



## WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)  
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### *New Perspectives*

To a degree unimaginable a decade ago, the intensely personal subject of gender identity has entered the public square. In this edition of [WHEC Update](#), we look at cultural, social, biological, and political aspects of gender. The most pressing gender issue today, in my opinion, is getting rid of [the idea of] gender. Living in India for me, it was a revelation, because I came to understand that there were old languages that did **not** have gender – that did not have “he” and “she”. In my opinion, the more polarized the gender roles, the more violent the society. The less polarized the gender roles, the more peaceful the society. We are each unique and individual human beings. We are linked – we are not ranked. The idea of race and the idea of gender are divisive. We must not forget the power of SELF.

The best advice, I suppose I can offer to the next generation and to the girls and boys today, is to trust the unique voice inside them. And to be sure and listen as much as they speak, so that they are honoring the other unique people outside them. It is important for girls not to internalize a sense of passivity or inferiority, or feel second-class-citizens, and for boys not to internalize a sense of having to be stronger and/or superior, and/or in control. What helps the most is for the boys and girls, to be raised as a responsible citizen. The secret of good parenting might be - to be empathetic and pay attention to detail and be patient. Another most pressing gender issue of our time, I believe is, equal rights and equal opportunities of girls and women. As part of that, access to information is critical. Out of 7 billion people on this earth, 4 billion people still are not connected to data and the Internet. And more of those are women than men. Connectivity is a very important driver of opportunity, and we must strive to achieve it.

Gender refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed. While most people are born either male or female, they are taught appropriate norms and behaviors, including how they should interact with others of the same or opposite sex within households, communities and work-places. When individuals or groups do not “fit” established gender norms, they often face stigma, discriminatory practices or social exclusion. All of this adversely affect health. It is important to be sensitive to different identities that do not necessarily fit into binary male and female sex categories. Gender norms, roles and relations influence people’s susceptibility to different health conditions and diseases and affect their enjoyment of good mental, physical health and wellbeing. They also have a bearing on people’s access to and uptake of health services and on the health outcomes they experience throughout the life-course.

All of us carry labels applied by others. The complimentary ones are: generous, funny, and smart – are worn with pride. The harsh ones can be life-long burdens, indictments, we try desperately to out-run. The most enduring label, and arguably the most influential, is the first one most of us got, when we were born: “it’s a boy” or “it’s a girl”. Though Sigmund Freud used the word “anatomy” in his famous axiom, in essence he meant that *gender* is the destiny. Today that and other beliefs about gender are shifting rapidly and radically. That is why we are devoting this month’s Edition to an exploration of gender – in science, in social systems, and in civilizations. A Third Gender Emerging?

All human beings are born free and equal in dignity and rights. There are no strangers @ The Women's Health and Education Center (WHEC) – only the friends you have not met.

[WomensHealthSection.com](http://WomensHealthSection.com) is serving with pride in 227 countries / territories.

Rethinking Gender  
**Rita Luthra, MD**

## Your Questions, Our Reply

How can we achieve gender equality and gender equity in health worldwide?

**Gender & Health:** Gender requires us to ensure that health policy, programs, services and delivery models are responsive to the needs of women, men, girls and boys in all their diversity. Gender analysis in health examines how biological and sociocultural factors interact to influence health behavior, outcomes and services. It also uncovers how gender inequality affects health and well-being. Gender equality refers to equal chances or opportunities for groups of women and men to access and control social, economic and political resources, including protection under the law (such as health services, education and voting rights). It is also known as equality of opportunity or formal equality.

Gender equality is often used interchangeably with gender equity, but the two refer to different, complementary strategies that are needed to reduce gender-based health inequities. Gender in health looks at the roots of health-seeking behavior. It aims to improve health outcomes for both female and male populations, regardless of age, ethnicity, religion and socioeconomic status. It cannot be assumed that health programmes and policies affect men, women, boys and girls in the same way.

Your most important role as a parent is to offer understanding, respect, and support to your child. A non-judgmental approach will gain your child's trust and put you in a better position to help your child through difficult times. When your child discloses an identity to you, respond in an affirming, supportive way. Understand that gender identity and sexual orientation cannot be changed, but the way people identify their gender identity or sexual orientation may change over time as they discover more about themselves.

Differences and specific vulnerabilities must be identified and addressed in health programmes and policies in order to make progress towards health for all. Gender analysis in health examines how biological and sociocultural factors interact to influence health behavior, outcomes and services. It also uncovers how gender inequality affects health and well-being.

At the World Health Organization (WHO), the Gender, Equity and Human Rights (GER) team works to address these disparities (caused by gender inequalities, inequities and lack of human rights-based approaches) to ensure better health for all. Strategic directions of the GER roadmap are:

- Guidance and capacity building;
- Health inequality monitoring;
- Innov8 approach for reviewing national health programs to-leave-no-one-behind.

The Innov8 Approach for Reviewing National Health Programs to Leave No One Behind is a resource that supports the operationalization of the Sustainable Development Goals (SDGs) and the progressive realization of universal health coverage and the right to health.

1. It does this by identifying ways to make concrete, meaningful and evidence-based programmatic action to “leave no one behind” in health programs. The Innov8 review process results in recommendations for specific entry points and actions to make the health program more equity-oriented, right-based and gender responsive, while addressing critical social determinants of health influencing program effectiveness and outcomes. Innov8 is best applied in synergy with a national health program's planning and review cycle.
2. The Innov8 approach has been applied to different national and sub-national health programs, strategies and activities, including reproductive, maternal, neonatal, child and adolescent health; non-communicable diseases (NCDs); communicable diseases; and environmental health and health promotion programs, among others.



Source: WHO

Join our efforts!



### Accelerating Implementation of the SDGs



On Wednesday, January 25, 2017, [World Federation of United Nations Associations \(WFUNA\)](#) hosted a *Civil Society Dialogue with the President of the United Nations General Assembly* at the United Nations Headquarters in New York with [H.E. Peter Thomson](#) and nearly 160 civil society representatives.

The dialogue began with opening remarks from Mr. Thomson, highlighting the importance of strong institutions, education, the role of civil society, youth involvement, and responsibility of individuals in sustainability in successfully achieving the [Sustainable Development Goals \(SDGs\)](#). Mr. Bonian

Golmohammadi, WFUNA’s Secretary-General, acted as moderator in receiving questions from civil society members both in attendance and via social media. Very special thanks to WFUNA for inviting The Women’s Health and Education Center (WHEC) to participate in this dialogue.

Briefings of WHEC (Annual Project Report) is posted as the **UN Documents** below, (on Page 4).

[UN Documents, DPI-NGO-Announcements-Page-4](#) - February 2017

(<https://drive.google.com/file/d/0BweiTcvMVER0QVJxUzBNMkpOYVvk/view> )

We all @ WHEC look forward to serving you

Thanks again

# United Nations at a Glance

## Permanent Mission of the Republic of Cyprus to the United Nations

Cyprus became United Nations' Member State on 20 September 1960

### Cyprus Problem in Brief



The Republic of Cyprus has, since September 20 1960, been a member of the United Nations and over the years has become a member practically of all its specialized agencies. It is a member of the Commonwealth, the Council of Europe and the Organization on Security and Co-operation in Europe. In 1990 the Cyprus Government applied to become a member of the European Union (EU) and on May 1<sup>st</sup> 2004 it acceded the EU as a full member.

Cyprus is the third largest island in the Mediterranean with a long history whose origins go back nine thousand years. Its geographical position and its natural resources have always made it a target for conquerors. The Phoenicians, Assyrians, Egyptians, Persians, Romans, Arabs, the Frankish dynasty of the Lusignans, the Venetians, Ottoman Turks and the British, all conquered Cyprus in turn.

The settlement of Mycenaeans on the island in the 12<sup>th</sup> century B.C. gave the island its Greek character, which was maintained despite the influences and subjugations it went through during its checkered history.

The transfer of power in 1878 from Turkish to British rule allowed the national movement in Cyprus to grow, culminating in the 1931 uprising and the 1955-1959 liberation movement. In 1960 Cyprus was declared an independent Republic as a result of the Zurich-London agreements. The 1960 constitution contained functional shortcomings, which led to deadlocks and to the intercommunal clashes of 1963/64. Turkey threatened to intervene militarily in Cyprus but international pressure prevented a military invasion in 1964 and 1967.

Following the threats by Turkey against Cyprus, the Government of the Republic brought the matter to the UN Security Council. The Security Council unanimously adopted resolution 186 of 4 March 1964, whose basic principles have guided international actions on Cyprus ever since:

- Established the UN Secretary-General's mission of good offices aiming at a peaceful solution on the basis of an agreed agreement in accordance with the UN Charter;
- Created UNFICYP, the UN Peacekeeping Force in Cyprus;
- Reaffirmed the sovereignty and continuing existence of the Republic of Cyprus;
- Reaffirmed the continuity of the government of the Republic of Cyprus.



On 20 July 1974, Turkey using as a pretext the Coup of 15 July against the legal Government of the Republic of Cyprus, invaded the country, in violation of the UN Charter and fundamental principles of international law. The dire consequences of the invasion and subsequent military action by Turkey, are still felt today by the people of Cyprus. The military occupation, forcible division, violation of human rights, massive colonization, cultural destruction, property usurpation and ethnic segregation imposed since Turkey's military invasion remain the main characteristics of the status quo on the island.

Today, Turkey, an aspiring member of European Union, stands guilty of international aggression against a member-state of the EU and the UN. This is certainly a totally unacceptable state of affairs, an affront to the international legal order and an ongoing threat to regional stability that must be urgently redressed.

The Republic of Cyprus, a UN member since 1960, firmly believes in true multilateralism. It attaches great importance to the peaceful cooperation among states and to the adherence to the principles of International Law and the UN Charter. Cyprus has great interest in many issues of global concern and is actively engaged in the promotion of human rights, peace and security.

As an EU member, Cyprus takes a keen interest and supports the UN development agenda and contributes to addressing vital challenges like climate change, achievement of the MDGs and gender equality.

Being the last country in Europe under military occupation, Cyprus is deeply committed to the central role of the UN in the maintenance of global and regional peace and supports the Organization's role in finding a peaceful solution to the Cyprus problem.

Within the UN framework, Cyprus continues its efforts for a settlement that will safeguard the independence, sovereignty, territorial integrity, and unity of the country as well as the full restoration and implementation of the human rights and fundamental freedoms of all Cypriot citizens without discrimination.

Details: <http://www.cyprusun.org/>

## Collaboration with World Health Organization (WHO)

### WHO | Cyprus



The Ministry of Health of Cyprus and the World Health Organization (WHO) have a long history of productive collaboration targeting common priorities for health and its determinants to promote health and sustainable development within the country. This Country Cooperation Strategy (CCS), jointly elaborated between the WHO and the Ministry of Health of Cyprus, is anticipated to further enhancing the collaborative partnerships established over the years between the Ministry of Health of Cyprus and WHO, implementing reciprocally productive activities at the global, regional and

national levels, sharing best practices and building upon each other's proficiencies and capacities.

This CCS has sought out to align Cyprus' national health plans with the WHO Health 2020 policy framework and it represents an opportunity for Cyprus to critically review, formalize and improve its cooperation with WHO, with other Member States, and with relevant global and regional health bodies. This CCS also aims to initiate a movement towards adopting 'health-in-all policies' and 'whole-of-government' approaches, mobilize multi-sectoral action to address national health priorities, as well as highlight Cyprus' contribution to the global health agenda.

The strategic agenda of the CCS Cyprus encompasses the following four strategic priorities that were mutually identified by both WHO and Cyprus and will guide the direction of strategic collaboration with WHO throughout the next 6 years:

1. Collaborate in promoting the Health 2020 policy framework;
2. Exchange of information and expertise in endorsing a life-course approach to healthy ageing;
3. Strengthen cooperation on national health systems sustainability;
4. Promote cross-border collaboration in health.

Details: [http://apps.who.int/iris/bitstream/10665/180616/1/ccs\\_cyp\\_en.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/180616/1/ccs_cyp_en.pdf?ua=1)

# Bulletin Board

*The battle of the sexes: what science has to say?*

Though the terms **intersexes** and **intersexual** were used as far back as 1906, its current scientific meaning began a bit later. It is defined as “the condition (as that occurring in congenital adrenal hyperplasia or androgen insensitivity syndrome) of either having both male and female gonadal tissue in one individual or of having the gonads of one sex and external genitalia that is of the other sex or is ambiguous”.

Recently, New York City has issued an **Intersex Birth Certificate** for the first time, in the United States. The New York City's Board of Health approved new rules in December 2014 to make it easier for transgender applicants to change the gender marker on their birth certificate. The rules took effect January 2015. Birth certificates often provide access to a wide range of public services and critical identity documents, such as state identifications and passports. Having birth certificates with gender designations other than male or female provides an enormous sense of validation for a number of non-binary and intersex people.

Freed from the binary of boy and girl, gender identity is a shifting landscape. Can science help us navigate? Many of us learned in biology, that sex chromosomes determine a baby's sex. XX means it is girl and XY means it is a boy. **But on occasion, XX and XY do not tell the whole story.**

Gender is an amalgamation of several elements: chromosomes (those X's and Y's), anatomy (internal sex organs and external genitals), hormones (relative levels of testosterone and estrogen), psychology (self-defined gender identity), and culture (socially defined gender behaviors). And sometimes people are born with the chromosomes and genitals of one sex realize that they are transgender, meaning they have an internal gender identity that aligns with the opposite sex, or even, occasionally, with neither gender or with no gender at all.

We are all prisoners of our cultures. Females – human beings with two X chromosomes and the bodies and hormones to match, have not changed. But women – human beings who operate in society and exercise rights under law, have progressed from, being illiterate property of their husbands, to being equal and educated citizens with the same rights as men, under the law.

As governments and societies realize that to survive and compete they must tap full talent of their citizens, and progress toward full gender equality must be accelerated.

Suggested Reading:

- Bulletin of the World Health Organization; Transgender people  
<http://www.who.int/bulletin/volumes/95/2/16-183913.pdf?ua=1>

## Collaboration with UN University (UNU)

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

### Are taxes good for your health?

The global framework for financing development, adopted in 2015, places great emphasis on mobilizing domestic resources to finance the Sustainable Development Goals (SDGs), which include universal healthcare. In a recent paper Reeves et al. (2015) attribute progress towards universal healthcare to higher levels of taxation, but report a negative association between taxes on goods and services (indirect taxes) and health outcomes, which they hypothesize arises from the impact such taxes have on the real

incomes of the poor. This paper revisits the relationship between tax types and health outcomes using the ICTD Government Revenue Dataset, which, crucially, isolates taxes from resource industries.

As expected, we confirm increases in revenue are associated with increased public health expenditure; we find some weak evidence that greater reliance on direct taxes is associated with higher health spending and better outcomes, but no evidence that indirect taxes are deleterious to health. We argue these relationships cannot bear the weight of causal interpretation but that they offer some guidance on what to expect from increased domestic revenue mobilization.

We first considered the relationships between public health expenditure and various revenue components of the budget constraint, although the interpretation of these relationships is unclear and whilst they could reflect different propensities to spend on health related to revenue choices, they may also reflect revenue choices with no connection to spending choices. We find that a larger statistical association between direct taxes and public health expenditure than between indirect taxes and health spending, although the result depends on the sample used.

Finally, we looked at the relationship between revenue components and health outcomes. In cross section, the direct/indirect tax ratio is associated with better health outcomes, but the relationships are not statistically significant. In fixed-effects regressions, the direct/indirect tax ratio is associated with better health outcomes, and the estimates are statistically significant; but the result is not robust to the inclusion of country-specific time trends. Similarly, taxes on goods and services are associated with better health outcomes, although the result is again not robust to the inclusion of time trends. There is also nothing in the results we report to suggest that indirect taxes are inimicable to healthcare objectives.

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This paper is the product of the authors, and responsibility for the accuracy of the data included in it rests with the authors. The findings, interpretations, and conclusions presented in this report do not necessarily reflect the views of the Ministry for Foreign Affairs of Finland.

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page <http://www.womenshealthsection.com/content/cme/>)*

## United Nations Girls' Education Initiative (UNGEI)

*The Effort to Advance the Global Strategy (Continued)*

### Gender Equality and Human Rights

*The UN Women discussion paper series*



There is a strong commitment to equality between women and men in international human rights law. The various actors within the treaty system who are tasked with elaborating on the meaning of human rights in international law have given close attention to gender equality. This paper evaluates these elaborations against a conception of equality that is substantive.

The achievement of substantive equality is understood here as having four dimensions: redressing disadvantage; countering stigma, prejudice, humiliation and violence; transforming social and institutional structures; and facilitating political participation and social inclusion.

The paper shows that, although not articulated in this way, these dimensions are clearly visible in the application by the various interpretive bodies of the principles of equality to the enjoyment of treaty rights. At the same time, it shows that there are important ways in which these bodies could go further, both in articulating the goals of substantive equality and in applying them when assessing compliance by States with international obligations of equality.

The first part of the paper gives a brief introduction to the background principles of substantive equality and explains the four-dimensional framework. The second part draws out the understandings of equality articulated by the interpretive actors within the UN human rights treaty system within this framework. It also points out some of the shortfalls in the current approach to equality. The third part demonstrates how the four-dimensional approach to equality can be used to evaluate the impact of social and economic policies on women to determine how to make the economy 'work for women' and advance gender equality. It does so by applying the four-dimensional approach to two contested issues in relation to social security: conditional ties and austerity cutbacks. In both of these instances state action, whether in the form of cuts to social security or attaching conditions to social assistance, must be evaluated in terms of the obligations of States that are party to the various human rights treaties.

Part of a human rights evaluation involves a consideration of whether measures taken by States contribute to or detract from the right to equality. The substantive equality approach, in its four dimensional form, provides an evaluative tool with which to assess policy in relation to the right to gender equality.

The paper suggests that there is a growing consensus at the international level on an understanding of substantive equality that reflects the four dimensions set out here. Making this understanding explicit will assist in addressing, through a range of means, the challenges of gendered inequality.

### **Equality in international law: The four dimensional approach**

The second part of this paper considers the extent to which a multi-dimensional notion of substantive equality is already reflected in current interpretations of international treaty obligations, and the extent to which there is room for continuing development of these interpretations in order to make further progress towards an international commitment to substantive equality.

It will be seen that, while there is little attempt to articulate and apply a consistent framework to evaluate progress towards substantive equality, there is nevertheless a strong, implicit adherence to the aims encapsulated in the concept. It is suggested here that by making these connections explicit and fully articulating the growing consensus at the international level on an understanding of substantive equality that reflects the four dimensions set out above, the extent to which policies can be shaped to address the specific challenges of gendered inequality can be considerably enhanced.

Details: <http://www.ungei.org/goldblatt-fin.pdf>

*To be Continued.....*

## **Two-Articles of Highest Impact, February 2017**

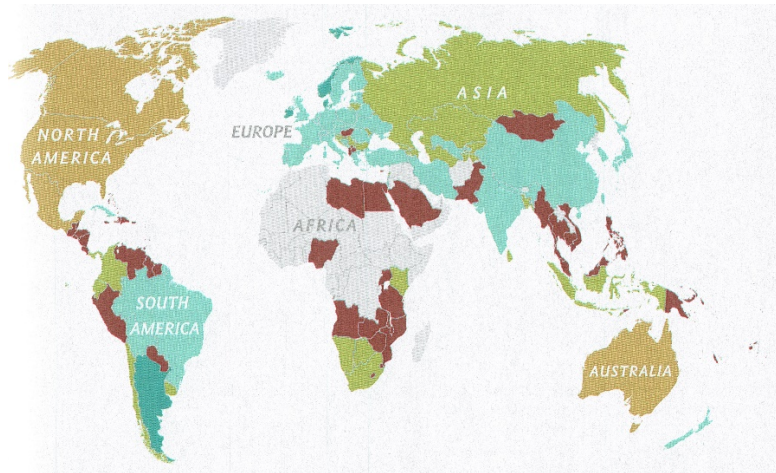
1. Sexual Violence; <http://www.womenshealthsection.com/content/vaw/vaw013.php3>  
WHEC Publications. Special thanks to WHO, NIH and CDC for the contributions. **Funding:** provided by WHEC Initiative for the Global Health.
2. Adolescent Health Care; <http://www.womenshealthsection.com/content/gyn/gyn022.php3>  
WHEC Publications. Special thanks to WHO, American Academy of Pediatrics (AAP) and Society for Adolescent Medicine for contributions. We welcome you to the **YOUTH ZONE**.  
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## From Editor's Desk

### The Legality of Gender Change

Over a third of countries allow change (to male, female, or another) on documents such as passports. Researchers have only begun to document this fast-changing legal topic. A recent survey of a thousand millennials found that half of them think gender is; **a spectrum**.



Source: Project Transgender Europe

- **Legal with no restrictions (5 countries)**; in these countries, making a change is simply based on the request of the individual.
- **Legal but with social or medical requirements (41)**; almost all countries that allow a legal change require a diagnosis of mental disorder. Many require a person to be childless or unmarried; some require hormone therapy, surgery, and/or sterilization. Advocates denounce such rules as violations of human rights.
- **Legality and requirements vary regionally (4)**; in some countries, including the United States, local practices may take precedence, making legality and the requirements for changing a matter of geography.
- **Legal but inconsistently allowed (27)**; even if a country's rules allow a change to be made, unclear regulations, court decisions, and bureaucratic barriers can block changes in status.
- **Not legally possible (67)**; no legal provisions allow a change in gender. Some countries are so strict that wearing clothing not associated with the sex assigned at birth is criminalized.
- **No information available**; for much of the world, data addressing legal gender change has yet to be collected, and discussion of the issue is new frontier. In some countries such discussion may be considered taboo.

A “neutral space” is a hard thing for a teenager to carve out: Biology has a habit of declaring itself eventually. Sometimes, though, biology can be put on hold for a while with puberty-blocking drugs that can buy time for gender-questioning children.

The Endocrine Society recommends blockers for adolescents diagnosed with gender dysphoria. Nonetheless, the blockers' long-term impact on psychological development, brain growth, and bone mineral density are unknown – leading to some lively disagreement about using them on physically healthy teens. More fraught than the question about puberty blockers is the one about whether too many young children, at too early an age, are being encouraged to socially transition in the first place.

Not all transgender people seek gender affirming treatment. For those who do, hormone therapy is the main medical intervention to acquire sex characteristics aligned with the individual's gender identity, according to the Center of Excellence for Transgender Health at the University of California in San Francisco. Transgender people may seek a range of gender affirming surgeries, including procedures that are also performed in non-transgender populations.

Suggested Reading:

1. World Health Organization (WHO)  
GER: re-affirming our common humanity on Human Rights  
<http://www.who.int/gender-equity-rights/news/2016-hr-day-vm-commentary/en/>
2. United Nations  
UN welcomes Malaysia's court ruling to decriminalizes transgender women  
<http://www.un.org/apps/news/story.asp?NewsID=49342#.WFbEuZUzWUk>
3. UN 'Free & Equal' campaign launches video spotlighting LGBT diversity, fight against homophobia  
<http://www.un.org/sustainabledevelopment/blog/2015/05/un-free-equal-campaign-launches-video-spotlighting-lgbt-diversity-fight-against-homophobia/>

## Words of Wisdom

Let us point toward a world in which a person's gender is neither an advantage nor an impediment.

- Anonymous

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*Monthly newsletter of WHEC designed to keep you informed on  
The latest UN and NGO activities*

<http://www.womenshealthsection.com/>

