Project Description

What works? Integrating gender into government health programmes across Africa, South Asia and Southeast Asia

1. Background

To further advance on the gains made in improving health outcomes and gender equality, particularly given the setbacks due to COVID-19, it is critical to take stock of how gender has been integrated into large scale health programs to generate learning supporting policy transfer across regional contexts (1). Yet, there is limited documentation and information sharing in global, regional, and national spaces on good practices that promote effective gender integration in health programmes and health systems at scale.

As part of efforts to address this gap, the Gender and Health Hub (GHH) of the UNU-IIGH collaborated with five UN agencies with a health mandate (WHO, UNICEF, UNAIDS, UNFPA, and UNDP) to document and analyse what has worked institutionally and programmatically to mainstream gender in health based on 14 successful cases (see report titled What works in Gender and Health in the UN) (2). Building on the work from the 'What Works in Gender and Health in the UN' study, which focused on successful cases from a multilateral perspective at headquarter and regional level, there is an opportunity to analyse and learn from regional and national examples of successful gender integration in large scale government health programmes.

To this effect, UNU-IIGH is partnering with two leading regional public health institutes, Public Health Foundation of India through its Ramalingaswami Centre on Equity and Social Determinants of Health in India and the School of Public Health at the University of Western Cape in South Africa, to identify and analyse successful cases of gender integration into government health programmes to understand what worked, where, for whom, why, and how.

2. Project overview

The aim of this project is to create an evidence-base of critical factors that led to successful gender integration in government health programmes[1] at regional or national level through an analysis of between 8-10 cases spanning the African, South Asian, and South-East Asian regions[2] (roughly 2-3 case

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[1] Health programmes can include initiatives implemented by Ministries of Health, as well as other Ministries, that contribute to improved health outcomes, which relate to and are not limited to community mobilisation, water and sanitation, nutrition, regulation of food, tobacco and alcohol, as well as health service delivery, health information systems, access to essential medicines, health workforce, health financing, leadership and governance.

[2] **Countries in Africa: North Africa:** Algeria, Egypt, Libya, Morocco, Tunisia, Islamic Republic of Mauritania, Sahrawi Arab Democratic Republic. **West Africa:** Benin, Burkina Faso, Cape Verde, Côte d'Ivoire (Ivory Coast),

studies per region). This is with a view to identify transferable lessons and inform current and future health programmes in the respective regions to integrate gender perspectives more effectively.

As such, this project will focus on programmes that involved at least one government body either at national or subnational level, including Ministries of Health or other Ministries, in programme design, implementation, and/or monitoring & evaluation.

Broadly, the project will be carried out in the following stages:

- **Stage 1: Identification of long list of potential case studies**. This involves consolidating data on potential case studies through:

  - An 'call' to governments, academics, civil society organisations as well as bi-lateral and multilateral organisations working on health in the respective regions, to submit details of government health programmes that have successfully integrated gender;

  - Desk review to identify government health programmes that have successfully integrated gender; and

  - Direct contact with stakeholders such as gender focal points from regional WHO (SEARO and AFRO) offices.

- **Stage 2: Selection of shortlist of potential cases and gathering more in-depth information.** An advisory committee which consists of 6-9 members will support the evaluation of promising practices identified from the long list of submissions (collated from the open call, direct contact with key stakeholders and desk review methodology). The committee will consist of individuals (from government, CSO's multi-lateral and bi-lateral organisations) who have expertise and prior experience gender and/or health case study analysis. This evaluation process will result in a short-list of potential cases for inclusion in the study.

- **Stage 3: Selection of final case studies (2-3 per region – Africa, SEA, SA) and analysis of what worked, where, for whom, why and how**. This involves an in-depth case description and analysis of the final selection of case studies (from stage 2). Preliminary information will be gathered on relevant case-study specific contextual factors through a review of case specific documents and additional interviews and workshops with key informants. The analysis will be informed by a critical realist approach (Context-Mechanisms-Outcomes) and patterns across cases would be analysed to understand the critical ingredients that contributed to successful gender integration in government health programmes and policies.

Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo. **Central Africa:** Burundi, Cameroon, Central African Republic, Chad, Congo Democratic Republic (Kinshasa), Congo Republic (Brazzaville), Equatorial Guinea, Gabon, São Tomé & Príncipe. **East Africa:** Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Sudan Tanzania, Uganda. **South Africa:** Angola, Botswana, Eswatini, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, South Africa, Zambia, and Zimbabwe; **Countries in South Asia**: Bangladesh, Bhutan, India, Pakistan, Maldives, Nepal, and Sri Lanka; **Countries in South-East Asia:** Brunei, Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, and Vietnam.

- **Stage 4: Concurrent public discussion of preliminary study findings and production of final outputs.** This stage will occur concurrently with Stage 3 and involves public discussions of preliminary findings for further input and refinement. At the end of this stage, final project outputs will be disseminated. These include:

  o Publications of case study briefs and peer-reviewed manuscripts.

  o Presentations of preliminary findings at regional meetings and gatherings.

  o Regional reports of case studies from Africa and Asia

  o Two [Africa + Asia] regional events [hybrid] to disseminate project findings and engage policy makers and other key actors.

Below is an overview of the project timelines.

Project Activities	Timelines
Defining project scope and methodology	January 2022 – March 2022
Stage 1: Identification of long list of potential case studies (through open call invitation, direct contact with key stakeholders and desk review)	April 2022 – May 2022
Stage 2: Selection of shortlist of potential cases and gathering more in-depth information	May 2022 – June 2022
Stage 3: Final selection of case studies (2-3 per region – Africa, SEA, SA) and analysis (through key informant interviews, workshops and desk reviews, write-up stages)	June 2022 – September 2022
Stage 4: Concurrent public discussion of preliminary study findings and production of final outputs. Co-convene regional meetings to disseminate project findings and identify policy influence opportunities in each region based on project findings and recommendations.	October 2022 – April 2023

Please contact the team via whatworks.regional@gmail.com if you have any questions.

References

1. World Bank (2021). Why investing in women and girls matters now more than ever. Available from:https://blogs.worldbank.org/nasikiliza/why-investing-women-and-girls-matters-now-more-ever Accessed 8th January 2022.

2. Johanna Riha, TK Sundari Ravindran, George A Atiim, Michelle Remme, and Renu Khanna (2021). What Works in Gender and Health in the United Nations: Lessons Learned from Cases of Successful Gender Mainstreaming across Five UN Agencies. United Nations University International Institute for Global Health. Kuala Lumpur.