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Evaluation Final Report

# Highlights from the External Evaluation of Gender Equality in PAHO's Technical Cooperation in Health in the Americas (2005 – 2023)

The Evaluation of Gender Equality in PAHO's Technical Cooperation in Health in the Americas (2005 – 2023) assessed the extent to which the integration of gender equality in PAHO's technical cooperation in health has contributed to changes in gender equality in the Region, in collaboration with Member States and other partners. The evaluation had a comprehensive geographical scope across the Americas and focused on actions taken from 2005 to 2023.

## Key Findings and Conclusions

- **Relevance and Coherence:** Over the years, PAHO has shifted its focus from women's health to broader gender definitions that incorporate concepts such as intersectionality and the social determinants of health framework. However, challenges persist in putting these concepts into practice and aligning PAHO's technical cooperation efforts in gender equality in health with international human rights frameworks such as the Convention on the Elimination of All Forms of Discrimination against Women. In addition, the fragmentation of approaches addressing gender-based violence and human rights across multiple departments coupled with changes in the organization of PAHO's Equity, Gender, Human Rights, and Cultural Diversity Unit over time has led to inconsistencies in PAHO's technical cooperation efforts. Moreover, PAHO's Country Cooperation Strategies lacked systematic approaches for consultation and a greater focus on gender inequalities and their determinants.
- **Effectiveness:** The implementation of the PAHO Women, Health, and Development Program marked a turning point in promoting gender equality in the health agenda in the Region. PAHO has contributed to institutionalizing gender equality approaches health systems, national institutions, and civil society organizations. These approaches have focused on addressing critical public health issues (e.g., sexual and reproductive health, Gender-based violence (GBV), combined HIV prevention), access to health for population groups that face access barriers and exclusion (e.g., Indigenous women, Afro-descendant communities, LGBTI individuals), and promoting the care agenda. Collaborative efforts with community-based organizations have enabled the establishment of advocacy networks, the identification of gender health disparities, and the

fostering of grassroots engagement. Innovations such as gender-sensitive health indicators, HPV cancer prevention among adolescents, and inclusive vaccine programs for pregnant women advanced gender equity goals in some Member States. PAHO's technical cooperation efforts under the social determinants of health have primarily addressed risk factors that affect individuals' health, while distal determinants have received limited attention. Moreover, the low priority given by Member States to social determinants of health and related cross-cutting themes has hampered the implementation of multisectoral and long-term strategies to tackle systemic inequalities.

- **Efficiency:** PAHO's Gender Equality Policy and plan of action did not include a specific budget or funding plan. Gender, as one of the cross-cutting themes in the three strategic plans, has received modest funding. The availability of human resources designated specifically for gender equality work has been chronically scarce and has varied across PAHO's country offices. Nevertheless, PAHO has successfully tailored its gender equality advocacy and technical cooperation to accommodate different national contexts and sensitivities, even in countries with conservative movements. While PAHO has introduced gender-sensitive approaches to emergency responses, the mainstreaming of gender by Member States into their implementation of the International Health Regulations has been uneven, and gender-disaggregated data collection during emergencies remains challenging. Regarding alliances, PAHO's collaborations with regional organizations strengthened advocacy and

supported Member States in addressing structural inequalities. However, interagency collaboration has been weakened in some cases by diverging objectives, competition for resources, and overlapping mandates. Partnerships with civil society organizations have facilitated the cultural adaptation of gender-sensitive health interventions.

- **Sustainability:** The Gender Equality Policy and its related plan of action have not been sufficiently embraced by PAHO teams and partners, which has limited their sustainability. The sustainability of PAHO's gender equality efforts has been further challenged by the outdated policy and a lack of systematic monitoring. Despite training programs aimed at building internal capacity, the limited dissemination of tools and emerging gender-related issues remain insufficiently addressed. Reduced engagement with civil society further weakened community-driven gender equality interventions.

## Conclusions

PAHO has made notable strides in addressing gender equality in health within its technical cooperation in health efforts, adopting a more inclusive understanding of gender. It has positioned itself as a regional leader in gender equality advocacy, fostering the participation of women in public health decision-making at regional and global levels. However, the Organization's advocacy and visibility have diminished amidst the increasing presence of other regional and UN agencies. Strategic alliances were vital to the achievements, yet fluctuations in partnerships limited its ability to sustain progress and capitalize on existing regional networks. While gender has been a cross-cutting theme in PAHO's strategic plans since 2014; differences in the formulation of indicators have made it difficult to determine PAHO's contribution to reducing health-related gender disparities over time.

At the operational level, PAHO has been challenged in finding an adequate balance between further developing technical cooperation in support of the social determinants of health approach and promoting gender-focused interventions. Despite varying national sociopolitical sensitivities, PAHO's contribution to gender equality in health outcomes. PAHO has made significant programmatic contributions to advancing progress on critical issues (GBV, sexual and reproductive health, and access to health care for populations living in situations of vulnerability). PAHO's generation and analysis of data have been recognized as part of the Organization's added value. Yet, persistent challenges remain, including fragmented and underutilized data systems across Member States. At the organizational level, PAHO has strengthened the Equity, Gender, Human Rights, and Cultural Diversity Unit. However, resource constraints and siloed work hinder its capacity to promote gender equality in health within the Organization. Modest funding and reliance on specific donors have constrained the prioritization of technical cooperation efforts for gender equality in health agenda.

## Recommendations

1. **Integrate gender equality into the cross-cutting approaches, outcomes, and outputs** of PAHO's Strategic Plan 2026–2031 to strengthen the visibility and monitoring of PAHO's technical cooperation in gender equality and changes in national gender inequalities in health.
2. **Develop new guidelines and update the plan of action for gender equality in health** to reflect the evolving issues in gender and health in the Region, the needs of the Member States and communities, and WHO's global guidelines.
3. **Advocate for Member States to prioritize action on health determinants** and enhance collaboration with UN agencies, regional and national organizations, public administrations, and civil society organizations to foster intersectoral collaboration.
4. **Expand PAHO's technical cooperation in gender equality** to priority subnational areas to contribute to measurable changes in health inequalities and reinforce advocacy actions at the central level.
5. **Strengthen the technical and operational capacities and skills of PAHO's personnel** at all levels (regional, subregional, national) to better integrate gender equality into PAHO technical cooperation efforts.

An external independent team conducted the evaluation using a mixed-methods approach, drawing on primary and secondary data, documentary reviews, interviews, surveys, and focus groups. A participatory and collaborative process was applied, involving various stakeholders at different stages to enhance ownership of findings and recommendations. An intersectional and intercultural approach was used to consider how gender interacts with political and social factors. PAHO Evaluation ensured oversight, while ethical guidelines on voluntary participation, confidentiality, and data security were strictly followed. Deep-dive studies were conducted in Colombia, Panama, and Trinidad and Tobago, with less in-depth analyses in Brazil, Cuba, Mexico, and Uruguay. Challenges, such as the limited availability of key informants and fragmented data, were mitigated by snowball sampling strategies and qualitative and quantitative data triangulation.

## Contact

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