



# Implementing EU GAP 2016-20 DEVCO & Health systems Strengthening

**Contribution from a public health Professional**

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## **EU GENDER TIMELINE**

**1) The Treaty of Rome in 1957**, signed by all then-Member States, mandated in Article 119 that women should be paid equally with men (Pillinger 1992).

**2) GEWE in external relations and development**

*EU Consensus  
on Development  
(2005)*

**Evaluation of EU Support to Gender Equality and Women's Empowerment in Partner Countries– 2007-2013**  
(report 2015)

# Gender Action Plan II

*Gender Equality and  
Women's  
Empowerment:  
Transforming the  
Lives of Girls and  
Women through  
EU External Relations  
2016-2020*

## Gender Action Plan 2

- adopted by the Council of the EU on 26<sup>th</sup> October 2015:

*"Gender equality is at the core of European values and enshrined within the European Union (EU) legal and political framework. The EU and its Member States are at the forefront of the **protection, fulfilment and the enjoyment of human rights by women and girls** and strongly promote them **in all external relations also beyond development cooperation.**"*

Gender Action Plan 2

- mandatory for all external relations of the EU, **including all member states and the EU delegations**

*"Gender is definitely a priority, and this will be ever **more visible in our concrete development actions.**"*

Neven Mimica, Commissioner for International Cooperation and Development



## Implementation through 4 pivotal areas (3 thematic and 1 horizontal)

- 1) Ensuring girls' and women's **physical and psychological integrity**
- 2) Promoting the social and **economic** rights / **empowerment** of women and girls
- 3) Strengthening girls' and women's **voice and participation**
- 4) *Shifting the **Institutional Culture** to more effectively deliver on EU commitments (horizontal goal)*

# Objectives for Institutional Change

- Increased **coherence and coordination** amongst EU institutions and with Member States
- Dedicated **leadership** on GEWE 
- Sufficient **resources** allocated
- Results for women and girls **measured**
- **Partnerships** fostered between EU and stakeholders to build national capacity

# Institutional Change: examples

- Ratio of women as **EU Heads of Missions** (Baseline 2014: 24%)
- *N# of **Member States programs** that support the achievement of the priorities identified in the SWD.*

*Ex: Increased coherence and coordination amongst EU institutions and with Member States....*

*Ex: **France's Gender and Development Strategy (2013–2017)** also identifies women's **sexual and reproductive health and rights as a core component**. France's external action on the issues of population and sexual and reproductive health and rights 2016-2020.*



# ***A selection of today's puzzles and highlights***

## ***Health systems as Institutions***

***=> For in country results : gender operational sectoral content in health systems strengthening.***

*... Health systems strengthening involve all four axis of the EU GAP:*

***Governance & stewardship, financing, supply systems, Human resources, service delivery....***

*= levers for institutional cultural shift within HS...?*

***=> Gender global accountability/quantitative  
Gender context sensitivity/qualitative***

## ***A selection of today's puzzles and highlights***

- *Accountability on public resources and allocation dilemma:*
  1. *Balance short term results versus slower systemic changes,*
  2. *Address the tyranny of the measurable as best as possible (mental health, intersectoral health determinants, ex "psychological violence" ),*
  3. *Balance contexts/qualitative & quantitative evidence;*
  4. *Think intersectorally therefore interdisciplinarity & intersectionality...communicate and yet... act timely... & consistently*
  5. *Balance targeting as a strategy for efficiency or equity (ST), with potential late sets back in terms of stigma (MH and the ethics of labelling? Instrumental use of GEWE ?...)*
- *Men in gender: TOGETHER WITH WOMEN*
  - ✓ *sharing the burden of gender related morbidity and mortality?*
  - ✓ *Sharing the burden of change, finding new roles and ways to define one's?*
  - ✓ *Examples of value led controversies in health policy-making with limited resources: access to diagnose and treatment of perpetrators*
- *Evidence for actions (ex IPV as **determinant** of individual exposure & resilience? Gendered info) and for **applied ethical policy analysis** within the lenses of development cooperation (paternalism?).*