A CHECKLIST FOR GENDER CONSIDERATIONS FOR PHARMACEUTICAL SYSTEMS

INTRODUCTION

Gender disparities vary across health systems and affect access to and use of pharmaceutical products and services. Gender disparities are often compounded by financial ability, cultural and social norms, policies and laws, geography, age, and decision-making ability.[1] As pharmaceutical systems strengthening concepts are better defined,[2] the importance of addressing gender in pharmaceutical systems cannot be overstated. As the WHO states: 'A well-functioning health system ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use' (WHO 2007).[3]

The first step in applying a gender lens is the simple recognition that not all individuals and groups of individuals are the same. Women, men, girls and boys differ in their disease burden, in their access to treatment and responses to it, and confront genetic, physiological, social, economic, and environmental differences.[4] Without probing deeper into how women, men, girls and boys are affected by polices, laws, service delivery systems and access to medicines and products - life-saving health interventions may fail to reach some groups and even unintentionally cause harm. Ignoring the role of gender in health and development programming may cause inefficient use of resources and jeopardize patient-centered care.[5]

Mainstreaming gender is not a singular activity or intervention, but a dynamic and often complex process that should be an integral component of project design, implementation, monitoring, evaluation and learning.

Minimum Recommendations

- Request technical assistance from a gender expert to conduct a gender analysis within the parameters of a project, program, and initiative.
- Collect and analyze sex-disaggregated data (as appropriate) to see how the health and experiences of women and men may vary by age, geography, and socioeconomic status.
- Ensure project activities/interventions are, at a minimum, gender aware and where possible gender accommodating or transformative[3]
- Share gender-related successes, lessons, and challenges with program staff.

Using the Gender Checklist

This checklist is meant to guide pharmaceutical systems program managers and implementers to assess how gender relates to program goals and objectives. The questions provided are illustrative and are meant to catalyze discussion on how to apply strategic, intentional, and resourced technical support for gender integration during program design and implementation and to request technical assistance where and when needed.

WHY IS GENDER INTEGRATION IN PHARMACEUTICAL MANAGEMENT IMPORTANT?

A *pharmaceutical system* is defined as the structures, people, resources, processes, and their interactions within the broader health system that aim to ensure equitable and timely access to safe, effective, quality pharmaceutical products and related services that promote their appropriate and cost-effective use to improve health outcomes.[2]

The following are gender-related factors that can improve the ability of a pharmaceutical system to serve people equitably:

- Gender norms, roles, and relationships influence behaviors, access, and use of medicines, pharmaceutical products, and services;
- Clinical and health needs and expectations often vary for women, men, girls and boys across all age and sub-groupings;
- Understanding historical and current experiences across countries and cultures (economic, social, political) allows programs, policies, and governments to address the unique needs of women, girls and other disadvantaged sub-groups;
- Recognizing the intersection of gender, sex, age, socioeconomic status, race, ethnicity, decision-making ability, and empowerment helps promote greater health equity; and
- Filling gaps in research related to gender and pharmaceutical systems assists in building evidence-based programming and policy.

GENDER CONSIDERATION: PROGRAMS AND ECOLOGICAL LEVELS

Gender integration should be situated within a program's goals and objectives (Box 1). Given that gender factors may vary across levels in a health system, a list of illustrative questions for consideration are included below by three ecological levels (national, sub-national, community). Gender considerations are dynamic and are often reinforced across a system thus redundancies are intentional and reflect the complex nature of gender. Household and individual levels are excluded from the diagram below but are important considerations in optimizing access to and use of pharmaceutical products and services.

Box 1: Program Goal

- How will the proposed results of the program affect the relative health status of men and women? Will it exacerbate inequalities, accommodate inequalities, or transform gender relations? How?
- How will the different roles and relationships of women and men across all the different intervention levels affect the achievement of sustainable results?
- How do programmatic materials or resources contribute to positive gender transformative actions?

Illustrative Questions by Ecological Levels

NATIONAL LEVEL

1. Is there political will, support and commitment from the top and across stakeholders to lead and authorize processes for gender-equitable interventions?
2. How does the status of women and men in a country influence access, use, and availability of health commodities and services?
3. What are the disparities in women's and men's access to resources (e.g., land, financial, health, mobility) that may affect health and commodity access and use?
4. Do the laws and policies of the country support equality for women and men? For example, do those essential medicines incorporate differences in what women, men, girls and boys need? Are budgets sufficient for full implementation and are they monitored?
5. What national policies are in place to create an enabling environment for gender equity and UHC? What are bottlenecks and challenges?
6. Are there gender focal points and gender staff within ministries? Do they work with a network of local NGO stakeholders?
7. Does the government collect, analyze and use sex-disaggregated data for health decision-making?

REGIONAL OR DISTRICT LEVEL

1. How do regional or district level health facilities apply gender equality principles and policies to regional and district systems?
2. Which regional or district level policies address women's health issues?
3. Are there gender focal points within regional and district health systems and what decision-making power do they have?
4. Are there sufficient resources and budgets to support district and regional health needs for women, men, girls and boys?
5. What are the key bottlenecks and challenges for gender integration across regional or district level health systems?

COMMUNITY LEVEL

1. What are the different roles and status of women and men in the community? How might this affect health risks, vulnerability, and access to health commodities or services?
2. What meetings and community decisions do men participate in? Women?
3. What level of political power do men and women hold in the community?
4. Who controls health care decisions for children? How are boys' and girls' health treated differently?
5. What are local knowledge, beliefs, and perceptions about the roles of men and women in the community?

GENDER CONSIDERATIONS: THEMATIC TOPICS FOR PHARMACEUTICAL SYSTEMS

The following questions are organized by thematic topics relevant to pharmaceutical systems. The questions are intended to drive discussions about what to consider to advance a pharmaceutical program's gender integration.

Transparency and accountability of pharmaceutical systems

1. How do country pharmaceutical systems (government and private sector) ensure that the considerations of women, men, girls, and boys are included in what is procured and available?
2. What accountability measures within systems ensure gender inclusivity? How are these being implemented and monitored?
3. What tools or job aides exist that detail what information should be disclosed by governments and how increased transparency can strengthen accountability for access to medicines?
4. What inefficiencies have been identified in the following: a) the underuse of generic medicines and the overuse of overpriced medicines; b) the availability of substandard and falsified medical products; c) inappropriate and ineffective prescribing; and d) losses from the health system due to waste, corruption and fraud. How do these inefficiencies affect women and men differently?
5. How does the procurement of medical products integrate gender awareness in both needs assessed and in purchasing decisions in response to gender-related needs?[4]
6. Are there national assessors for conducting transparency assessments? And, if so, do they apply a gender inclusivity lens to their assessments?

Governance

1. How may existing evidence-based medicines policies and laws reflect the differing needs of women, men, girls, and boys?
2. What sex-disaggregated information and data are collected for women and men within the pharmacuetical system? What gaps exist in data collection, analysis and availability that affect program goals and objectives? What gender health statistics exist? Which ones are missing?
3. How do the effects of health-related policies vary for women and men, girls, and boys?
4. How are any potential gender biases addressed within pharmaceutical governance and regulatory systems?
5. What opportunities exist to amend pharmaceutical system policies for improved gender equity?
6. Does the government use health indicators that are gender-sensitive to measure success? *These would be indicators that disaggregate by sex and also capture key gender and health issues for specific groups of men or women.*
7. What pharmaceutical regulations exist that are intended to address gender inequities?

Stakeholder Engagement

1. How are the individual perspectives of women, men, girls and boys included in stakeholder engagement activities?
2. What policy platforms do women have to demand quality medicines and services?
3. What stakeholder engagement activities or tools support health equity and inclusion?
4. What measures are in place that help ensure balanced gender representation among key stakeholders?
5. Do those key stakeholders consulted include individuals or groups with a gender perspective (e.g., ministries, NGOs focused on promoting gender

equality, women's rights or the empowerment of women)?

6. Is there at least one stakeholder within the pharmaceutical regulatory system that has the expertise and capacity to integrate gender?
7. What consultations within the pharmaceutical health system have taken place to better understand local notions of gender, equity, and gender-aware interventions?

Public and private institutional capacity

1. What written pharmaceutical policies on gender equity are in place by organization, unit, or department? How widely known are these policies? How are staff members made aware of these policies? What is the capacity of staff to put these policies into operation in their daily work?
2. What capacity does the government have to ensure a gender perspective? Do they have a gender policy? To what extent are policies implemented? Is there a gender focal point? If not, what steps could be taken to ensure appropriate oversight, leadership and direction for gender-related policies in pharmaceutical systems?
3. To what extent do public and private institutions have access to and use gender experts for guidance for incorporating a gender lens into pharmaceutical systems?
4. What monitoring data are collected for capacity building activities to incorporate a gender lens? To what extent do they collect, monitor, and/or use gender-specific data related to capacity building?
5. What capacity building efforts do private sector entities in pharmaceutical systems implement that address gender? Do they have a gender policy? Is there a gender focal point? If not, what steps could be taken to ensure appropriate oversight for gender-related policies in pharmaceutical selection, management and distribution?

Data for decision-making

1. How do pharmaceutical management information systems address medicines and product needs that vary for women and men?
2. Do pharmaceutical management information systems collect, analyze, and monitor sex-disaggregated data?
3. What types of gender-specific data are available? Is what is available sufficient to address program goals and objectives?
4. In what ways is gender equality a significant element in weighting and recommending options?
5. Do delays in 'essential' medicines have any gender biases, e.g. medicines/products for women are not available at health facilities or nearby pharmacies?

Research

1. How are research protocols and tools addressing any potential gender biases in their development and deployment?
2. Who, at a national level, is in charge of the health research? Is there a gender advocate to push for gendered research in certain topics?
3. What types of gender-focused research questions are included in national research priorities?

Access to affordable medicines

1. Are women and men at the lowest economic strata within the country able to afford basic and essential medicines activities?
2. Are there any identified issues and differences with 'willingness to pay' among women and men for medicines?
3. To what extent are there differences in access by women and men?
4. How is sex-disaggregated evidence used to support medicine access strategies?
5. Are pharmacy benefits programs gender inclusive? Do they delineate needs/resources/benefits by sex/age/other sub-groups?

6. How do benefits programs counteract any gender biases in their development and/or implementation?
7. Is resource allocation the same for medicines and products used for women and men? How and who makes those resource allocation decisions?
8. Are there gaps in what is procured and available delineated by male and female products? Do available reproductive health products reflect female and male product preferences?
9. Are there gender biases in resources available for diseases and medical needs for women or men?
10. Who makes essential decisions about resource mobilization?

Access to and use of pharmaceutical services

1. Are 'essential' medicines and other health commodities and technologies available and appropriate for women, men, boys and girls and distinguished by different age and geographical categories? Are there medicines that women need that are not on the 'essential' medicine list?[4]
2. Is there awareness of differences in health commodity or facility access among women and men and how those drive distribution decisions?[4]
3. Do pharmaceutical logistic decisions ensure that there is a diversity of perspectives in the decisions that are made[4] at national, regional and community levels?
4. Are there any gender biases in the technologies developed and who has access to them? Are there 'female-specific' issues that lack any type of technological improvements? If so, what are these and how can the program advocate for these developments?
5. Does pharmaceutical care (national, community) distinguish between women, men, girls and boys, and by age groups in terms of differences in needs?
6. How are pharmacovigilance efforts responsive to the unique needs and experiences of men and women? Are there biases in patient-centered care?
7. How are local pharmacovigilance experts sensitized to local issues that may affect proper use of medicines, e.g. power-relations in household; costs, gender roles in community, etc.
8. What context-specific gender barriers impede proper use of pharmaceutical products and services? For example, do medical commodities come with literature that provides instructions using multiple methods, such as in diagram form or in local language?
9. What socioeconomic or cultural constraints do people face in accessing health services at each level? Are there differences in access between women and men?
10. What community support mechanisms (CHWs, gender champions, gender-specific messaging, etc.) are in place to ensure pharmacovigilance awareness is accessible to women and men ?

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COMMON GENDER DEFINITIONS[6,7]

Gender | The economic, social, political, and cultural attributes, constraints, and opportunities associated with being male or female in a particular society. It includes the roles, behaviors, rights, and responsibilities that a society considers appropriate for girls, boys, women, and men. Definitions of what it means to be a woman, man, girl or boy vary within and between cultures and change over time.

Gender Equality | When men and women have equal rights, and opportunities for realizing their full potential and for contributing to and benefiting from economic, social, cultural and political development. It is the equal valuing by society of the similarities and differences of men and women and the roles they play. It is based on women and men being full partners in their home, community, and society. Equality results from equity.

Gender Equity | Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality.

Gender Mainstreaming | The process of incorporating a gender perspective into policies, strategies, project activities, and administrative functions, as well as into the institutional culture of an organization. Indicators designed to measure gender-related changes in society. These indicators are used to assess progress in achieving gender equality.

Sex-disaggregated Data | Data that are collected, analyzed, and presented separately for males and females in an intervention that is targeting both males and females.

Gender aware | Refers to projects that purposely analyze gender considerations and focus on both their expected or possible impact on gender. Gender aware activities, policies, or projects should be designed to be at a minimum gender accommodating and aim to be gender transformative.

Gender blind | Refers to a project, activity, or policy that in essence ignores the roles, rights, and responsibilities associated with being female and male, and the power dynamics between men, women, boys, and girls.

Gender accommodating | Refers to projects, activities, and policies that work around existing gender differences and inequalities, rather than working to transform them.

Gender transformative | Refers to projects, activities, and policies that actively attempt to examine, and change rigid gender norms and power imbalances as a means of reaching health as well as gender equity objectives. Importantly, under no circumstances should projects, activities, or policies be gender exploitative.

Gender exploitative | Are projects that take advantage of existing gender inequalities to achieve program objectives. *Gender exploitative approaches cannot be used for integrating gender.*

RESOURCES

ADS Chapter 205: Integrating Gender Equality and Women's Empowerment in USAIDs Program Cycle, USAID, 2017.
https://www.usaid.gov/sites/default/files/documents/1870/205.pdf

Annexes to the UNDP Gender Equality Strategy 2014-2017: The Future We Want: Rights and Empowerment, UNDP, 2017. https://www.undp.org/content/dam/undp/library/gender/Annex%201%20Terminology.pdf

Gender and Health Systems Strengthening Course, Constance Newman, CapacityPlus, Intrahealth International, Global Health Learning Center, 2014:
https://www.globalhealthlearning.org/course/gender-and-health-systems-strengthening

Website: Gender Equality Glossary
https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode&hook=ALL&sortkey&sortorder&fullsearch=0&page=3

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[3] Everybody's Business - Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action. Geneva, World Health Organization, 2007

[4[Gender and Health Systems Strengthening Course, Constance Newman, CapacityPlus, Intrahealth International, Global Health Learning Center, 2014.
https://www.globalhealthlearning.org/course/gender-and-health-systems-strengthening

[5] Lori, Heise, Margaret E Green, Neisha Opper, Mariia Stavropoulou, Caroline Harper, Marcos Nascimento, Debrework Zewdie on behalf of the Gender Equality, Norms and Health Steering Committee, The Lancet, Vol. 393, No 10189. https://www.thelancet.com/series/gender-equality-norms-health

[6] These definitions come from USAID Gender Terminology, USAID, no date given.
https://pdf.usaid.gov/pdf_docs/Pnadl089.pdf

[7] Gender Integration Continuum, Interagency Gender Working Group (IGWG), funded by USAID
https://www.igwg.org/wp-content/uploads/2017/05/FG_GendrIntegrContinuum.pdf