THE HENRY J. KAISER FAMILY FOUNDATION

U.S. GLOBAL HEALTH POLICY

THE U.S. GLOBAL HEALTH INITIATIVE'S WOMEN, GIRLS, AND GENDER EQUALITY PRINCIPLE: A ROUNDTABLE DISCUSSION

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INTRODUCTION

On November 22, 2010, the Kaiser Family Foundation convened the first public discussion focused on the women, girls, and gender equality principle of the U.S. Global Health Initiative (GHI). The inclusion of this principle, the first of seven core principles, in the GHI signaled that the health of women and girls was a top priority on the U.S. global health policy agenda. However, many questions remain regarding how this principle will be operationalized, reflected in programs on the ground, and ultimately impact the health outcomes of women and girls around the world.

The roundtable discussion focused primarily on draft guidance developed to inform implementation of the principle in the field by GHI country teams. The draft guidance—***The U.S. Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality***—was the first guidance developed for any of the seven GHI core principles.[1]

Roundtable participants included gender experts from a wide range of organizations, such as non-governmental organizations (NGOs), U.S. government implementing partners, and U.S. government officials, including representatives of the Department of State's Office of Global Women's Issues and the interagency task force charged with developing the guidance. The roundtable began with an overview of the guidance, and the process used to develop it, by the Office of Global Women's Issues and interagency task force members and was followed by a question and answer period and more in-depth discussion among participants.

This document includes background on the women, girls, and gender equality principle and draft guidance and summarizes the key issues and questions that emerged from the roundtable discussion.

THE PRINCIPLE

In May 2009, President Obama announced the U.S. Global Health Initiative (GHI), proposed as a six-year, $63 billion effort to develop a comprehensive U.S. government strategy for global health that builds on and expands U.S. efforts in the areas of HIV/AIDS, tuberculosis, malaria, neglected tropical diseases, maternal health, child health, family planning/reproductive health, nutrition, and health systems strengthening.[2] The GHI acts as an umbrella, coordinating most U.S. global health activities, and is to be guided by seven core principles, the first one being women, girls, and gender equality (see Figure 1).[3,4,5,6]

Figure 1. The Seven Core GHI Principles[3,4,5]

Focus on women, girls, and gender equality

Encourage country ownership and invest in country-led plans

Build sustainability through health systems strengthening

Strengthen and leverage key multilateral organizations, global health partnerships, and private sector engagement

Increase impact through strategic coordination and integration

Improve metrics, monitoring, and evaluation

Promote research and innovation

Documents released by the Administration—a consultation document in February 2010 and a strategy document in March 2011 that builds on the original consultation document—further defined this principle and outlined some of the activities necessary for its application.[3,4] This principle aims to sharpen the focus on women and girls across U.S. government global health efforts. The goal is to not only improve health outcomes for women and girls directly, but also the outcomes for their families and communities as women often play a central role in the health of others in their capacities as mothers, spouses, and informal caregivers. It recognizes that women and girls in the developing world experience many interrelated health challenges and often face significant barriers to accessing health services and care, some of which are further compounded by gender-related norms, customs, and practices within countries.

The strategy also indicated that while the GHI approach would be applied to all countries in which the U.S. government provides global health assistance, it would be intensified in a subset of "GHI Plus" countries, to accelerate the implementation of GHI,[7] with guidance on each core principle developed to assist these countries in designing GHI country plans. As such, the GHI Plus countries serve as an initial lens through which to assess how the women, girls, and gender equality principle might be incorporated. The first set of GHI Plus countries—Bangladesh, Ethiopia, Guatemala, Kenya, Malawi, Mali, Nepal, and Rwanda—were announced in June 2010. These eight countries represent a diverse group across a range of indicators related to women and girls; in each, the U.S. government is currently funding maternal and child health and family planning/reproductive health programs (see Figure 2).

Figure 2. Selected Characteristics of the GHI Plus Countries[7,8]

	Bangladesh	Ethiopia	Guatemala	Kenya	Malawi	Mali	Nepal	Rwanda
U.S. Maternal, newborn, and child health program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
U.S. Family planning and reproductive health program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Maternal mortality ratio (per 100,000 live births), 2008	340	470	110	530	510	830	380	540
Antenatal care coverage (at least four visits), 2000-2009 (%)	21	12	66	52	57	35	29	13
Births attended by skilled health personnel, 2000-2008 (%)	18	6	41	42	54	49	19	52
Unmet need for family planning, 2000-2007 (%)	17.1	33.8	27.6	24.5	27.6	31.2	24.6	37.9
Women's share of adults living with HIV, 2009 (%)	31	NA	33	58	59	61	33	63

THE GUIDANCE[1]

The Office of Global Women's Issues at the Department of State was charged with developing the guidance to help operationalize this principle and coordinate its incorporation into U.S. global health activities, starting with the GHI Plus countries. To assist with these efforts, the office convened an interagency task force during the summer of 2010, which included representatives from the many other agencies and programs that also implement U.S. global health efforts, including the U.S. Agency for International Development (USAID) and the Centers for Disease Control and Prevention, as well as the Department of Defense, the Health Resources and Services Administration, the National Institutes of Health, the Peace Corps, and the Millennium Challenge Corporation (MCC). In addition to helping to develop the guidance, the task force was asked to:

- Develop a compendium of programming best practices to share with the field;
- Serve as a resource to country teams as they implement the GHI;[9] and
- Monitor implementation progress.

The draft guidance identifies three requirements for GHI country strategies as well as 10 "key elements of implementation" (see Figure 3). These 10 elements are not prioritized or required, serving more as a menu of options for country teams as they develop their strategies. Each element also includes several programming recommendations, ranging from concrete, actionable steps (e.g., ensure clinics/services have flexible hours of operation to reduce barriers to care) to more conceptual ideas (e.g., support multi-sectoral programs to empower women and girls to improve self-esteem, negotiation skills, and economic opportunities).

Figure 3. The GHI Supplemental Guidance on Women, Girls, and Gender Equality Principle – Requirements and Implementation Elements[1]

Requirements for Country Strategies
- Each country team must conduct a gender assessment and analysis.
- Each country team must provide a short narrative in their GHI strategy document describing how they will implement the principle.
- Teams will collect sex- and age-disaggregated data and other relevant health statistics to enable the monitoring of progress and evaluation of effectiveness of programs related to the principle.

10 Key Elements of Implementation
- Ensure equitable access to essential health services at facility and community levels.
- Increase meaningful participation of women and girls in planning, design, implementation, monitoring, and evaluation of health programs.
- Monitor, prevent, and respond to gender-based violence (GBV).
- Empower adolescent and pre-adolescent girls by fostering and strengthening their social networks, educational opportunities, and economic assets.
- Engage men and boys as clients, supportive partners, and role models for gender equality.
- Promote policies and laws that will improve gender equality, health status, and/or increase access to health and social services.
- Address social, economic, legal, and cultural determinants of health through a multi-sectoral approach.
- Utilize multiple community-based programmatic approaches, such as behavior change communication, community mobilization, advocacy, and engagement of community leaders/role models to improve health for women and girls.
- Build the capacity of individuals, with a deliberate emphasis on women, as health care providers, caregivers, and decision-makers throughout health systems, from the community to national level.
- Strengthen the capacity of institutions, which set policies, guidelines, norms, and standards that impact access to, and equality of, health-related outreach and services, to improve health outcomes for women and girls and promote gender equality.

According to interagency task force members, the draft guidance was circulated among the GHI Plus countries in order to solicit initial feedback and to help inform these countries' GHI strategies, which were expected to be submitted to GHI officials at the end of 2010 for review. The interagency task force views the guidance as a "living document" and plans to incorporate feedback from not only the GHI Plus countries, but other stakeholders as well, including roundtable participants. Once the guidance is finalized, it will be shared with all GHI countries to help inform the development of their strategies.

ROUNDTABLE DISCUSSION & KEY ISSUES

The discussion on the women, girls, and gender equality principle and guidance included both technical points pertaining to the draft guidance as well as broader discourse surrounding the principle, the implementation of the guidance, and the implications for U.S. global health activities and the health outcomes of women and girls. While many issues and questions were raised, a number of key discussion points came to the fore and are summarized below.

What was the impression of the guidance among roundtable participants? There was general consensus among participants on the need for and importance of the guidance with many participants expressing satisfaction with the draft and its core components, including the three requirements of GHI countries—the gender assessment and analysis, gender narrative, and the collection of sex- and age-disaggregated data and other relevant data (see Figure 3).

Nonetheless, participants raised many questions, largely related to how the concepts and recommendations presented in the guidance would ultimately be implemented, including questions about their integration with other GHI principles (e.g., country ownership). Participants also made recommendations on concepts or ideas that should be reflected in the guidance, but were absent from the draft. For instance, multiple participants emphasized the importance of applying a "human rights lens" to the guidance to underscore the link between discrimination and adverse health outcomes, and a number of others suggested that the importance of access to family planning and reproductive health commodities (e.g., contraceptives) be further incorporated into the guidance. Additionally, a number of participants said that they would be submitting formal, written comments to the interagency task force to inform the next iteration of the guidance.

Should the 10 key implementation elements be prioritized or required? According to U.S. government officials, the guidance aims to strike a balance between being specific enough to provide accessible, practical, and actionable steps for country teams, but broad enough to allow country teams the flexibility necessary to design programs that best suit the on-the-ground realities and circumstances identified through their required gender analyses. Therefore, the 10 key implementation elements of the guidance—identified by the task force as the most salient components of programs that address the realities of women and girls' lives, their health needs and vulnerabilities, and gender equality more generally—were presented as a menu of options for country teams to apply individually or in combination. The guidance was explicit, however, about the importance of implementing multiple elements together to optimize the effectiveness of programming and achieve desired outcomes.

While participants agreed that flexibility was important so countries could customize their activities, they raised concern that opportunities would be missed or programs undermined if the elements of the guidance are presented as "optional" and without further recommendations on prioritization. Yet all agreed that prioritizing among these elements was difficult, and participants did not offer specific suggestions on how to do so.

What is the relationship between the health and non-health elements of the guidance? Participants recognized that there are many factors directly and indirectly related to improving health outcomes for women and girls and emphasized the importance of "linkages" and integration among U.S. global health programs as well as between health and other U.S. development efforts (e.g., education, governance, etc.). There was general agreement that establishing and maintaining linkages is challenging, and some participants expressed concern that the guidance did not clarify how these connections would be made. Interagency task force members said that they can help ensure linkages are created since they have a broad view of U.S. government global health and development efforts.

At the same time, some participants voiced concern that the guidance too heavily addressed the non-health issues that are focused on gender equality without clearly tying them back to health programs or outcomes. In addition, participants raised concern about the practical implications for programming and budgeting. For instance, one participant asked whether country programs were to be expected to account for this broader gender programming (e.g., engage religious leaders in efforts to address gender equality or support advocacy activities of civil society organizations to promote gender equality) within health budgets.

What staffing model is necessary for the implementation of the guidance? Staffing in the field was a major point of discussion, although there was no consensus reached on the "right" or "ideal" staffing model necessary for the application of the principle. Participants debated the merits of various in-country staffing arrangements that would ensure the ongoing implementation of gender programming (e.g., having a "gender focal point" or "gender advisor" on the ground versus a team or committee-based approach) and raised questions related to the types of responsibilities, skills, and authorities potential staff should possess.

There was some consensus, however, on the need for senior, seasoned professionals who could effectively maneuver among the U.S. government health programs and agencies under the GHI and across other U.S. development initiatives in order to increase the focus and efficiency of gender-related programs. In the words of one participant, the implementing staff should include someone with "juice" who can leverage U.S. government resources and connect with local networks or women's organizations, for example, although these two aspects of the work may not always be accomplished through one person. Regardless of who is ultimately leading the U.S. effort, participants expressed the importance of hiring staff with expertise on gender and health and training country teams on gender issues as well.

Are there new financial resources available for the implementation of the guidance? Participants asked about whether or not additional resources would be made available to GHI country teams for implementation. U.S. government representatives indicated that such resources are limited and are principally intended for the establishment of the "learning agendas" in GHI Plus countries, and may or may not be approved by Congress. They stressed the importance of non-financial resources, such as technical assistance, for country teams as they reorient existing programs to reflect the principle and noted that some GHI Plus countries have already requested additional technical assistance for implementation and that there are technical assistance resources currently available within U.S. government agencies that could be tapped.

Participants noted the importance of engaging with experts outside of the U.S. government for technical assistance, which may include entities in the private sector, but also expressed concern about the lack of dedicated resources for implementing the principle. Participants also emphasized the importance of tracking existing funds and other resources closely and prioritizing programming assets based on evidence and epidemiology (e.g., concentrating funds in sub-districts with very high rates of HIV or high rates of child marriage). U.S. officials said that technical assistance will be provided to help country teams critically assess their situations and invest resources appropriately.

What relationships should the U.S. government leverage to ensure the application of the principle? Many participants highlighted the need for linkages and coordination between U.S. efforts and those of local (in-country), private sector, and multilateral entities (e.g., United Nations Population Fund, Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI Alliance, World Health Organization, Pan American Health Organization, etc.) in the implementation of the principle. Further, participants raised questions regarding how to best leverage the institutional capacities of multilateral institutions as the U.S. government reshapes its global health efforts. For instance, it was suggested that the U.S. government could work with multilateral partners to collect data that would benefit the GHI's measurement and evaluation efforts. Task force members acknowledged the importance of working with and across multilateral country partners to leverage efforts but also to ensure the inclusion of an emphasis on women and girls throughout global health programs. As one stated, "talking about this and raising this as a priority everywhere" is important.

What is the role of women and girls, and civil society more broadly, in the implementation of the guidance? Participants were pleased that the guidance called for the "meaningful participation of women and girls" in all aspects of principle implementation, from planning and program design to evaluation, and that civil society should be consulted as part of the gender assessment and analysis required of countries by the guidance. However, participants suggested that the term "meaningful participation" be further defined and clarified in the guidance to help ensure that women and girls are being appropriately and effectively involved.

Engaging women early on in the design process of programs was cited as being critical to ensuring that services or commodities (e.g., contraceptives) are appropriate and ultimately used by women. Networks of women, such as midwives, unpaid caregivers, women living with HIV, and women business owners, were mentioned as particularly important to involve, as they are not only potential consumers of services, but can play roles in service delivery and program implementation. Participants cautioned against underestimating the significant investment needed to strengthen civil society at all levels, such as, for example, increasing the advocacy skills of women so that they can engage more effectively in health efforts, and creating the demand for those efforts.

Members of the interagency task force underscored the U.S. government's commitment to not only involve civil society in implementation—engaging women and girls as well as men and boys, where appropriate—but to strengthen civil society at the country level in order to create demand for programs and interventions that reflect country priorities. Further, this demand creation was noted by the interagency task force as critical for "country ownership", especially when trying to implement an agenda which could be seen as potentially challenging cultural practices and norms.

What lessons can be drawn from existing U.S. government efforts and others? Participants and U.S. officials noted that it was important to assess lessons learned from past and present efforts focused on women, girls, and gender equality. Several noted that effective gender programs are those that have looked across sectors, and have included health interventions such as emergency contraception and post-exposure prophylaxis for HIV (antiretrovirals), programs engaging men and boys, strategies for preventing intimate partner violence, and efforts to change laws and policies at the country level. For example, U.S. gender-based violence (GBV) efforts were discussed as a key example of cross-government approaches from which lessons can be drawn. Specifically, work being done by the Office of the Global AIDS Coordinator (OGAC) to scale-up PEPFAR GBV activities was highlighted as it has been designed to help mobilize communities on the ground and to engage governments at the highest levels.

The MCC was cited as having a strong gender lens that is applied as projects are being developed. Additionally, having operational procedures and defined milestones for countries and U.S. government partners to ensure that country programs do more than simply "check the box" when it comes to integrating gender into programs, as the MCC does, was cited as important.

Finally, it was noted that the requirement for countries to conduct a gender analysis did not necessarily mean starting anew; rather, such an analysis could build on existing efforts and requirements, such as those already required by USAID for all USAID strategic plans, projects, and activities.[10]

What is the role of measurement and evaluation? Measurement and evaluation was the most discussed topic during the roundtable. There was consensus on the importance of having strong measurement and evaluation strategies in place, and recognition that this is much easier said than done. Many participants agreed on the importance of developing a core subset of indicators to measure implementation, which will also help the U.S. government identify what works as well as what doesn't work.

For more information about indicators related to the health of women and girls and gender equality, see the Kaiser Family Foundation's *The U.S. Global Health Initiative's Women, Girls, and Gender Equality Principle: A Matrix of Key Indicators by County.*[8]

In addition to the interagency task force working on the women, girls, and gender equality principle, there is an interagency task force working on measurement for the GHI more broadly, with a special effort focused on the GHI Plus country learning agendas. U.S. government officials acknowledged the challenges they face in developing and defining metrics for the multidimensional and complex concepts included in the GHI, such as country ownership, sustainability, and women, girls, and gender equality, which require new indicators and interim measures to assess implementation and results.

The U.S. government described the steps they are taking to incorporate strong monitoring and evaluation into the implementation of the principle. One early step was requiring country teams to collect age- and sex-disaggregated data, as well as other health-related statistics, as part of the guidance. Participants underscored the importance of age- and sex-disaggregated data, and how critical they are for understanding the impact of health problems on women and girls, designing effective solutions, and measuring progress, especially for pre-adolescent and adolescent girls who face different challenges and circumstances compared with adult women. One participant said that "indicators really do drive programs" and "if we don't have measurements that really address girls and women or pre-adolescents and adolescents, we're not going to get where we want to go…".

U.S. government officials said they will be developing new data collection methods and fielding new surveys in some GHI Plus countries to improve the availability of data. The U.S. government is also trying to identify indicators for the GHI Plus country learning agendas, which will be a "coherent set" of studies examining the new way the GHI anticipates doing business. Learning agendas in each GHI Plus country are being developed by U.S. government teams who are identifying core questions that, if answered, would help inform national decision-making about the orientation of health sector programming, according to U.S. government representatives present at the roundtable.

What is the role of leadership in the application of the principle and implementation of the guidance? Finally, participants pointed to the importance of leadership at all levels to the implementation and sustainability of the principle. Participants specifically acknowledged the importance of leadership from high-level U.S. government officials, particularly Secretary of State Clinton, in helping to advance the principle and urged the U.S. government to stay the course to ensure that it is firmly entrenched in U.S. global health efforts. Participants saw leadership as critical both internally and externally, serving to motivate U.S. government country teams as the principle is being implemented and to engage the governments of the countries within which the U.S. operates its programs. The external need for leadership was noted as relevant not only to the women, girls, and gender equality principle, but to the application of GHI principle of country ownership as well. According to some participants, when coupled together, these two principles may be difficult for country governments to reconcile as, in some ways, the women, girls, and gender equality principle may challenge cultural practices and norms and national governments may be reluctant to fully embrace it.

CONCLUSION & NEXT STEPS

In summary, the roundtable covered a wide range of issues related to the draft guidance on the women, girls, and gender equality principle of the GHI and allowed for dialogue between the U.S. government and many of the organizations engaged in efforts to improve the health of women and girls. While there was relative satisfaction with the draft guidance and its core components, the roundtable discussion raised many questions, principally underscoring the many considerations for and challenges of implementation in the field.

U.S. government officials noted a number of next steps the interagency task force will be undertaking following the roundtable. Most immediately, the task force will revise the guidance to reflect feedback from a range of stakeholders, including GHI Plus country teams and roundtable participants. Once revised, the guidance will be sent to country teams. Officials at the roundtable also said that the task force will be reviewing the women, girls, and gender equality components of GHI Plus country plans as they are submitted—the first plans were expected to be submitted at the end of 2010. Implementation of the guidance will also be a major focus of the task force; it intends to develop a technical assistance plan for GHI countries implementing the guidance as well as resources on "best practices" for the field, which will include a comprehensive review of the literature to identify health programs and interventions that successfully applied a women, girls, and gender lens or approach.

To complement this work, the Kaiser Family Foundation will be undertaking a series of projects to examine the key lessons learned from implementing programs (both government and non-government) focused on women, girls, and gender equality and track key developments related to the women, girls, and gender equality principle. Also, beyond the roundtable, Kaiser plans to provide additional opportunities for the network of individuals and organizations working in the areas of health and women, girls, and gender equality, to continue and further build upon the dialogue generated at the roundtable as the implementation of the GHI unfolds.

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[1] U.S. Department of State, *The U.S. Global Health Initiative Supplemental Guidance on Women, Girls, and Gender Equality;* provided to roundtable participants November 2010.

[2] The White House, Office of the Press Secretary, *Statement by the President on Global Health Initiative;* May 5, 2009.

[3] U.S. Government, *Implementation of the Global Health Initiative: Consultation Document;* February 2010.

[4] U.S. Government, *The United States Government Global Health Initiative Strategy;* March 2011.

[5] The phrasing of the principle has changed over time—from "implementing a woman- and girl-centered approach" in the original GHI consultation document (February 2010) to "focus on women, girls, and gender equality" in the draft guidance and strategy.

[6] For more information on the GHI, please see Kaiser Family Foundation resources available at: http://www.kff.org/globalhealth/Resources-on-the-US-Global-Health-Initiative.cfm.

[7] U.S. Department of State, USAID, and Department of Health and Human Services, "U.S. Government Support for Global Health Efforts"; June 18, 2010. Available at: http://www.state.gov/r/pa/prs/ps/2010/06/143307.htm.

[8] Kaiser Family Foundation, *The U.S. Global Health Initiative's Women, Girls, and Gender Equality Principle: A Matrix of Key Indicators by Country;* March 2011.

[9] A U.S. government official at the roundtable defined "country teams" as generally including U.S. government personnel working on health issues on the ground from USAID, PEPFAR, Centers for Disease Control and Prevention, Health Services Resources Administration, the Department of Defense, and the Peace Corps, although the exact composition of a country team varies depending on the programs available in a particular country and includes a diplomatic component as well.

[10] For information about USAID's Automated Directives System (ADS) and how it relates to USAID's gender work, see: http://www.usaid.gov/policy/ads/aboutads.html and http://www.usaid.gov/our_work/cross-cutting_programs/wid/ads_gender.html.

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