



Addressing gender inequities in health and environment

**Report of the VI Forum on gender and health,
Madrid, 11–12 November 2009**

Abstract

This report is the result of the evidence, discussions and recommendations presented at the VI Forum on Gender and Health in 2009 which was devoted to gender inequities, environment and health. The Forum was organized by the Ministry of Health and Social Policy of Spain in collaboration with the WHO Regional Office for Europe in the context of the preparatory work for the Ministerial Conference on Health and Environment to be held in Parma 10–12 March.

It includes an overview of evidence available as well as principles and suggested actions for programmes concerning the mainstreaming of gender equity in environment and health. The appropriate choice of action in a given country will depend on the degree that gender is incorporated as a priority in all policies. To illustrate this point, and taken into consideration the available evidence, several cases were presented to exemplify the varying conditions found in favourable and less favourable environments.

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1. Objectives

This report is the result of the evidence, discussions and recommendations presented at the VI Forum on Gender and Health which in 2009 was devoted to Gender inequities, environment and health. The Forum was organized by the Ministry of Health and Social Policy of Spain in collaboration with the WHO Regional Office for Europe in the context of the preparatory work for the Ministerial Conference on Health and Environment to be held in Parma 10–12 March.

It includes an overview of evidence available as well as principles and suggested actions for programmes concerning the mainstreaming of gender equity in environment and health. The appropriate choice of action in a given country will depend on the degree that gender is incorporated as a priority in all policies. To illustrate this point, and taken into consideration the available evidence, several cases were presented to exemplify the varying conditions found in favourable and less favourable environments.

2. Policy background

There exist a number of important opportunities to promote gender equity in environment and health. The new approaches that tackle social inequities in health – The Commission on Social Determinants of Health, the Decision 23/11 on Gender Equity in the Field of Environment adopted by the UNEP Government council and the World Health Assembly Resolution 60.25 – provide vehicles by which to address gender equity in environment and health.

a) Addressing gender inequalities within the overarching recommendations of the Commission on Social Determinants of Health (CSDH)

The CSDH, through the input of the Women and Gender Equity Knowledge Network (WBEKN), specifically addresses gender inequity within all recommendations. Although the recommendations do not directly address gender inequity in environment and health, for each recommendation there can be found an entry point for adding gender equity dimensions to the practical implementation of the recommendation.

1. Improve daily living conditions.

In line with Rec. 5.4 and Rec. 6.2, attention has been given to education and more specifically girls' education, as well as in addressing the barriers girls and boys face when enrolling and attending school. In the WHO European Region, the impact that the lack of safe water and adequate sanitation has on girls' education -especially in the rural and slum areas of the Caucasus, central Asia and eastern Europe- is widely documented.

2. Tackle the inequitable distribution of power, money, and resources globally, nationally and locally.

Recommendations number 13.1, 13.2 and 13.3 encourage Governments to address gender biases found in the structures of society: within laws and their enforcement, in the way organizations are run and interventions designed, and in the way by which a country's economic performance is measured. Recommendations numbered 13.4, 13.5 and 13.6 invite Governments to develop and finance policies and programmes that close the gaps between education and skills, and to support female economic participation.

3. Measure the problem, evaluate the action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social aspects of health.

In line with recommendations 16.2 and 16.3, national governments are encouraged to establish a national health equity surveillance system, which includes a routine collection of data (sex disaggregated) involving the social determinants of health and health equity.

b) UNEP's Decision 23/11 on Gender Equity in the Field of Environment

The implementation of the three principles of the Decision 23/11: equal participation in decision-making, gender mainstreaming in environmental policies and programmes and assessment of the effect of environmental policies on women, provides opportunities for advancing gender equity and women's rights in environment and health. The list of principles outlined below gives examples of issues and actions.

1. Equal participation in decision-making.

The main challenge is to promote methods of work which are conducive to women's participation in environmental decision-making at all levels, with the aim of achieving a broader gender balance. WHO may assist Governments in promoting the equal participation of women and men in health policy formulation, decision-making, implementation as well as in developing and disseminating gender-disaggregated analyses, data and information on environmental and health issues and activities.

2. Gender mainstreaming in environmental policies and programmes.

The thrust of this commitment is to develop and promote a set of gender-equity criteria for the implementation of programmes as well as to duly apply the United Nations Environment Programme (UNEP) gender-sensitivity guidelines.

3. Assessment of effects of environmental policies on women's health.

The challenge is in finding ways to provide budget resources that assist Governments in building the capacity for gender mainstreaming in the context of the Bali Strategic Plan on Technology Support and Capacity-Building. There is also a need to encourage collaboration with scientific institutions -in order to promote research-exchange programmes on gender, environment and health.

c) World Health Assembly Resolution 60.25 on Integrating gender analysis and actions into the work of WHO.

WHO will strengthen its capacity to analyse and address the role of gender and sex in all its functional areas: building evidence, developing norms and standards, tools, guidelines, making policies and implementing programmes. The WHA urges Member States:

1. To include gender analysis and planning in joint strategic, and operational planning, and budget planning when appropriate, including country cooperation strategies;
2. To formulate national strategies for addressing gender issues in health policies, programmes and research, including the area of reproductive health;
3. To lay emphasis on training and sensitization on, and the promotion of, gender, women and health;
4. To ensure that a gender-equity perspective is incorporated at all levels of health-care delivery and service, including those for adolescents and youth;
5. To collect and analyse sex-disaggregated data, conduct research on the factors underlying gender disparities and use the results to inform policies and programmes;
6. To make progress towards gender equity in the health sector, in order to ensure that the contributions of women, men, girls and boys as providers of health care are considered in health policy and planning for the health-care workers.

2. Taking the gender equity agenda forward: evidence and cases

A brief summary of the evidence available in the field of gender inequalities in environment and health is presented below. The presentation of the evidence is followed by five cases so as to illustrate varying conditions for the implementation of recommendations of the CSDH, the UNEP Decision and the WHA Resolution. The cases are included for inspiration and intended for decision-makers and programme managers, who may be able to apply elements of the approaches to their particular country context.

a) Summary of the evidence in relation to the four CEHAPE regional priorities

Emerging evidence from across Europe suggests that because of socio-cultural (gender) and biological (sex) differences, women and men are affected by environmental factors in different ways, and their levels of sensitivity differ. Gender norms and values drive women and men into behaviours that affect their exposure to environmental risk differently. Societies assign men to roles and a division of labour that promote risk-taking behaviour and cause them to neglect their health. In many societies, women still have less access to health information, care, services and the resources necessary to protect their health. Furthermore, gender interacts with race, ethnicity and other social stratifies, resulting in unequal benefits among various social groups and between women and men. When these differences are unfair, unjust or avoidable, then we are talking about gender inequities in environment and health. The evidence available in relation to gender inequities in environment and health shows relevant differences both in exposure and vulnerability among women and men.

Water and sanitation

Because of the impact on girls' education and health transmitted across generations, gender inequities in water supply and sanitation deserve special attention. This is especially relevant for the rural population of eastern Europe, and to a major extent the Caucasus and central Asia. The still persistent intra-household division of labour dictates that women and young girls be responsible for the fetching of drinking-water. Beyond the household, income inequity interacts with wider inequalities (rural-urban divides, regional divides, group divides) to reinforce deep gender inequities. Young girls, particularly that past puberty, are also less likely to attend classes if the school does not have suitable hygiene facilities. Disparities in education, which are linked to water supply and sanitation, have lifelong impacts transmitted across generations. As adults, educated girls are more likely to have smaller, healthier families, and their children are less likely to die young and more likely to receive an education than the children of less educated mothers.

Case 1: DEVELOPING WATER SAFETY PLANS INVOLVING SCHOOLS, WECE

A water safety plan (WSP) is a tool recommended by the WHO to involve local communities in understanding and improving water supply. The WSP is a risk assessment and risk management approach to water supply and sanitation. All possible contamination points and potentially contaminating activities in water supply and sanitation are identified and addressed. The final products – maps, reports, and safe water strategy – give the local community information about how to avoid the risk of water pollution. Most water and sanitation projects exclusively focus on the “hardware” such as drilling boreholes and installing latrines. However, empowerment of the end-users through knowledge transfer and education is equally important.

The target groups are the people of rural areas in Europe. The project primarily targets school children in European countries that lack adequate water and sanitation facilities. For the implementation of the programme, the pupils -under the supervision of the teacher- are the main actors. The programme has several outcomes.

- An understanding of the water and sanitation facilities in the community
- Identification of the health risks of water pollution
- Regular monitoring of drinking-water quality
- Registration of the seasonal fluctuations of nitrate concentrations in the water
- Assessment and mapping of water quality and the risks of drinking-water pollution
- Providing information about the state of water and sanitation facilities in the community at the local, regional and national level
- Awareness-raising among children and citizens through active participation
- Cooperation and capacity building of stakeholders
- Strengthening the demand for active water protection measures and better sanitation systems at the local, regional and national level.

The next step of the process is the production of educational material on water safety plans, which will enable schools to develop, with the involvement of all stakeholders, water safety plans for small-scale water supply systems that have global applicability.

Injuries and inadequate physical activity

Persistent gender inequities in risk behaviour and exposure to injury continue to affect boys' health, where boys from different foreign backgrounds living in western Europe are more at risk of injury than boys with a European background. Evidence from across Europe shows that from the age of 1–2 onwards, reported injury rates are higher for boys than girls. These differences are consistent over time and continue throughout adulthood and into old age. Evidence also shows that boys are more active than girls and it has been suggested that the male excess in rate of injury is, at least in part, attributable to this. There is also clear evidence for adolescence being a period of heightened vulnerability to injury, and that the gap between boys' and girls' injury risk widens during this period of life. Evidence exists for a biological basis for male risk-taking behaviour from both human and primate studies. There is also evidence that boys and girls are socialized differently, which could result in gender differences in risk perception and behaviour.

Case 2: GUIDE FOR MAINSTREAMING GENDER IN INJURY PREVENTION HEALTH PROMOTION PROGRAMMES
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This guide helps to mainstream gender in designing health promotion programs related to traffic injuries and their determinants, transport and mobility school. It is an attempt to transfer academic knowledge and expert practice to public health services. A systematic review was conducted of scientific literature and technical reports from specialized agencies on interventions to reduce inequalities, and a document was developed containing questions to be asked at each stage of designing a programme for incorporating sensitivity to inequalities in health. A professional consensus-face meeting was conducted to review the draft guidance and identify specific questions aiming at reducing inequalities.

Finally problems, constraints and opportunities for their incorporation into health programmes were identified. The following table shows a selection of key questions identified for each the phases of the programme design with concrete examples on urban mobility and traffic injuries. The questions act as a check list so that gender inequalities issues acting on determinants will not be neglected during the process. Specific examples are included to give practical help for implementation.

Programme	Key question	Example of activity or good practice
Situation analysis	Are gender determinants taken into account?	Men perform more physical activity than women. Women walk more and bike less, use more public transport, with the largest number of daily trips, shorter distances and spend more time. Men use cars and motorcycles more. Link gender equity with other health determinants such as ethnicity, socioeconomic status, age, or disability.
	Are there gender differences in traffic injuries?	Women are more likely to be run over. They have vehicles with the worst characteristics and performance, use helmets less. There are differences in the use of rehabilitation services. More men die and they have more traffic injuries
Objectives	Is it a common aim to reduce gender inequalities?	Establish partnerships with other sectors (health, urban planning, and environment) from the national, regional and local level, business network and associative movements to act on social determinants. Universal passive interventions should be included: structural changes that benefit all.
	Are there any objectives to influence the modification of the physical environment and/or social?	Objectives have been included on: The creation of safe play spaces. Designing safe school routes for children into walking or cycling. Promote exclusive use areas, pedestrian zones 30 in the vicinity of schools, bike paths that traverse the city, green areas around the school, reducing traffic volume and speed, etc.
	Are there any objectives to facilitate care for the populations in most need?	Access to rehabilitation services without producing gender differences.
Activities	Do you provide activities to facilitate access to care and services from needs analysed by gender?	Promoting bicycle use and distribution of safety equipment prioritizing quality and not low cost. Extend timetables and routes of public transport to facilitate their use.
	Do the messages conveyed take into account differentials aspects due to gender?	Tailor gender- sensitive messages to different educational levels and intercultural perspectives to facilitate understanding such as pamphlets, instructions, or educational campaigns.
	Are there activities to influence the change in the environment?	Design neighbourhoods that address the differences in mobility. Green areas, 30 kph zones around schools, bike paths that traverse the city.
	Are there activities to reduce gender stereotypes?	Deconstruction of gender stereotypes in relation to driving styles and use of bicycles. Analysis of activities on how press treats the person driving a car or a bicycle and how women appear in car advertising
	Is intersectorality included as a cross cutting activity?	Agreements between agencies, governments and institutions from different sectors to make interventions in mobility, altering the environment.

Case 3: GENDER EQUITY AND SPORTS: THE SERBIAN NATIONAL YOUTH STRATEGY 2009-2014

The National Youth Strategy was adopted in May 2009, along with the Action Plan for the development of the Strategy for the period 2009-2014. The research analysis of the needs demonstrated that girls and teenage girls of all ages and socioeconomic backgrounds make up an especially sensitive category, as gender stereotypes discourage them from practicing sports. The Strategy of Sport includes a specific area called “Women in sport”. In Serbia, studies have shown that women are significantly less involved in sports than men. From a total of 11.053 sports organization employees, only 931 are women, out of which 90% are employed for administrative duties. Improper balance of power impedes the development of the sound management of gender equity. Since youth organizations are the place where young people encounter for the first time, the construction of social activities they later on transfer these experiences onto other social organizations and institutions where the young play a significant role.

The primary goal in relation to women’s participation in sports is to achieve gender equity, the popularization of women’s sports and to create an environment in which girls and women can feel safe when performing their sport activities as well as gain self-confidence and social recognition.

Air quality

Differences in vulnerability interact with gender inequalities and impact female respiratory function. The Swedish National Environmental Health Survey 2007 shows that women report ailments, in the form of allergies and respiratory or skin hypersensitivity, to a higher extent than men do. In Bordeaux, France, the effects of air pollution were greater for women than for men among the elderly, and Sunyer et al. showed that in Barcelona, Spain older women were at greater risk of dying associated with black smoke. On the other side of the European Region, Armenian women reported that due to prolonged fuel scarcity many urban dwellers took to the burning of municipal waste for cooking and house heating. Burning of plastic, bleached paper and many other modern types of household waste exposed them to heavy loads of dioxin-like substances, polycyclic aromatic hydrocarbons (PAH) and heavy metals. Depending on the type of housing, fuel, stove, ventilation, and cooking patterns, exposure to the particulates and gases found in biomass and coal smoke can be very high.

Case 4: SEX-DISAGGREGATED STATISTICS: THE SWEDISH ENVIRONMENTAL HEALTH REPORT 2009

The aim of the Environmental Health Report 2009 is to develop a better understanding of exposure to various prioritized environmental factors, and if possible to estimate the extent to which health effects are due to environmental factors. The focus is on physical health among the adult population. The report is intended for policy decision-makers, authorities at local, regional and central levels and others who are actively engaged in environmental and health protection as well as health care and nursing at the national, regional and local

level. The report is based on a large number of scientific studies and on information from national health databases, as well as on the National Environmental Health Survey 2007. The Survey was completed by almost 26.000 randomly selected men and women. The survey includes sex-disaggregated statistics showing that men and women are affected by environmental factors in different ways, and their levels of sensitivity differ.

Chemicals

Prenatal and childhood exposure to chemicals remains of greatest concern. Apart from differences in hormonal status, sex-related differences in sensitivity to toxic substances might be due to differences in detoxifying activity. Animal research indicates a detoxifying capacity which is five times higher in males. There may also be variations in the ability to absorb chemicals (children absorb lead twice as fast as adults); and in susceptibility to damage (greater vulnerability of the foetus to many toxic and mutagenic compounds). An important difference is that women usually have a higher body fat percentage than men, and this has been associated with a larger storage of lipophilic chemicals. Up to 300 synthetic chemicals have been found in body fat and breast milk and many have been shown to be cancerous and toxic to the brain and nervous system.

Case 5: 298/2009 DECREE OF HEALTH AND SAFETY PROMOTION AT WORK AMONG PREGNANT WOMEN, RECENT MOTHERS AND WOMEN WHILE BREAST-FEEDING

The increase in women's participation in the labour force raises the likelihood that women will be exposed during pregnancy to a variety of environmental hazards at work. The presence of hazardous conditions in the workplace has raised concerns about the potential effects on pregnancy outcomes and birth defects in offspring. Occupational exposure may directly affect the outcome of the pregnancy, in spontaneous abortion, stillbirth, pre-term birth, small-for-gestational age and birth weight. Occupational exposure may also interact with foetal development, resulting in health effects for the child ranging from congenital birth defects, neurobehavioural disorders at a young age to even cancer later in life.

The 3/2007 Spanish Law recognized pregnancy and breastfeeding as special risk situations that necessitate an improvement of the economic compensation received in the case of a temporary cancellation of contract due to job risk factors, when change of the workplace was not possible. This was an important advancement in the protection of women's health. Afterwards, in the context of serious limitations in the assessment of job hazards for pregnant women, recent mothers and breast-feeding women, the 3/2007 Law for the effective equity between women and men included the need for adopting measures in this area as an integral part of the women's right to effective gender equity at work. The law explicitly included an order for including the content of a European Directive. This normative change does not alter the established protection for pregnant women and breast-feeding mothers, but aims at facilitating and improving the assessment of job hazards for this group of workers. Afterwards, the 39/1997 regulation of Occupational Health Services was changed (298/2009 Decree of health and safety promotion at work among pregnant women, recent mothers and women while breast-feeding) and included the obligation to take into account the job hazards assessment that some workers face due to their personal characteristics or biological condition, which can be especially sensitive in some working

conditions. It was at this point that a new paragraph was included related to the assessment of job hazards for pregnant women or breast-feeding mothers through the inclusion of a non-exhaustive list of agents and working conditions that the employer, once he/she knows a women worker is pregnant, should prohibit her to carry out activities that, according to the job hazards assessment, could imply a risk for her or for the foetus. Additionally, breast-feeding mothers will not be allowed to carry out certain activities specified by the law. These modifications were agreed upon by the Labour, Health and Equity Ministries of Spain.

However, it should be remembered that an unreasonable overprotection of women may be both scientifically unsound (men as well as women are often vulnerable to the same hazards), as well as disadvantageous to the economic well-being of women. Although the current knowledge is not conclusive, this does not justify inaction until there is enough evidence. The precautionary principle states that if an action or policy might cause severe or irreversible harm to the public or to the environment, in the absence of a scientific consensus that harm would not ensue, the burden of proof falls on those who would advocate taking the action. Yet, the lack of well-defined technical criteria makes it so that other considerations, such as those economical and social, can be prioritized in the decision-making process and can also generate uncertainty among occupational health professionals.

*If you wish to receive more information on cases and evidence available in the field of gender inequities in environment and health, please contact: Isabel Yordi Aguirre;
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Actions to achieve gender equity in environment and health

This section proposes practical actions for Members' States and for the WHO to promote gender equity in environment and health, under the four regional priority goals (RPGS) in the CEHAPE as well as cross-cutting recommendations.

RPG1 Access to safe water and sanitation

1. Ensure that the overall national sanitation framework is gender-sensitive.
2. Earmark funds for hygiene education in school curricula and separate sanitation facilities for boys and girls.
3. Commission research to identify, through gender analysis, where social and economic groups are chronically excluded from access to sanitation.
4. Encourage gender sensitive budgets so that local governments can assess the economic value of policy commitments on gender equality.
5. Introduce affirmative action programmes for training women in technical and managerial careers in the water and sanitation sector.

RPG2 Safe environments and physical activity

1. Ensure that there is a balance between boys' and girls' physical activity and sport options. Allow students to participate in non-traditional sports and activities.
2. Include explicit teaching about the relationships between sport, physical activity, and the construction of masculinities and femininities.
3. Promote injury prevention programs that are responsive to diverse populations, including high-risk groups based upon age, gender, disability, ethnicity/race, geographic region, and socio-economic status

RPG3 Improved outdoor and indoor air quality

1. Promote the collection of sex-disaggregated data in national health surveys.
2. Promote the implementation of gender analysis, which aims to disaggregate social from biological differences between males and females. This will help to elucidate the possible sources of the effect modification of sex reported by epidemiological studies of air pollution effects on respiratory health, and clarify if this effect is attributable to socially-derived gendered exposures, to sex-linked physiological differences, or to some interplay thereof.
3. Reduce indoor pollution -especially in rural areas of the Caucasus, central Asia and eastern Europe- by reducing pollution at source, altering the living environment and user behaviour.

RPG4 Safe chemical, biological and physical environments

1. A gender equality approach needs to be taken to protect women's health and help women participate more in environmental decisions about policies, processes and forums.
2. It is essential that women are brought into the mainstream of environmental decision-making processes, whether community based or those initiated by governments, for programmes – for instance, to protect humans from exposure

to toxic chemicals – successfully to fulfil their purpose, ensuring women can actually benefit from them.

Cross-cutting recommendations

Policy dialogue:

- Integrate gender equity discussions in high level consultations, policy dialogues, agreements with and within governmental institutions, formulation and the implementation of policies and programmes
- Integrate gender, health and environment in international commitments such as MDG, CEDAW
- Raise awareness of differential exposure and vulnerability between men and women to environmental hazards as well as consequences for future generations
- Involve civil society organization and women's groups
- Focus on risk and vulnerability
- Dissemination of available evidence of gender environment and health that can inform policies and legislations

Gender sensitivity in research:

- Acknowledge the importance of having sex-disaggregated data and allocate funds for this purpose
- Promote analysis of the complexity of interactions between gender, sex and different social stratifies such as ethnicity, education and income.
- Aim at reducing the gender bias in research by identifying possible misclassifications and selection bias in social epidemiology
- Acknowledge and pay attention to the influence of household and risk factors within the social determinants of health

Developing, monitoring and evaluating environment and health policies and programmes:

- Promote and support intersectoral collaboration, especially between the health, environment and labour sectors, with gender as a cross-cutting issue.
- Promote and support gender analysis and the wide circulation of results.
- Support the building of gender capacity for major actors in the planning, monitoring and evaluation processes, both at the central and local levels
- Promote the allocation and implementation of adequate funding of gender equal programmes
- Promote and support the inclusion of gender sensitive indicators and gender expertise in evaluation and monitoring.
- Identify gender inequities in health policies and programmes and propose gender equal approaches
- Promote and support special studies that analyse the causes of gender differences and inequities and assess their impact

Intercountry collaboration:

- Aim at reducing gender inequalities among different European countries by promoting cooperation programmes and initiatives between different countries



V I FORUM
“Gender inequalities in health and environment”
11 and 12 (morning) November, 2009
Draft Programme

November 11

10:00-10:30 Opening

Minister of Health and Social Policy

José Martínez Olmos. Secretary-General of Health Policy. Ministry of Health and Social Policy

10:30-11:30 Plenary Lecture

Yordi Isabel Aguirre. Gender and health, Country policies and systems. WHO Regional Office for Europe

11:30-12:00 *Coffee-Break*

12:30-14:30 Addressing gender inequalities in health and environment.

Moderation:

Concha Colomer Revuelta. Deputy Director General, Bureau of Health Planning and Quality. Director of the Observatory for Women’s Health. Ministry of Health and Social Policy

Participants:

- Kira Fortune. Pan American Health Organization. (to be confirmed)
- Ildefonso Hernández Aguado. Director General of Public Health and Foreign Health. Ministry of Health and Social Policy

14:30-16:00 Cocktail

16:00-18:00 Presentations and discussions

“Good practices in addressing gender inequalities in health and environment”

Moderation:

Miquel Porta Serra. Professor of Preventive Medicine and Public Health of the Autonomous University of Barcelona.

Participants:

Carmen Valls-Llobet. Endocrinologist
Dissemination of endocrine disruptors

Pilar de Bustos. Architect
Quality Environments

Sascha Gabizon. Executive Director. Women in Europe for a Common Future (WECF)

Maria Dolores Gerez Valls. Director of the Municipal Health Center. Department for Health and Consumer Affairs. San Fernando de Henares. Madrid

18:00-20:00 Session 1 Working group on gender, health and environment: presentation and discussion of case studies

Moderation:

Isabel Yordi, Gender and health, WHO Regional Office for Europe

Participants:

- Case study Serbia
- Case study Spain 1
- Best Practices Spain 2
- Case study Switzerland
- Case study Germany

VIFORUM

“Gender inequalities in health and environment”

November 12

9:30-11:30 Presentations and discussion

“Research on gender inequalities in health and environment”

Moderation:

Flora de Pablo. Research Professor. Biological Research Center. National Research Council. (To be confirmed)

Participants:

- Donna Mergler. Department of Biological Sciences. University of Quebec.
- Lucia Artazcoz Lazcano. Public Health Agency of Barcelona
- Julia del Amo. National Epidemiology Center. Instituto de Salud Carlos III. Ministry of Science and Innovation.

11:30-12:00 Coffee-Break

12:00-13:00 Conference

Luiz August Galvao. Head of Sustainable Development and Environmental Health, Pan American Health Organization.

13:00 Closing

Minister of Health and Social Policy
Minister of Equality

14:00-17:00 Session 2 Working group on gender, health and environment: Recommendations for policy brief on addressing socioeconomic and gender inequities in the WHO European Region.

GLOSSARY OF GENDER TERMS

Gender

Is used to describe those characteristics of women and men, which are socially constructed, while sex refers to those which are biologically determined. People are born female or male but learn to be girls and boys who grow into women and men. This learned behaviour makes up gender identity and determines gender roles.

Gender analysis

Identifies analyses and informs actions to address inequalities that arise from the different roles of women and men, or the unequal power relations between them, and the consequences of these inequalities for their lives, health and well-being. The way power is distributed in most societies means that women have less access to and control over resources to protect their health and are less likely to be involved in decision-making. Gender analysis in health often highlights how inequalities disadvantage women's health, the constraints women face to attain health and the ways to address and overcome these. Gender analysis also reveals health risks and problems which men face as a result of the social constructions of their role.

Gender equity

The absence of discrimination on the basis of a person's sex in opportunities, in the allocation of resources and benefits or in access to services.

Gender equity

Refers to the fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and

that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes.

Gender mainstreaming

An Economic and Social Council (ECOSOC) resolution defines mainstreaming gender as "... the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequity between men and women is not perpetuated. The ultimate goal is to achieve gender equity."

"Mainstreaming gender is both a technical and a political process which requires shifts in organizational cultures and ways of thinking, as well as in the goals, structures and resource allocations.... Mainstreaming requires changes at different levels within institutions, in agenda setting, policy-making, planning, implementation and evaluation. Instruments for the mainstreaming effort include new staffing and budgeting practices, training programmes, policy procedures and guidelines."

