GENDER POLICY

MEDECINS DU MONDE FRANCE GENDER POLICY

APRIL 2020

The Médecins du Monde France Gender Policy was drafted between September 2019 and April 2020. The process of reflection and drafting of the document followed a participatory methodology that involved the highest possible number of stakeholders within the association. In February 2019, a document describing the procedure was submitted and it was validated by the board. In May 2019, two workshops were held during the Missions Conference (JDM). These work sessions made it possible to present the procedure to stakeholders in the field from France and abroad and to take note of their ideas and expectations in relation to this framework policy. In September 2019, a joint work group made up of male and female representatives of the various departments from headquarters, France and international missions, the works council and the Gender Officer on the Board of Directors, was set up to draft the policy. This group was coordinated by the Gender Officer, Olga Bautista Cosa. The different geopolitical and thematic groups, the office and the Works Council were also consulted during the process and their points of view were taken into accounting in the drafting of the document. The policy was submitted to the CA for validation on 24 April 2020.

We would like to thank everyone who took part in the reflection, design and drafting of the Médecins du Monde France Gender Policy, especially Renaud Boullet, Julien Chauveau, Eléonore Coeurdevey, Eve Derriennic, Nora Fallet, Jonas Fourier, Flore Ganon-Lecomte, Catherine Giboin, Tanit Iglesias, Alexandre Kamarotos, Karima Kenane, Marie Laluque, Sophie Laurence, Aurélie Leroyer, Céline Lopez-Doring, Juan Diégo Poveda, Eva Razafinarivo, Insaf Rezagui, Sandrine Simon, Lucille Terré and Marie Julie Toha; and everyone who took part in the JDM 2019 workshops and the exchanges of the geopolitical and thematic groups carried out between January and March 2020.

TABLE OF CONTENTS

This policy contains the principles and commitments of Médecins du Monde (France) on gender and gender equality. It represents a new step in the association's commitment to healthcare equality and gender equality. This is a framework document intended for all MdM France stakeholders that will allow the process of addressing these questions to continue within the association.

All authorities and departments are responsible for ensuring the definition of the commitments and for adapting them to the social, cultural and political contexts of the countries in which MdM operates. The required resources will be developed and made available to support the integration process and the definition of the various commitments made by the association regarding gender equality.

FOREWORD

For Médecins du Monde (France), a medical NGO that campaigns for the right to healthcare, the struggle for social justice and equality in healthcare is also a question of promoting gender equality[1]. Committed since its creation to access to healthcare for those who are in situations of great vulnerability, the association integrates its gender approach as an across-the-board axis of the Strategic Plan 2016-2020[2]. This commitment is within the context of its traditional action in defending equality in healthcare and healthcare for women and LGBTI people[3].

This policy reinforces and reaffirms the position of MdM-Fr on the matter and makes it known to international, national and local stakeholders, including the users of its services and the association's partners. It also defines the specific commitments made by the association to support gender equality by taking account of the principles set out in this document. In particular, it provides a common framework on promotion of gender equality in the actions of the organisation and it promotes an organisational culture at all levels of the association and among all its stakeholders.

Finally, the policy contains mechanisms for implementation, monitoring and evaluation of the commitments. This is in order to facilitate their operational definition and guarantee accountability and transparency regarding their introduction.

" For Médecins du Monde France, NGO that campaigns for the right to healthcare, the strugge for social justice and equality in the healthcare is also a question of promoting gender equality[1]."

[1] For further information on this subject, see: Gender approach at MDM.
[2] MDMMdM-F, Strategic Plan 2016-2020.
[3] Lesbian, gay, bisexual, transgender and intersex people.

KEY CONCEPTS

Gender : a concept that makes it possible to analyse, in a given context and at a given time, the roles, characteristics and abilities socially constructed and allocated to men, women and to people who do not identify themselves as one of these two genders most widely recognised[4] (gender) on the basis of the biological differences existing between men, women and intersex people (sex). It also makes it possible to analyse the relations existing between these genders in a specific social and historical context. Gender, associated with other socially and culturally constructed categories (class, ethnic origin[5] , age, etc.), is one of the most significant social determinants of inequalities in healthcare[6]. Linked with sex, it has an impact on the health profiles of people, particularly on the probability of being in good health or falling ill and/or dying of foreseeable causes. For example, in the case of HIV/AIDS, women are more vulnerable to the virus due to specific biological features (longer exposure of mucous membrane areas during sexual relations; greater quantity of fluids transferred by the man; higher virus content of sexual bodily fluids transmitted by men), but also due to social factors (gender conventions usually allow men to have more sexual partners than women, which may, due to the biological factors mentioned above, increase the rate of infection among heterosexual women; sexual relations without consent, which are mainly suffered by women and girls, often cause injuries and tearing of tissue, which can increase the risks of transmission; women are sometimes not well informed about the link that exists between sex and the HIV/AIDS epidemic, because they are not "supposed" to have good knowledge about sex; sometimes men are not well informed either, because they are "supposed" to know everything about sex; often women might want their partner to use a condom - or might not want to have sexual relations, but they do not have the power to impose their point of view[7]). Gender will also have an impact on the possibilities of accessing existing healthcare services, as well as the quality of them, thereby compromising the exercising of the right to healthcare in a fair and non-discriminatory manner in many cases[8].

Differentiated gender socialisation: a process by which people, at different stages of their lives, acquire the characteristics, roles and abilities attributed to their gender in their context. This differentiated gender socialisation will also have an impact on people's health as well as on their possibilities of introducing behaviours for risk reduction and personal care. For example, the fact that women are traditionally expected to take care of others will force them to put their family's health first and will make it more difficult for them to identify and express their own healthcare needs. Men, who are traditionally less encouraged to express their feelings and to take care of others, will have difficulty in accessing certain healthcare services, such as those related to mental health, or to become involved in a more equitable manner in health matters concerning their partner or the family.

Gender inequalities: concept that refers to the differentiated values attributed to the roles, abilities and characteristics of each gender. Traditionally, many cultures and societies have attributed and continue to attribute a higher social value to every-

[4] We often talk about "non-binary people".
[5] The term is used in its sociological sense. This makes it possible to highlight that the differences related to the origins of people have been traditionally used to attribute different and differentiated characteristics, roles and abilities to them. Essentialising these differences lays the foundation of discriminatory attitudes, actions and policies based on ethnic origin. This is what we call racism. This racism continues to carry great weight in our societies and for the people with whom we work and it should be taken into account in the analysis and the answers given by MDM-Fr.
[6] OMS, Genre et Santé, https://www.who.int/fr/news-room/fact-sheets/detail/gender, retrieved on 1 March 2019.
[7] OMS, Inégalités entre les sexes et VIH/sida, https://www.who.int/gender/hiv_aids/fr, retrieved on 20 March 2020.
[8] OMS, Genre et Santé, https://www.who.int/fr/news-room/fact-sheets/detail/gender, retrieved on 1 March 2019.

thing to do with "masculinity" (work outside the home, demonstration of physical and sexual strength, taking of risks to demonstrate masculinity, etc.), rather than what is related to "femininity" (domestic work, caring, attention to oneself and others, more in touch with feelings, etc.). These inequalities may be material (financial inequalities, living conditions, available resources, etc.), social (difference in treatment in certain social situations, for example, marginalisation of single mothers or widows in certain countries, etc.), cultural (differential treatment in matters of rights and obligations relating to marriage, divorce, inheritance, nationality and parentage, set out in particular in the Civil Code and/or Family Code, etc.) and political (differences existing in terms of autonomy of decision-making and possibilty of participating in different spaces for collective decision-making). Gender inequalities are a major obstacle and reinforce other inequalities which also have an impact on the exercise of the right to healthcare. For example, the inequalities linked to access to and control of economic resources between different social classes will be reproduced within the same social class, between men and women. Women traditionally have more precarious paid jobs, more limited rights to land and inheritance and less control over spending their own income or that of their families. All these factors will reinforce inequalities in access to health services when they are chargeable or when travel costs are necessary to access them.

Gender approach: methodology that makes it possible to analyse gender roles, gender relations, factors influencing gender relations, access to and control of resources according to people's gender, the different levels of empowerment of people and communities and the level of integration of gender issues in the projects, actions and public and organisational policies of an institution or association. It is a methodology which also makes it possible to set up actions to address the issues previously analysed. It is a tool for planning projects, actions and policies that aims to reduce gender inequalities. The inclusion of a gender approach is a process that must be supported in the long term and can have different levels of complexity (gender-sensitive approach, gender-responsive approach or gender-transformative approach)[9].

Gender equity and equality in healthcare: the concept of gender equity in healthcare refers to taking into account the different healthcare needs of people according to their sex and gender. A concept of equity recognises that there are gender differences and that resources must be allocated differently to address unfair disparities. This is an approach that aims to correct initial inequalities to allow equal opportunities but it does not necessarily call into question the foundations of a system that is unequal in itself. The concept of gender equality in healthcare means that everyone has the right to the highest standard of healthcare and to lead a healthy life, to contribute to healthcare development and to benefit from the results of this development. Formal equality (equal opportunities guaranteed by the legal system/laws) and real equality (analysis of the different needs and different living conditions that may hinder enjoyment of formal equality or, on the contrary, facilitate it) are necessary to make everyone's right to healthcare effective.

Masculinities: this concept refers to the set of expectations, representations and social and cultural practices that we attribute to the "male" sex. Masculinity studies have shown that traditional or dominant masculinity is based on the idea that the man is the one who has power, who is strong and who must protect the woman, the family and the community. Since the 1990s, the gender

[9] For further information about this subject see: Gender approach in MdM-Fr publication coordinated by Olga Bautista Cosa, 2020.

approach has highlighted the importance of also working with men to set up programmes and projects to allow us to rethink these concepts related to dominant masculinity and that can promote what we call positive and egalitarian masculinities. In the area of healthcare, the main objective of these actions is effective co-responsibility in all areas of family and couple health.

Empowerment: The concept of empowerment appeared in the United States in the 1960s and 1970s thanks to the US civil rights movements as well as to the community work of "consciousness-raising" of Paulo Freire in Brazil. It then appeared in many southern countries. This concept was taken up by southern feminist movements to take account, in the analysis of contexts, of the multiple factors at the origin of situations of oppression of women (patriarchal societies and colonial and post-colonial dependencies) and to propose answers offering support by promoting the acquisition of greater internal power (self-esteem, psychological and physical well-being), better access to natural, social, financial, educational and political resources as well as greater control of them. Becoming aware of the reality and the problems experienced by people and of their own capacity to make decisions and change this reality must be part of this approach, which ultimately aims to develop the power to act and exercise greater control over their own decisions[10].

" Gender approach (...) It is a methodology which also makes it possible to set up actions to address the issues previously analysed. It is a tool for planning projects, actions and policies that aims to reduce gender inequalities.

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[10] For further information on this subject, see: plus d'informations à ce sujet voir : What is empowerment for Médecins du Monde? Médecins du Monde France, 2020.

MEDECINS DU MONDE FRANCE PRINCIPLES ON GENDER

These principles constitute the way in which MdM-Fr understands gender issues. They will be taken into account in the development and implementation of the various commitments presented below.

Contextualisation: gender socialisation, gender roles and relations differ according to the social and cultural context and the time in history at which they occur. Many factors such as legislative framework, culture, economic system, beliefs, religions, political and legal frameworks, colonial and post-colonial relations will have a direct influence on gender issues. These influencing factors must be analysed and taken into account in the co-construction of responses. This makes it possible to set up actions adapted to contexts, which meet the needs of people and communities by including them in the design and implementation of actions and by integrating their knowledge and expertise in the different countries and communities where the association operates.

Collaboration and coordination: gender issues span the entire association and require all the association's stakeholders to become involved and coordinate with one another to support and implement this approach.

Defense of human rights: the MDM-Fr projects and actions are constructed on the basis of an approach of defence and promotion of human rights. These include the rights of women and LGBTI people, as well as their sexual and reproductive rights. The defence of gender equality is thus part of the defence of human rights. The gender approach will be developed to complement this rights-based approach.

Intersectionality: socialisation, inequalities and gender discrimination are trans-cended and reinforced by other aspects which participate in the construction of personal identities and social relations. These aspects refer, among other things, to social class, ethnic origin, belonging to a minority group, sexual orientation, gender identity, the presence or not of a disability, etc. An intersectional gender approach, which takes all of these issues into account, will be developed and implemented.

Question and combat gender inequalities in healthcare: incorporating a gender approach into our actions requires analysis, with the participation of the people and communities involved, of the gender inequalities that can have an impact on access to and exercise of their rights to healthcare, and their rights to sexual and reproductive healthcare, and development of programmes, services and actions that do not fuel these inequalities and, on the contrary, allow questioning of them and participation in eliminating them. This includes the promotion of health actions that promote empowerment and co-responsibility.

Participation: appropriation and implementation of the gender policy imply changes throughout the association and require a process that must be accompanied by an active and participatory methodology allowing inclusion of all stakeholders involved, including service users.

Promote people's bodily and sexual autonomy: gender inequalities and discrimination have an impact on access to and exercise of various sexual and reproductive rights, as well as on the existence and reproduction of gender-based violence. Integrating a gender approach into our actions involves promoting actions to reduce these inequalities and discriminations, which act against gender-based violence and for people's physical, psychological and sexual autonomy.

Recognition of diversity: commitment to equality involves recognition of the diversity of situations and needs. Identification of and respect for this diversity, as well as the appropriateness of responses to this are necessary to guarantee consistent application in line with reality, which promotes equity in order to achieve equality. Emotional and sexual diversity, ethnic diversity, diversity linked to the presence or not of a disability or that linked to age, in particular, will be taken into account to adapt the responses to gender issues provided by the association.

Meet sex-specific healthcare needs: integrating a gender-based approach requires the analysis of different health profiles according to people's sex and gender, by providing our teams with tools to offer suitable responses and by harmonising our services to meet the specific needs identified, in an equitable and non-discriminatory manner.

Transversality: the gender-based approach and the fight for equality form part of a collective responsibility that involves all levels of the association. Consistency must be ensured between the positioning of MdM-FR and the definitions of this approach both in the field and in the programmes as well as in the organisation and operation of the association. Integrating a gender mainstreaming approachis an essential principle to be included in all policies, at all stages and all levels of the association.

MEDECINS DU MONDE FRANCE COMMITMENTS ON GENDER

These commitments constitute the scope of action in which MdM-Fr has decided to work on gender issues. There are two separate levels: organisational and operational. They will be progressively rolled out, on the basis of what already exists, by the various departments, authorities and directorates of the association, in an action plan intended to guarantee and make their implementation a reality. These commitments will be periodically reviewed and supplemented.

ORGANISATIONAL COMMITMENTS

PROMOTE A COMMON CULTURE SENSITIVE TO GENDER ISSUES: **MdM-Fr is committed to promoting, with all the stakeholders of the association, a common culture sensitive to gender issues through:**

- The establishment of training and awareness-raising mechanisms to share and popularise the association's gender policy, as well as the values and commitments that it embodies.

- Planning and making available the human, technical and financial resources necessary to meet its commitments in terms of integrating a gender approach and striving for gender equality.

INTEGRATE THE GENDER APPROACH ACROSS THE BOARD INTO THE ENTIRE ASSOCIATION: **to guarantee consistency between its actions and its organisation, improve its commitments and increase their impact, the association is committed to:**

- Reinforcing actions – and if necessary setting up new ones – for preventing and responding to discrimination linked to gender, sexual orientation, gender identity, ethnic origin, religion, disability, physical appearance, etc.; and prevention and management of gender-based violence and sexual violence and exploitation, in particular through the establishment and promotion of the existing Professional Gender Equality Index

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- Reinforcing actions and policies – and if necessary, setting up new ones – for promoting the work-life balance of all members of the association and at all stages of their professional and personal life. Implementing internal and external communication that is inclusive and without gender stereotypes promoting messages in favour of gender equality.

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- Preparing budget forecasts necessary for the implementation of the commitments made by the association on gender issues.

OPERATIONAL COMMITMENTS

COMBAT GENDER INEQUALITIES AND DISCRIMINATION IN HEALTHCARE: gender inequalities are a major obstacle to the exercise of the right to healthcare and reinforce other types of inequality and discrimination. MdM-Fr is committed to raising awareness and combating them through:

- Establishing mechanisms for obtaining, analysing and disseminating sex-specific data in its intervention projects and themes.
- Analysis of the influence that projects, services and actions have in reproducing or overcoming gender inequalities in healthcare, overlapping with other inequalities, in its areas of intervention.
- Establishing mechanisms for collecting and disseminating good practices to reduce gender inequalities and discrimination in healthcare in the association's areas and fields of intervention.
- Strengthening partnerships to advance gender equality issues in healthcare and equality in healthcare by integrating a gender approach.

INTEGRATE A GENDER APPROACH IN THE ASSOCIATION'S PROGRAMMES, PROJECTS AND ACTIONS: integrating a gender approach in healthcare can have more impact and increase the quality of actions. MdM-FR is committed to integrating this approach into its projects and actions through:

- Analysis of health profiles differentiated by sex and gender of the populations. L'analyse des profils de santé différenciés selon le sexe et le genre des populations.
- Analysis of the sex-specific healthcare needs of the communities concerned.
- Analysis of existing gender inequalities in the areas in which the association intervenes, associated with other inequalities that have an impact on the health status of people as well as on their possibilities of accessing existing healthcare services and using them.
- Adaptation of healthcare projects, services and actions to respond, in a non-discriminatory and non-stereotypical way, to sex-specific needs and reduce gender inequalities in access to and use of services.
- Implementation of participatory actions and projects in healthcare promoting empowerment, autonomy and co-responsibility in an equal and non-discriminatory manner.
- Implementation of actions promoting social change integrating the objective of eliminating obstacles to access to rights and healthcare services, particularly linked to gender discrimination and inequalities.
- Inclusion, in a participatory, fair and non-discriminatory manner, of people and communities in the various stages of analysis, construction, implementation and evaluation

of projects, services and actions carried out by the association. genre.

- Establishment of mechanisms for dialogue and agreement on healthcare issues including groups of women, LGBTI people and men who work on co-responsibility and positive and egalitarian masculinities.

PROMOTION OF BODILY, PSYCHOLOGICAL AND SEXUAL AUTONOMY IN THE ASSOCIATION'S PROGRAMMES, PROJECTS AND ACTIONS: the exercise of the right to healthcare is closely linked to the exercise of other rights such as sexual and reproductive rights or the right to live a life without violence[11]. However, gender stereotypes and discrimination continue to fuel the multiple forms of gender-based violence and create inequalities in the exercise of sexual and reproductive rights. These two realities have a direct impact on the exercise and respect for the bodily, psychological and sexual autonomy of people and are an obstacle to healthcare and gender equality. They constitute a violation of human rights, the exercise of the right to healthcare, as well as a serious public health problem.

MdM-Fr is committed to continuing to promote access to sexual and reproductive rights and the exercise of these rights, as well as to prevent and assess the possibilities of response to be implemented to address the different types of gender-based violence, across the board, through its actions and programmes[12], via:

- Analysis of the stereotypes, gender discrimination and inequalities that have an impact on access to and exercise of sexual and reproductive rights, and which are at the origin of the different forms of gender-based violence.

- Reinforcement of analyses of sex-specific needs in sexual and reproductive healthcare, gender-based violence and access to specific services.

- Reinforcement of training actions aimed at integrating these two questions into projects in a respectful manner and one adapted to the different areas of intervention, by taking care to exclude any obstetric violence and secondary victimisation in cases of gender-based violence.

- Integration across the board of comprehensive sex education actions to promote access to scientifically proven information adapted to each age group on matters related to sexuality, access to family planning and prevention and early detection of possible cases of gender-based violence.

- Integration across the board of actions that can respond to sex-specific needs identified in terms of sexual an reproductive healthcare and gender-based violence, including comprehensive sex education.

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11. The rights-based approach promotes and defends the access of all people to human rights. These rights are inalienable, indivisible and interdependent and include the right to healthcare, the right to equality, the right to non-discrimination and the various sexual and reproductive rights. Médecins du Monde France promotes sexual and reproductive rights as an integral part of the right to healthcare and as a way of promoting gender equality and gender equality in healthcare. Working on these issues in the association's actions and programmes is therefore one of the essential commitments to integrate a gender approach and to strive for equality and human rights, one of which is the right to healthcare.

12. Sexual and reproductive healthcare is part of primary healthcare and must be guaranteed in the various programmes and actions carried out by the association and with the different populations encountered (migrants, drug users, slum dwellers, sex workers, etc.). They do not depend on a particular context (for example, a humanitarian crisis context) or on a given population (for example, pregnant women or migrant women). All people, at some point in their lives, will have sexual and reproductive healthcare needs. However, traditionally, in many contexts, women, adolescent girls and LGBTI people will find their access to sexual and reproductive health services compromised. This lack of access or unequal and/or discriminatory access, which does not allow everyone to have the same control over their bodies and their sexuality, constitutes one of the most important gender inequalities in healthcare. MdM-Fr is committed to giving, as far as possible, an adapted, non-discriminatory and equitable response to the sexual and reproductive healthcare needs of the populations with which the association works. Giving a response to these needs and promoting and guaranteeing access to and exercise of sexual and reproductive rights is a necessary and essential action for promoting gender equality in the field of healthcare. For further information: Sexual and Reproductive Health Guidelines

- Integration across the board of actions that can respond to sex-specific needs identified in terms of sexual and reproductive healthcare and gender-based violence, including comprehensive sex education.

INTEGRATE THE GENDER APPROACH IN ALL PHASES OF THE PROJECT CYCLE: Setting up a strategy favouring an across-the-board gender approach is a guarantee that healthcare policies, projects and actions will integrate it and will be at least sensitive to gender issues. MdM-Fr is committed to integrating the gender approach across the board in all phases of the project cycle through:

- Integration of gender approach tools with tools for diagnosis, planning, programming, monitoring and evaluation of already existing projects.

- Development and dissemination of minimum gender standards to be integrated into projects.

- Development and dissemination of tools, guides and good practice sheets to popularise gender issues related to the themes, appeal actions and geopolitical areas in which the association is involved.

“Integration of gender approach tools with tools for diagnosis, planning, programming, monitoring and evaluation of already existing projects.”

MECHANISM FOR IMPLEMENTATION, MONITORING AND EVALUATION OF THE POLICY

The MDM-FR Gender Policy will be accompanied by an implementation mechanism which will allow the various commitments in the short, medium and long term to be listed, and a roadmap to be defined comprising the steps to be followed, the objectives to be achieved, the time frame and the resources required for their implementation. Monitoring and evaluation indicators will be defined to assess and readjust the action plan and policy. Regular reports on the progress of the implementation of the action plan will be produced, disseminated and made public. They will also be used to fuel the monitoring and evaluation of the action plan and policy, which will be carried out two years and five years after the start of implementation, and to be able to readjust and re-adapt the roadmap. and the contents of the policy, if necessary. Chaque direction sera chargée de décliner et de mettre en place la politique dans son périmètre d'action et sera accompagnée dans cette démarche. Un groupe paritaire sera créé pour le suivi et l'évaluation périodique de la déclinaison de la politique en matière de genre.

Each department will be responsible for defining and setting up the policy within its scope of action and will be supported in this process. A joint group will be created to monitor and periodically assess the definition of the gender policy.

Médecins du Monde France is responsible and accountable for the implementation of the gender policy among the people and communities that the association supports, its partners, funders, donors, volunteers, and national and international salaried staff.

REFERENCE TEXTS

- INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (UN, 1966): Need to develop non-discriminatory systems of care and integrate a gender perspective into healthcare-related policies, plans, programmes and research to promote better health for men and women and to eliminate discrimination against women which makes it difficult to exercise their right to healthcare.

- CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (UN, 1979). Article 12: « States Parties shall take all appropriate measures to eliminate discrimination against women in the field of healthcare in order to ensure, on a basis of equality of men and women, access to healthcare services, including those related to family planning. »

- OTTAWA CHARTER (WHO, 1986): - « The health promotion effort is aimed at equity in healthcare. The aim is to reduce the current disparities in state of health and to give all individuals the means and opportunities required to fully realise their health potential (...) and the same applies for both women and for men. »

- INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, CAIRO (UN, 5-13 SEPTEMBER 1994): - Equal participation of men and women in the context of productive life and procreation (sharing of responsibilities related to the care and education of children and those related to the maintenance of the household). Promotion of mechanisms to eliminate all discriminatory practices against women; to help women assert and exercise their sexual and reproductive rights; to promote and facilitate the economic autonomy of women, particularly in the areas of: reproductive and sexual health; which enable women, through laws, regulations and other appropriate measures, to reconcile their reproductive, breastfeeding, and child-rearing roles with employment.

- BEIJING DECLARATION AND PLATFORM FOR ACTION (UN, 1995): - Gender imbalances in access to primary healthcare services; unequal impacts of deprivation of healthcare systems; poverty, discrimination and violence are recognised as determining factors in health; the need to protect and promote sexual and reproductive rights, access to healthcare services that include family planning services, emergency obstetric care, and adequate monitoring of pregnancy and childbirth; controlling women's fertility is recognised as a right that will facilitate access to other rights; the equal participation of men and women in issues related to sexuality is recognised as an essential factor for improving the health of women and for achieving health equality; need to analyse the reality of HIV/AIDS and other sexually transmitted diseases from a gender perspective that takes sex-specific factors into account; gender-based violence is recognised as a major public health problem.

- WHO GENDER POLICY - MAKING GENDER-BASED APPROACHES TO GENDER EQUITY WORK (WHO, 2002): - "There are differences in the opportunities and resources available to women and men as well as in their ability to make decisions and enforce their human rights, including those relating to health protection and access to care. The roles of women and men and the inequality of relations between the sexes interact with other social and economic variables and result in different situations, sometimes inequitable, with regard to exposure to health problems, access to and use of healthcare information and services. Faced with this reality and in accordance with the concern for equity which it has always shown, the WHO has set itself as a policy and as a rule of good public health practice the adoption of an approach that respects the difference between the sexes in all aspects of its action" .

- **INTERNATIONAL GENDER CHARTER - MÉDECINS DU MONDE NETWORK, 2002:** At the end of the International Forum on Gender in Humanitarian Action and Development, jointly organised with Médecins du Monde Spain, Médecins du Monde (France) signed the International Gender Charter. The signatories are committed in particular to integrating the concept of "gender" in the new projects of the delegations that make up the Médecins du Monde International Network and to revise those that are already in progress.

- **PROTOCOL TO THE AFRICAN CHARTER ON HUMAN AND PEOPLES' RIGHTS WITH RESPECT TO WOMEN'S RIGHTS, 2003:** The signatory states are committed to eliminating all forms of discrimination against women. Such discrimination has a direct impact on the health and well-being of women and hinders their right to life, safety and physical and mental integrity. The States are committed to promoting the right of women to health and to sexual and reproductive health by adapting services and facilitating access to various services, including family planning.

- **COMMON VALUES AND PRINCIPLES IN EUROPEAN HEALTH SYSTEMS (COUNCIL OF EUROPE, 2006):** Universality, access to quality care, solidarity and equity are among the fundamental values defended in the document, including gender equity.

- **SUSTAINABLE DEVELOPMENT GOALS (UN, 2016-2030). Goal 3:** Ensuring healthy lives and promoting well-being for all at all ages is essential to sustainable development. "By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births" and "ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes". Goal 5: Achieve gender equality and empower all women and girls. "End (...) all forms of discrimination against all women and girls everywhere", "eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation", "Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate", "Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life".