linear. Many challenges were encountered, and sustained efforts were required to advance the gender equality in health agenda.

[1] World Health Organization (WHO), United Nations Development Programme (UNDP), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and the Secretariat of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Five key elements critical to leveraging opportunities and creating substantial and sustainable gains in gender equality within health programmes and institutional structures were identified from the analyses:

1. **The power of leaders and gender experts**. Supportive leadership at the highest levels and gender experts at all levels (headquarters, region and country) were key to the positive outcomes seen across cases. Senior leadership and in-house gender experts were pivotal in terms of catalysing, accelerating and sustaining positive changes that led to the successful outcomes observed. In particular, successes were sustained when leadership support was coupled with investment in gender architecture, especially through dedicated core funds. Health area-specific gender expertise was critical in developing normative documents, tools, and training manuals, which contributed to considerable advancements in gender equality within specific fields.

2. **The power of institutional structures**.
   To translate leadership commitments into concrete action, institutions have to be ready with sufficient organisational infrastructure to advance the gender equality agenda. Internally, institutional preparedness involved:

   - ensuring direct links between the gender team and the budget/planning teams, bringing the gender mainstreaming agenda directly into the decision-making arena;

   - building strong performance accountability mechanisms at headquarters, and regional and country offices; and

   - making gender equality in health part of the organisation's core business, reflected not just in gender action plans, but in all broader organisational strategy documents and programme budgets, with measurable outcome and output indicators.

3. **The power of feminist civil society**. Forming effective partnerships with women's rights organisations ensured grounding in ethical principles, strategically positioning work within national priorities, and fostering local ownership and sustainability. The significant contribution of feminist civil society organisations was particularly notable where agencies built meaningful partnerships whereby programmes and priorities were jointly defined and shaped. Agency investment in strong partnerships with women's movements involved building trust, creating processes for feedback, external accountability, and sustained engagement. Simply having civil society representation alone was not enough. Partnering with the right civil society organisations was important for ensuring that genuine representation of specific groups was grounded in feminist ethics.

4. **The power of evidence**. Evidence and programmatic learning were central to driving action and change in the cases examined. Successful examples illustrated how data and evidence were used not only to showcase the problem, but also to demonstrate what works. Evidence-based reflexive learning pushed programme implementers to prioritise approaches that met the practical needs of constituents while challenging harmful gender norms.

5. **The power of the collective**. Several cases highlighted the impacts that joint interagency efforts can achieve on the ground. Successful interagency collaboration occurred when the comparative advantages of the agencies involved – their unique agendas, expertise and partnerships with government sectors and different feminist civil society movements – were fully leveraged.

This report fills a major gap at a critical juncture in time, providing an evidence-base of what has worked, where, for whom, why and how, to promote gender equality in health, institutionally and programmatically, in a multilateral system. The next step is to collectively work towards integrating this evidence into existing health programmes and organisational structures with the ultimate dual goals of improving health and ensuring gender equality.

List of successful cases:

Case study 1:	Empowering girls and women to challenge harmful gender norms to improve menstrual health and hygiene, implemented as part of a Water, Sanitation and Hygiene programme (UNICEF)
Case study 2:	Empowering women and girls to resist gender and social norms that encourage female genital mutilation, promote positive masculinities, and strive for more equal gender power relations (phase 3 of UNFPA-UNICEF Joint Programme on the Abandonment of FGM)
Case study 3:	Empowering women and marginalised groups living with HIV in Middle East and North Africa (UNAIDS Secretariat, regional team)
Case study 4:	HIV reduction and the empowerment of adolescent girls and young women in decision-making through the adoption and implementation of comprehensive HIV programmes in South Africa (UNAIDS Secretariat country office)
Case study 5:	Violence against women acknowledged as a global public health priority, and Member State health sectors have implemented programmes responding to the health consequences of VAW through sustained strategic leveraging of opportunities by WHO gender experts
Case study 6:	Gender-based violence in humanitarian settings prioritised in the global agenda through UNFPA's leadership and advocacy
Case study 7:	Enabling the rights of women and girls through enhanced legal, policy and regulatory environments in the context of HIV (UNDP)
Case study 8:	Institutional integration of gender across all technical programmes, Member State health programmes, and the Pan American Health Organization (WHO)
Case study 9:	Institutional integration of gender at global, regional and country levels, including in health (UNICEF)
Case study 10:	Member State implementation of gender-responsive programmes, including in the health sector, through the strategic use of Gender Programmatic Reviews (UNICEF regional and country offices, Europe and Central Asia)
Case study 11:	Changes in institutional culture within UNAIDS Secretariat to support gender equality brought about by the Independent Expert Panel
Case study 12:	Adequate financial allocations for programmes advancing gender equality and women's empowerment through effective use of the Gender Equality Marker (UNFPA)
Case study 13:	Integration of gender into the Special Programme for Research and Training in Tropical Diseases (WHO)
Case study 14:	Improved institutional and programmatic gender mainstreaming through increased participation in the Gender Equality Seal (UNDP)