Indicator name
Extent to which government gender equality policy for the healthcare sector is implemented
Aggregable indicator
No
Indicator type (quantitative/qualitative)
Qualitative
Thematic area of engagement
Promoting economic and social rights and empowering girls and women
Related objectives in the Gender Action Plan III
Overall thematic objective: Women, men, girls and boys, in all their diversity, fully enjoy and exercise their equal economic, labour and social rights. **Specific thematic objective 7:** Improved regulatory framework for ensuring equal access to universal and public quality preventive, curative and rehabilitative physical and mental health care services for women, men, girls and boys in all their diversity, including in fragile and humanitarian crisis-affected contexts.
Technical Definition
This is intended to measure the progress made by governments in applying their gender policies to the health sector by, e.g.: - Systematically analysing and overcoming gender biases and inequalities (i.e., discrimination and violence in access and delivery of services, opportunities for formal health-education, equal representation of women in management and leadership positions in the health system, etc.). - Ensuring that women's needs and priorities are voiced, understood and well addressed. - Avoiding reinforcing gender inequalities by ignoring the existing gender relations and power disparities between women and men in the definition of strategic plans.[1] - Strengthening health systems by ensuring safe, decent working conditions for female healthcare workers, who make up the majority of the workforce[2] (i.e., preventing sexual harassment and violence, ensuring women have appropriately-designed protective equipment, eliminating the gender pay gap, and adequately remunerating women for care work). - Formulating gender-transformative policies[3] and health professional regulations through all levels of health governance by supporting women's participation in decision-making and changing prevalent negative attitudes about women's leadership capacities and social roles.

[1] For instance, programmes aiming at improving women's access to health care services by developing locally-based facilities should make sure that women-to-women services will be available, with opening times adapted to women's needs and activities; or, programmes addressing women's health issues should not be limited to motherhood but should strive to address inequalities in access to health care and inadequate responses of health systems to women's varied health needs.

[2] See more info at "10 key issues in ensuring gender equity in the global health workforce" (WHO).

[3] Gender-transformative policies and programming include policies and programmes that seek to transform gender relations to promote equality and achieve programme objectives. This approach attempts to promote gender equality by (a) fostering critical examination of inequalities and gender roles, norms, and dynamics; (b) recognizing and strengthening positive norms that support equality and an enabling environment; (c) promoting the relative position of women, girls, and marginalised groups;

- Involving women's organisations and gender experts, from the formulation to the evaluation of health policies.
- Making use and creating demand for sex-disaggregated and qualitative data (i.e., on women and men's health standards; roles in and access to the health care sector - both formal and informal - and services; their knowledge, needs and priorities, and preferences with regards to health services; etc).

Rationale

The way health services are organised and provided can either limit or enable[4] women's access to healthcare information, support and quality services. Due to their sexual and reproductive functions and the gender roles that societies create, women in all their diversity experience specific health issues and have particular needs and requirements in relation to access to and provision of healthcare that need to be taken into account.[5]

Although women make up most of the health workforce, few women are in leadership roles. Compared to men, they are underpaid, underrepresented in decision-making positions and frequently experience gender-based discrimination, violence and harassment. Women also disproportionately work in unpaid informal roles, lacking social protection.[6]

Furthermore, global health emergencies, like Covid-19, highlighted the importance of strengthening health systems to mitigate and reduce the harm caused to women and girls during such crises. Better prepared health systems can offer uninterrupted essential services for women and girls when they need them most, including services for victims and survivors of gender-based violence.[7]

Data source and calculation

Reporting covers cooperation, development and humanitarian (if applicable) initiatives and investment frameworks funded by the EC (INTPA, NEAR, FPI, ECHO) and EEAS.

EUMS may provide information related to their interventions through their contributions to GAP III reports or through the EUDs, e.g., in cases of joint dialogue (i.e., as part of joint programming or TEI).

Data sources:

The intervention's monitoring and reporting systems, e.g., inception, interim and final reports from implementing organisations (including governments, international organisations, national and international civil society organisations, etc.), ROM reviews and evaluations.

Surveys/interviews conducted and budgeted by the intervention can also be relevant data sources.

Baseline and endline studies conducted and budgeted within the EU intervention. These studies

---

and (d) transforming the underlying social structures, policies, and broadly held social norms that perpetuate gender inequalities.

[4] Women and girls often face greater barriers than men and boys to accessing health information and services. These barriers include restrictions on mobility; lack of access to decision-making power; lower literacy rates; discriminatory attitudes of communities and healthcare providers; and lack of training and awareness amongst healthcare providers and health systems of the specific health needs and challenges of women and girls. ("Gender and Health", WHO)

[5] See more detailed info on gender inequalities in "Gender and health. Thematic Brief". EU Gender Ressources Package (INTPA ACADEMY)

[6] Ensuring gender-responsive health systems (WHO)

[7] Gender equality by 2045: reimagining a healthier future for women and girls (WHO).

can be conducted as part of the gender country profile and / or gender sector analysis, or be based on existing official reports and published data. Baseline and endline studies should be conducted using the same data collection methodology.

Calculation:

- Services and facilities availability (functioning and in sufficient quantities), accessibility (non-discrimination, physically and economically accessible, information accessibility), acceptability (culturally acceptable, sensitivity to marginalised/vulnerable groups) and quality (safe, technically approved and sustainable).
- Application and effectiveness of laws, regulations, measures, policies, procedures related to gender equality and non-discrimination in the healthcare sector.

Any of the above-mentioned measures, among others, provided by the EU intervention that shows the implementation of the government's gender equality policy in the health sector is counted once.

Worked examples

In the country A, the EU supports the implementation of the National Health Strategy. Pillar 2 of the Strategy aims to develop a comprehensive mechanism to improve gender mainstreaming in the health sector. Through different interventions, the following initiatives are taken: establishment of the gender unit at the Ministry of Health, development of gender-responsive national health indicators, establishment of sexual and reproductive health services in the community health posts across the country, and sexuality education programmes in schools.

- ⇨ The measures put in place to implement the government gender equality policy for the healthcare sector are 4
- ⇨ The results of the evaluations by skilled specialists with gender and human rights perspectives about the effectiveness and efficiency of the measures put in place to implement the government gender equality policy for the healthcare sector

Baseline

Data from official counterparts where possible and applicable (i.e., national women's machinery, national gender observatories, line ministries/authorities, statistical institutes, etc.). Data from international and national organisations or other independent non-state actors.

If baseline data are lacking, a mapping can be done at the start of the intervention using surveys/ interviews.

The baseline can be 0 when the indicator is achieved with the EU funded intervention.

Disaggregation

N/A

Availability and Timeliness

Information should become available annually, depending on the duration of the intervention.

Related DAC CRS code

122 - Basic health/ 12220 - Basic health care/ 12230 - Basic health infrastructure/ 12240 - Basic nutrition/ 12250 - Infectious disease control/ 12340 - Promotion of mental health and well-being
130 - Population Policies/Programmes & Reproductive Health/ 13020 - Reproductive health care/ 13030 - Family planning/ 13030 - STD control including HIV/AIDS/ 13081 - Personnel development for population and reproductive health
150 - Government & Civil Society/ 15160 - Human rights/ 15180 - Ending violence against women

and girls
Associated SDGs
SDG 3 Ensure healthy lives and promote well-being for all at all ages Target 3.1., Indicators 3.1.1 (see Metadata) Target 3.2, Indicators 3.2.1 (see Metadata), 3.2.2 (see Metadata) Target 3.3, Indicators 3.3.1 (see Metadata) Target 3.7, Indicator 3.7.1 (see Metadata), 3.7.2 (see Metadata) Target 3.8, Indicator 3.8.1 (see Metadata), 3.8.2 (see Metadata) Target 3.b, Indicator 3.b.1 (see Metadata), 3.b.2 (see Metadata) Target 3.c, Indicator 3.c.1 (see Metadata) SDG 5 Achieve gender equality and empower all women and girls Target 5.1, Indicator 5.1.1 (see Metadata) Target 5.2, Indicator 5.2.1 (see Metadata) Target 5.3, Indicator 5.3.1 (see Metadata), 5.3.2 (see Metadata) Target 5.6, Indicator 5.6.1 (see Metadata), 5.6.2 (see Metadata) Target 5.c, Indicator 5.c.1 (see Metadata)
Other issues
The gender country profile and/ or gender sector analysis can be relevant sources of information for establishing baselines. If there is no gender analysis available at the EUD, it is recommended to look at the analysis undertaken by EU Member States or other trusted partners (UN, World Bank, human rights national and regional mechanisms, etc.) as well as the national-level reviews carried out in 2019 by UN Women and the partner countries to assess progress made and challenges encountered in the implementation of the Beijing Declaration and Platform for Action. Special attention should be paid to following up on partner country institutions reached with EU support.