



HEALTH

GENDER MAINSTREAMING GUIDANCE



This project is funded by
the European Union



REPUBLIC OF ALBANIA



HEALTH

GENDER MAINSTREAMING GUIDANCE



UN WOMEN ALBANIA

2023

This publication is produced by UN Women Albania in the framework of the UN Joint Programme '*EU for Gender Equality in Albania - Implementation of the EU Gender Equality acquis*' (EU4GE), implemented by UN Women and UNFPA, and funded by the European Union through the UN Albania SDG Acceleration Fund. The views expressed in this publication are those of the author(s) and do not necessarily represent the views of UN Women, the European Union, the United Nations, or any of its affiliated organizations.

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ABBREVIATIONS AND ACRONYMS

ACs	autonomous communities (Spain)
ACPD	Albanian Center for Population and Development
ADHS	Albania Demographic and Health Survey
AIDS	auto-immuno-deficiency syndrome
BPfA	Beijing Platform for Action
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
COVID-19	severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
CPR	contraceptive prevalence rate
DV	domestic violence (violence in family relations)
EC	European Commission
EHIS	European Health Interview Survey
EIGE	European Institute for Gender Equality
EU	European Union
EU4GE	EU for Gender Equality
EUR	Euro
EURF	EU Results Framework
Eurostat	statistical office of the European Union
FPI-RF	Foreign Policy Instruments Results Framework
GAP	gender action plan
GBV	gender-based violence
GDP	gross domestic product
GEI	Gender Equality Index
GENDERNET	OECD DAC Network on Gender Equality
GIZ	German Corporation for International Cooperation GmbH
GRB	gender-responsive budgeting
GREVIO	group of experts on action against violence against women and domestic violence
GRPP	gender-responsive public procurement

HIV	human immunodeficiency virus
ICPD	International Conference on Population and Development
ILC	International Labour Conference
ILO	International Labour Organization
INSTAT	Albanian Institute for Statistics
IPA	Instrument for Pre-Accession
IPH	institute of public health
LGBTI+/LGBTIQ	lesbian, gay, bisexual, transgender/transsexual, intersexual and any other individuals whose sexual orientation, gender identity expression, and/or sex characteristics differ from the cis-heterosexual
MHSP	ministry of health and social protection
MICS	multiple indicator cluster survey
NDICI	Neighbourhood, Development and International Cooperation Instrument
NSGE	national strategy for gender equality
OECD	Organisation for Economic Co-operation and Development
OECD-DAC	Organisation for Economic Co-operation and Development – Development Assistance Committee
OHCHR	Office of the United Nations High Commissioner for Human Rights
OSCE	Organization for Security and Co-operation in Europe
OSH	occupational safety and health
RIA	regulatory impact assessment
SANECA	Support to Accession Negotiations for Albania in Economic Chapters of Acquis
SCR	security council resolution
SDG	Sustainable Development Goal
SGBV	sexual and gender-based violence
SNS	Sistema Nacional de Salud (national health system of Spain)

SRHR	sexual and reproductive health rights
STI(s)	sexually transmitted infection(s)
TEU	Treaty of the European Union
TFEU	Treaty of the Functioning of the European Union
UHC	universal healthcare coverage
UN Women	UN Entity for Gender Equality and the Empowerment of Women
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAW/VaW	violence against women
VAWG/VaWG	violence against women and girls
WHO	World Health Organization

INTRODUCTION

This gender mainstreaming Guidance is part of a series of resources made available through the EU's and UN Women's technical support to the Government of Albania for accelerating the process of EU integration. Its aim is to ensure that future policy, planning, and programming documents align more closely with the EU legal and policy framework on gender equality (the 'Gender Equality *acquis*'), and thus enhance equality outcomes for all women, men, girls, and boys in the country. It is addressed to development and integration partners involved in policy, programming, and planning initiatives in the EU accession context. This group includes primarily government staff developing policies and drafting IPA programmes, experts providing technical assistance, EU Delegation Task Managers, donors and international development partners supporting EU-aligned reform, and civil society organizations engaged in accountability and consultative processes. The purpose of this Guidance is to provide succinct information on the key gender issues in a particular policy area, and to show how gender mainstreaming can be done in practical terms. The Guidance document is envisaged as an initial primer. It can be used as reference document in individuals' daily work, and it also serves as training material in efforts to establish gender mainstreaming capacity and skills.

Equality between women and men is a fundamental principle of the European Union. The right of women to equal treatment is, above all, a fundamental human right. EU Law recognizes discrimination as politically unacceptable, economically unprofitable, and punishable by law. For this reason, countries are required to comply with the *acquis* on gender equality and non-discrimination when acceding to the EU. As defined by EU Law, the strategy for promoting equality between women and men, and combating discrimination, is gender mainstreaming. Consequently, gender mainstreaming is a prerequisite for aligning national standards with the EU principles and an integral element of ensuing reform processes.

Sex¹ and gender² affect health outcomes in different ways. Sex can affect disease risk, progression, and outcomes through genetic, cellular, and

1 'Sex' refers to the different biological and physiological characteristics of females, males, and intersex persons, such as chromosomes, hormones, and reproductive organs. World Health Organization, Health Topics – Gender [Online]. See: https://www.who.int/health-topics/gender#tab=tab_1

2 'Gender' refers to the characteristics of women, men, girls, and boys that are socially constructed. World Health Organization, Health Topics – Gender [Online]. See: https://www.who.int/health-topics/gender#tab=tab_1

physiological pathways. These pathways can produce differences in susceptibility to disease, progression of disease, treatment, and health outcomes, and they are likely to vary over an individual's life-course. In addition, gender norms and roles, as well as differences between women and men in power relations and agency, contribute to differences in vulnerabilities to illness, how illness is experienced, health behaviors (including health-seeking), access to and uptake of health services, treatment responses, and health outcomes.³

Gender-related aspects, in particular, influence women's experience of and access to healthcare. The way how health services are organized and provided can either limit or enable women's and men's access to healthcare information, support and services, and the outcome of those encounters. In general, women and girls often face greater barriers than men and boys to accessing health information and services; as a result, women and girls face greater risks of health-related problems, such as unintended pregnancies, sexually transmitted infections including HIV, cervical cancer, malnutrition, lower vision, respiratory infections, and elder abuse, amongst others.⁴

Structured in five brief sections, the Gender Mainstreaming Guidance on Health supports stakeholders to:

- understand gender inequality issues related to the health sector;
- learn about relevant EU policy recommendations and Directives;
- identify relevant indicators for mainstreaming gender in the health sector;
- know about standardized EU methods and tools to mainstream gender equality goals;
- engage in concrete follow-up, based on a succinct list of key recommended actions.

3 World Health Organization (WHO) [Online]. Gender and health. Available at: https://www.who.int/health-topics/gender#tab=tab_1

4 *Ibid.*

Gender Equality is not just about ‘women’.

Rather it is about the different realities and needs of women and men across society; and the recognition that these realities and needs should be valued and - importantly - nurtured.

This necessitates ensuring that all people are empowered to take a full and productive role in the family, community, society, and the economy. To be in control of their own lives, to make the choices they wish, and thus have fair and equal access to services, support, and opportunity.

Gender-responsive governance is therefore about making sure that in all its policies, programmes, activities, priorities, and budgets, government takes into account the different needs and concerns of women and men, and addresses and reduces inequalities between them.

“The EU remains committed to the promotion, protection and fulfilment of all human rights and to the full and effective implementation of the Beijing Platform for Action and the Programme of Action of the International Conference on Population and Development (ICPD) and the outcomes of their review conferences and remains committed to sexual and reproductive health and rights (SRHR), in this context.

Having that in mind, the EU reaffirms its commitment to the promotion, protection and fulfilment of the right of every individual to have full control over, and decide freely and responsibly on, matters related to their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The EU further stresses the need for universal access to quality and affordable comprehensive sexual and reproductive health information, education, including comprehensive sexuality education, and health-care services”.

Source: The New European Consensus on Development ‘Our World, Our Dignity, Our Future’, Joint Statement by the Council and the Representatives of the Governments of the Member States meeting within the Council, the European Parliament, and the European Commission (2017), available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A42017Y0630%2801%29>

1

HEALTHCARE - KEY GENDER ISSUES IN ALBANIA

Despite important improvements and investments in the health sector in recent years, Albania's health system performance and public spending in this sector lag significantly behind the EU: according to Eurostat, in 2021, Albania's general government expenditure on health as a percentage of GDP was 3.4 per cent⁵ compared to the EU-27 average of 8.1 per cent.⁶ Resource allocations to primary health care remain disproportionately low, especially for maternal, neonatal and child health, and for disadvantaged population groups.⁷ As in other countries, gender significantly impacts on women's and men's health outcomes in Albania, and gender inequalities are identified in the areas of health status, behaviors, and access to services.⁸

Gender inequalities in health status and behaviors

In all parts of Europe, women generally live longer than men. At the EU level, the average life expectancy gender gap stands at 5.7 years: life expectancy at birth is, on average, 82.9 years for women and 77.2 years for men.⁹ Yet, women report higher morbidity or, to put it more simply, "women get sicker, men die quicker".¹⁰ The situation is similar in Albania: life expectancy at birth is, on average, higher for women than men (78.7 versus 74.4 years).¹¹ However, on average, women in Albania live shorter healthy lives than men (51.9 versus 54.6 years), even though women are less exposed to some of the key health risk factors, such as smoking or alcohol abuse.¹²

5 Eurostat data 2021. Enlargement countries – health statistics. Data extracted in September 2023. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Enlargement_countries_-_health_statistics#:~:text=For%20Albania%2C%20data%20are%20only,2010%20to%203.2%20%25%20in%202020

6 Eurostat data 2021. Government expenditure on health. Data extracted in September 2023. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Government_expenditure_on_health#:~:text=General%20government%20expenditure%20in%20the,8.0%20%25%20of%20GDP%20in%202020.&text=This%20article%20analyses%20data%20on,Functions%20of%20Government%20%2D%20COFOG

7 European Commission (2022). Albania Report 2022. Available at: <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-10/Albania%20Report%202022.pdf>

8 These areas are identified as sub-domains for measuring gender inequality in the domain of health for the Gender Equality Index (GEI) for the Republic of Albania. See: MHSP & INSTAT (2020). Gender Equality Index of the Republic of Albania. Available at: <http://www.instat.gov.al/en/publications/books/2020/gender-equality-index-for-the-republic-of-albania-2020/>

9 Eurostat (2023). Mortality and life expectancy statistics. See: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Mortality_and_life_expectancy_statistics

10 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

11 INSTAT (2022). Men and Women in Albania 2022. See: <https://www.instat.gov.al/al/publikime/librat/2022/burra-dhe-gra-2022/>, p.29.

12 MHSP & INSTAT (2020). Gender Equality Index for the Republic of Albania. Available at: <http://www.instat.gov.al/en/publications/books/2020/gender-equality-index-for-the-republic-of-albania-2020/>

With an ageing population, women's risk of developing chronic disease such as diabetes, neurological disorders (e.g., dementia, Alzheimer's), and mental health problems (e.g., depression) has increased. Moreover, some diseases are more common in women, such as breast cancer, osteoporosis, and eating disorders; and others affect women exclusively, such as endometriosis and cervical cancer. On the other hand, lung and colorectal cancers, ischemic heart diseases, and traffic accidents are more likely causes for men's morbidity and mortality; prostate cancer affects exclusively men.¹³ It is noteworthy that lung cancer and lung cancer mortality have increased among women (while there was a decrease for men), which has been attributed to the growing number of women smokers.¹⁴

In addition to biological factors, gender roles and social norms affect the health status of women and men. For example, men face greater levels of exposure to physical and chemical hazards at their workplace, and they more frequently engage in behaviors associated with 'masculine norms' of harmful risk-taking and adventure. As a consequence, men face higher mortality resulting from suicide, drug abuse, and traffic accidents. On the other hand, women are more likely than men to suffer from seemingly 'invisible' illnesses and disabilities, because they are often not recognized and addressed by the healthcare system. These include depression, eating disorders, disabilities related to home accidents, and the effects of domestic violence and sexual violence.¹⁵ In this context, it is noteworthy that so-called "symptoms, signs and diseases not well defined" cause 20.3 per cent of women deaths and significantly fewer - namely 14.0 per cent - men deaths.¹⁶

Furthermore, there is a pronounced gender difference in how women and men in Albania self-perceive their health status. Far more women compared to men self-assess their health as "fair", "bad" or "very bad" (21.1 per cent versus 16.1 per cent).¹⁷

Explanations and reasons for the observed gender differences in health are multiple. Gender stereotypes, norms and inequalities influence women's and men's behavior and life opportunities, and gender intersects with social

13 European Institute for Gender Equality (EIGE) [Online]. Policy area Health. See: <https://eige.europa.eu/gender-mainstreaming/policy-areas/health>

14 World Health Organization (WHO) (2021). Through a Gender Lens: Women and Tobacco in the WHO Europe Region. See: <https://iris.who.int/bitstream/handle/10665/339328/WHO-EURO-2021-1847-41598-56811-eng.pdf?sequence=1>

15 European Index for Gender Equality (EIGE) [Online]. Policy area Health. See: <https://eige.europa.eu/gender-mainstreaming/policy-areas/health>

16 INSTAT (2022). Men and Women in Albania 2022. See: <https://www.instat.gov.al/al/publikime/librat/2022/burra-dhe-gra-2022/>, p.40.

17 MHSP & INSTAT (2020). Gender Equality Index for the Republic of Albania. Available at: <http://www.instat.gov.al/en/publications/books/2020/gender-equality-index-for-the-republic-of-albania-2020/>

determinants of health such as ethnicity and educational attainment to generate additional inequalities in health outcomes. Factors that influence women's health across their life course include levels of gender equality, education, employment, working conditions, and access to economic resources. While men's health behaviors are related to many of the same factors, they are also impacted by the dominant forms of masculinity that shape men's attitudes related to risk-taking, self-care, and engagement with health services.¹⁸

Insufficient health sector response to violence against women and girls

Violence against women and girls (VAW/VAWG) is a violation of human rights and constitutes a pervasive challenge to women's and girls' health. Regardless of social class, gender-based violence including sexual abuse disproportionately affect women and girls in all countries. In Albania, VAW prevalence is significantly higher compared to the global average of 35 per cent: more than half, or 52.9 per cent, of women in Albania experience one or more of the five types of VAW at least once in their lifetime (intimate partner violence, dating violence, non-partner violence, sexual harassment, and/or stalking).¹⁹ In 2021, the vast majority of those injured in sexual crimes were women and girls (88.4 per cent, compared to 11.6 per cent men and boys), and more than twice as many women/girls (62.2 per cent) than men/boys (30.8 per cent) were injured in cases of domestic violence.²⁰

In Albania, the most prevalent form of VAW is intimate partner violence, with 47 per cent of women having experienced this form of violence at least once in their lifetime. In addition to physical injuries, gender-based violence has severe long-term health consequences for women²¹ and can include neurological conditions and injuries, cardiovascular and respiratory conditions, intestinal and digestive conditions and injuries, reproductive and genital conditions and injuries, unwanted pregnancy, cervical cancer, dysmenorrhea, miscarriages, sexually transmitted infections, and mental health conditions such as

18 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

19 INSTAT (2019). National Population Survey on Violence against Women and Girls in Albania. See: <http://www.instat.gov.al/media/6123/publication-violence-against-women.pdf>

20 INSTAT (2022). Men and Women in Albania 2022. See: <https://www.instat.gov.al/al/publikime/librat/2022/burra-dhe-gra-2022/>, p.95.

21 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

depression, suicidal ideations and behaviors, post-traumatic stress disorder, alcohol abuse, drug abuse, anxiety, and chronic and/or acute stress.²² Each of these conditions and injuries require adequate diagnosis and treatment.

TABLE 1

Types and prevalence of injuries among women and girls caused by domestic violence

	Physical violence (ever) N=159.541 %	Physical violence (current) N=64.072 %
Experience of one or more of the nine types of injuries caused by domestic violence	58.8	72.4
Fear, anxiety, depression, feelings of isolation, sleeplessness, irritability	56.0	61.1
Cuts, scratches, aches, redness or swelling, and/or other minor marks	23.6	28.1
Eye injuries, dislocations, over-stretching or tearing of ligaments, blisters from burns	6.5	12.4
Head injuries, traumatic brain injury, hearing loss	2.0	2.6
Abdominal injuries	2.1	1.0
Deep wounds, broken bones, broken teeth, blackened or charred skin from burns, and/or any other serious injuries	1.2	1.2
Loss of memory	0.5	0.2
Miscarriage	2.6	1.2
Permanent injuries or disfigurement	1.1	0.0

Source: INSTAT (2018), National Population Survey on Violence Against Women and Girls, see: <https://www.instat.gov.al/en/publications/books/2019/violence-against-women-and-girls-in-albania-2018/>

²² INSTAT (2019). National Population Survey on Violence against Women and Girls in Albania. See: <http://www.instat.gov.al/media/6123/publication-violence-against-women.pdf>

According to the Albanian legislation on domestic violence²³ and health²⁴, the health sector is foreseen to assume an **important role in the reporting and management of cases of VAW**, including the provision of medical evidence during criminal proceedings. This is also foreseen under the Council of Europe's Convention for Preventing and Combating Violence against Women and Domestic Violence ('Istanbul Convention'), to which Albania became Party to in 2011, followed by ratification in 2013.²⁵ However, the assessment report of GREVIO (the body monitoring implementation of the Istanbul Convention) identified the healthcare system as one of the weakest links in the chain of action under the coordinated referral mechanism for cases of domestic violence.²⁶ In theory, healthcare protocols for managing domestic violence cases have been developed and approved, and cover the areas of identification and screening, diagnosis, treatment, referral, and documentation. However, among healthcare professionals, knowledge gaps on applicable minimum standards are prevalent, and there is limited awareness of the requirement to examine and hear victims without any interference by husbands, the authors of violence, or family members. Evidence is scarce of measures taken to implement the relevant provision in the Law against Domestic Violence, including the requirement to establish dedicated structures in emergency units and at the healthcare centers in municipalities and communes. Furthermore, available reports indicate that victims of domestic violence are not always adequately informed on matters of health care, such as on sexually transmitted infections, HIV/AIDS, reproductive health, and especially family planning.²⁷

One additional aspect affecting victims of violence is the **process of case reporting**. For women and child victims of domestic violence, the healthcare system remains one of the main entry points for seeking help. Yet, statistics on domestic violence generated by the healthcare sector show disproportionately low figures. According to medical practitioners interviewed by GREVIO, these low

23 Law No.9669/2006 'On Measures against Violence in Family Relations', as amended. Available at: <https://shendetesia.gov.al/ligje-7/>. The English translation can be accessed at: <https://evaw-global-database.unwomen.org/pt/countries/europe/albania/2006/law-on-measures-against-violence-in-family-relations--2006->. The full and updated Albanian version (including all amendments until 2020) is available at: <https://qbz.gov.al/eli/ligj/2006/12/18/9669/3257bc3f-964e-4d84-aca0-57122d81f986>

24 Basic Package of Primary Health Care Services, revised and adopted by Council of Ministers' Decision No.101, dated 04/02/2015.

25 Council of Europe Convention on preventing and combating violence against women and domestic violence (2011). See <https://www.coe.int/en/web/istanbul-convention/text-of-the-convention>

26 Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) (2017). GREVIO Baseline Evaluation Report Albania. See: <https://rm.coe.int/grevio-first-baseline-report-on-albania/16807688a7>

27 *Ibid.*

figures can be attributed to women's reluctance to disclose the true cause of their injuries because they feel ashamed and/or have the legitimate fear of retaliation in case the author of violence finds out that the truth was revealed to a third party. Faced with such reluctance, medical professionals often keep a complicit silence, and - as a result - do not issue a medical report which attests violence. However, the omission of physicians to provide victims of violence with a medical report that documents their injuries is detrimental: without such a report, women are unable to address courts with the required evidence. Women's insufficient access to forensic medical examinations further impairs their right to access to justice.²⁸

Gender inequalities and barriers to accessing health services

In general, including in the EU, women tend to face greater barriers to accessing medical services. These range from the prohibitive cost of medical care, time constraints, geographical barriers, long waiting lists, and far distances to travel for care.²⁹ In Albania, 15.3 per cent of the population have self-reported an **unmet need for medical examination or treatment**, with a greater proportion of women (16.7 per cent) reporting the unmet need compared to men (13.9 per cent). The gender difference in the reported unmet need for dental examinations or treatments is smaller, with women reporting an unmet need of 20.9 per cent in 2020, compared to 21.1 per cent of men.³⁰ Further, women and girls were found to have little or no knowledge of the health legal framework and their rights to access health services.³¹

Universal healthcare coverage (UHC) is defined as one of four minimum elements of a social protection floor.³² However, a recent WHO analysis identified a **large gap in population coverage**, heavy co-payments, and

28 *Ibid.*

29 European Institute for Gender Equality (EIGE) [Online]. Gender mainstreaming - Policy area Health. See: <https://eige.europa.eu/gender-mainstreaming/policy-areas/health>

30 INSTAT (2022). Men and Women in Albania 2022. Available at: <https://www.instat.gov.al/media/11027/burra-dhe-gra-2022.pdf>

31 UN CEDAW (2016). Concluding Observations on the fourth periodic report of Albania, 2016. Available at: <https://digitallibrary.un.org/record/840818?ln=en>; see also: Albanian Center for Population and Development (ACPD) (2016). 'Shadow Report - Healthcare field - Case of Albania'. Report submitted to CEDAW. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FNGO%2FALB%2F23255&Lang=en

32 "...access to a nationally defined set of goods and services, constituting essential health care, including maternity care, that meets the criteria of availability, accessibility, acceptability and quality..." in line with Articles 22 and 25 of the Universal Declaration of Human Rights, which affirm the human right to social security and to a standard of living adequate for health and wellbeing, including access to food, clothing, housing, medical care and necessary social services. See: ILO (2012), R202 - Social Protection Floors Recommendation, 2012 (No.202). 101st Session of the International Labour Conference (ILC), 14 June.

significant levels of catastrophic health spending, resulting in impoverishment of households.³³ In the context of high levels of informal employment, a significant share of women and men remain without health coverage.³⁴ This has a negative and gender-specific impact on social protection in general and particularly on women's sexual and reproductive health and rights.

Out-of-pocket payments are high, and a preliminary investigation focusing on the gendered impact of corruption in the health care sector found no institutional barriers against petty bribery in the service delivery of health care³⁵, where informal cash payments in response to a direct or indirect request by doctors are extremely widespread. The study points out lack of capacities within the health care system, which provides ground for the request of informal payments in exchange for services, met by the readiness of citizens to resort to unfair means to get the service they depend on.³⁶ The disproportionately high burden of out-of-pocket-payments on Albanian households negatively impacts on women's health status as well as women's poverty. At the same time, anti-corruption measures in particularly vulnerable areas, such as health, remain limited. Internal checks and inspection mechanisms within the public administration continue to be weak and ineffective.³⁷

Challenges in the health sector affect particularly **women from rural areas and disadvantaged communities**, including elderly women, women with disabilities, Roma and Egyptian women, women from the LGBTI+ community, and migrant women.³⁸ The issue of women's limited access to health care, including to

33 World Health Organization (WHO) (2020). Can people afford to pay for healthcare? New evidence on financial protection in Albania. Available at: <https://www.who.int/europe/publications/item/9789289055291>; WHO News, posted on 06 November 2020, see: <https://www.who.int/europe/news/item/06-11-2020-albania-needs-to-expand-population-coverage-to-move-towards-universal-health-coverage>

34 World Health Organization (WHO) (2022). World Health Statistics 2022. The 2019 UHC Service coverage index for Albania was 62 compared to the EU-27 average of 80. See: <https://apps.who.int/iris/bitstream/handle/10665/356584/9789240051140-eng.pdf?sequence=1&isAllowed=y>

35 OSCE (2021). The gendered impact of corruption in the Albanian health care and tertiary education sectors, Preliminary research and needs assessment. See: <https://www.osce.org/files/f/documents/5/4/513448.pdf>

36 *Ibid.*

37 European Commission (2022). Albania Report 2022. Available at: <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-10/Albania%20Report%202022.pdf>, p.34.

38 The Ombudsperson of the Republic of Albania ('Avokati i Popullit') (undated). Alternative Report on the Implementation of the CEDAW Convention in Albania 2016-2020, prepared by the Ombudsperson of the Republic of Albania for the presentation before the United Nations Committee on the Elimination of All Forms of Discrimination against Women (CEDAW). Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCEDAW%2FIFN%2FALB%2F44251&Lang=en

primary health care, and the large gap in availability of health services between urban versus rural areas, keeps being raised also by international human rights mechanisms, including UN CEDAW.³⁹ Furthermore, while abortion care is guaranteed by law, women from disadvantaged groups, including women and girls living in rural areas and especially Roma and Egyptian women and girls, face barriers in accessing it.⁴⁰ A slight increase has been recorded in the number of Roma and Egyptians residing in informal settlements who benefit from health services delivered by mobile teams, and HIV awareness activities continue to be conducted for Roma and Egyptians communities. Nevertheless, further efforts are needed to improve the recently introduced 'health mediator'-function and reduce the barriers faced by women and men from disadvantaged population groups when accessing health services.⁴¹

Insufficient access to sexual and reproductive health and rights (SRHR)

Across the EU, maternal mortality and infant mortality have significantly decreased due to effective prevention strategies. There has also been a decrease in legal abortions due to the provision of family planning services and improved access to contraceptive methods, especially among young women.

Albania has made progress in this regard, including the adoption of the relevant legal and policy framework, such as the law No.8876/2002 on 'Reproductive Health', and a Reproductive Health Strategy, which was in force from 2017 to 2021. The current revision of the Reproductive Health Law provides the opportunity for approximation to EU legislation and harmonization with Law No.10221, dated 04/02/2010, 'On Protection from Discrimination' (as amended by the Law No.124/2020) to regulate the full range of reproductive health issues, such as safe motherhood, breast and cervical cancers, and reproductive health, menopause, and andropause. Furthermore, reference to sexual orientation, gender identity, and the health needs and rights of LGBTI+ persons needs to be

39 UN CEDAW (2016). Concluding observations on the fourth periodic report of Albania. Available at: <https://digitallibrary.un.org/record/840818?ln=en>; UN CEDAW (2022). List of issues and questions in relation to the fifth periodic report of Albania. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=3&CountryID=2&DocTypeID=18; UN CEDAW (2023). Concluding observations on the fifth periodic report of Albania. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FALB%2FCO%2F5&Lang=en

40 UN Country Team Report to CEDAW Committee in view of Albania's fifth report to the Committee, 2022 (unpublished).

41 European Commission (2022). Albania Report 2022. Available at: <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-10/Albania%20Report%202022.pdf>

included.⁴² Civil society organizations have raised the need for amending the reproductive health legislation with the perspective of ensuring improved access for women and men from disadvantaged communities.⁴³

In accordance with the commitment outlined in the National Health Sector Strategy 2021-2030⁴⁴, within the framework of Objective 5 of Policy 1, the Ministry of Health and Social Protection approved the new National Action Plan on Sexual and Reproductive Health 2022-2030 by Ministerial Order No.171, dated 24/03/2023.⁴⁵ The action plan delineates four objectives, which are aligned with international requirements and the National Health Sector Strategy 2021-2030: (i) Facilitate informed decision-making regarding sexual and reproductive health for all individuals, ensuring that their human rights are acknowledged, safeguarded, and fulfilled; (ii) Ensure that all individuals attain the highest attainable standard of sexual and reproductive health and overall well-being; (iii) Guarantee universal access to sexual and reproductive health services, thereby striving to eradicate disparities and inequalities in this domain; and (iv) Establish a framework for the provision of sexual and reproductive health care during instances of health emergencies.

Usage of modern contraceptive methods in Albania is probably the lowest in the region.⁴⁶ The contraceptive prevalence rate (CPR) for modern methods is only three per cent for all women, and four per cent for currently married women aged 15-49. By far the most commonly used method is withdrawal, used by 42 per cent of currently married women, which brings the contraceptive prevalence for all methods to 46 per cent. Contraceptive use is the highest among unmarried, sexually active women, among whom 61 per cent use a contraceptive method: 53 per cent use withdrawal and eight per cent use a modern method.⁴⁷ The total demand for family planning among currently married women decreased from 82 per cent in 2008/09 to 61 per cent in 2017/18. Only nine per cent of **demand for**

42 UN Country Team Report to CEDAW Committee in view of Albania's fifth report to the Committee, 2022 (unpublished).

43 See: <https://www.nairobisummiticpd.org/commitment/ensure-access-sexual-and-reproductive-health-and-rights-especially-underserved-albania>

44 Adopted by Council of Ministers' Decision No.210, dated 06/04/2022.

45 The document is still to be published online.

46 UNFPA (2019). Sexual and reproductive health with the main focus on family planning in Albania. Report prepared for ICPD25. See: https://albania.unfpa.org/sites/default/files/pub-pdf/what_has_changed-family_planning.pdf

47 INSTAT (2018). Albania Demographic and Health Survey II (2017-2018). See: <https://dhsprogram.com/pubs/pdf/FR348/FR348.pdf>

modern family planning methods was found to be satisfied.⁴⁸ The unmet need for family planning is 17 per cent among currently married women, and 12 per cent among all women.⁴⁹ Access to reproductive health services for adolescents has been found to be inadequate. There is an urgent need to design and tailor appropriate services for this age-group, considering, in particular, the negative impact of unwanted pregnancies on girls.

Women living in rural and remote areas, and Roma and Egyptian women, face particularly limited access to **sexual and reproductive healthcare services**, and they are often unaware of the availability of such services. The issue keeps being raised by the CEDAW Committee in its Concluding Observations on Albania, together with the insufficient prevention of sexually transmitted infections, lack of information about the clear linkage between human papillomavirus and cervical cancer, the excessive use of abortion as a method of birth control, and sex-selective abortion.⁵⁰ Limited access to sexual and reproductive healthcare services, including for LGBTI+ persons, was also noted in the European Commission's Albania Report 2022.⁵¹

Over the past 20 years, there has been a sharp increase in the percentage of **deliveries by caesarean section** (C-section) in Albania, from 13.4 per cent of births in 2002 to 31 per cent of births in 2018.⁵² This is above the EU average.⁵³ Globally, a C-section rate of approximately 19 per cent is considered ideal for the health of both women and newborns. Sharp increases in C-section births have been shown to be related to the emergence of private sector health facilities and suggest a trend towards the commercialization of giving birth in Albania.⁵⁴

48 UNFPA World Population Dashboard – Albania [Online]. See: <https://www.unfpa.org/data/world-population/AL>

49 *Ibid.* According to the Albania Demographic and Health Survey 2017-2018, the total unmet need for family planning is 15 per cent, six per cent for spacing and nine per cent for limiting, while the met need is 46 per cent with 13 per cent for spacing and 33 per cent for limiting. See: <http://www.instat.gov.al/en/publications/books/2018/albania-demographic-and-health-survey-2017-2018/>

50 UN CEDAW (2016). Concluding Observations on the fourth periodic report of Albania, 2016. Available at: <https://digitallibrary.un.org/record/840818?ln=en>; UN CEDAW (2023). Concluding Observations on the fifth periodic report of Albania, 2023. Available at: https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW%2FC%2FALB%2FCO%2F5&Lang=en

51 European Commission (2022). Albania Report 2022. Available at: <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-10/Albania%20Report%202022.pdf>

52 UNICEF Data. Albania – Demographics, Health & Infant Mortality. See: <https://data.unicef.org/country/alb/>

53 Eurostat (2019). See: <https://ec.europa.eu/eurostat/web/products-eurostat-news/-/DDN-20191217-1>

54 UN Women (2020). Country Gender Equality Brief Albania 2020. Available at: <https://eca.unwomen.org/en/digital-library/publications/2020/12/country-gender-equality-brief-albania-2020>

Gender segregation and gender wage gap in the health care sector

The health and care sectors are major sources of employment, particularly for women. According to the EU Labour Force Survey, in 2022, 76.3 per cent of workers in the health and social care sector were women.⁵⁵ In the WHO European Region, 95 per cent of nurses are women.⁵⁶ Women make up 86 per cent of personal care workers in health services. Most of the workers providing home-based professional care to older people and people with disabilities are women.⁵⁷ Both vertical and horizontal occupational segregation can be observed when comparing women's and men's healthcare positions. While men are over-represented in managerial and decision-making positions, the female healthcare workforce is usually concentrated in occupational categories associated with nursing and less-skilled health- and care-related functions. Globally, women working in this sector are underpaid for their labor market attributes relative to men who have similar labor market profiles. While women disproportionately bear the outcome of poor working conditions in the sector⁵⁸, the lower-than-average remuneration, and poor and stressful working conditions, reduce the attractiveness of the sector for men as well. A recent global analysis on the gender wage gap in the health and care sector identifies Albania among those countries where women wage employees in the public health sector are unevenly spread across the wage spectrum.⁵⁹ A small cluster of highly paid women pulls up the estimated average hourly wage. However, this average does not represent the earnings of the greater part of women health care workers, who are - in fact - clustered in low-paid jobs. The global report is based on 2013 data. More recent administrative data on the composition of workers in the public and private health care sectors in Albania disaggregated by categories such as sex, age, position, qualification, occupational category, public/private sector, and wage, are publicly unavailable.

55 European Institute for Gender Equality (EIGE) [Online]. Gender statistics database. Employment in human health activities by sex and age (from 2008 onwards) – 1 000. Available at: https://eige.europa.eu/gender-statistics/dgs/indicator/ta_wrklab_lab_employ_selected_healthcare__fsa_egan22d_hlth

56 World Health Organization (WHO) (2020). State of the world's nursing 2020 report. Investing in education, jobs and leadership. See: <https://www.who.int/publications/i/item/9789240003279>

57 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

58 According to ILO, "...care work [...] remains characterised by poor working conditions, a void of benefits and protections, low wages or non-compensation, and exposure to physical, mental and, in some cases, sexual harm". See: <https://www.ilo.org/global/topics/care-economy/lang-en/index.htm>

59 World Health Organization (WHO) and International Labour Organization (ILO) (2022). The gender pay gap in the health and care sector: a global analysis in the time of COVID-19. See: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_850909.pdf

Lack of gender sensitivity in treatment and diagnosis, and gaps in gender knowledge in healthcare

Globally, pharmaceuticals are primarily tested on men, and consequently, their effects on women's bodies remain unknown or uncertain. The EU has asserted that clinical trials should be representative of the expected target population: treatments that are expected to be used by both women and men should be tested on both women and men, because there are differences in disease development and progression based on the biological characteristics of women's and men's bodies.⁶⁰ Another example of lack of gender sensitivity in health care is how some health conditions which affect exclusively women often go under-diagnosed and/or are not treated. One such example from EU-27 is endometriosis, which is a chronic and disabling gynecological disease affecting 10 per cent of women of reproductive age.⁶¹

There is a clear need for gender-sensitive training and education in the entire medical and health care sectors. However, gender equality training remains scarce and tends to be short and one-off instead of integral to education and training.^{62,63} Although most governments and donor organizations recognize that promoting gender equality is critical to achieving effective and sustainable health care, many lack the skills and know-how to address gender in health policies, programs, and systems. Tailored and advanced level trainings on the issues that affect women's and men's health in gender-specific ways is needed especially for health professionals who draft health policy, conduct health research, and deliver public health care interventions.

While in this section, information on the issue of gender-sensitivity in the health care sector is primarily drawn from EU-27, the issues addressed are equally important and relevant for Albania. Respective analyses of the situation in Albania still need to be undertaken, particularly of gaps in gender knowledge among health care professionals.

60 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

61 *Ibid.*

62 European Institute for Gender Equality (EIGE) (2017). Gender in health. See: <https://eige.europa.eu/publications/gender-health>

63 European Institute for Gender Equality (EIGE) (2012). Mapping of gender training policies and practices in the European Union: Summary of findings. See: <https://eige.europa.eu/publications/mapping-gender-training-policies-and-practices-european-union-summary-findings>

Weak professional responses to gender diversity

In Albanian society, discrimination against lesbian, gay, bisexual, transgender, intersex, and queer persons (LGBTI+) is still highly prevalent.⁶⁴ This includes well-documented discrimination of members of the LGBTI+ community in accessing health care and health services.⁶⁵ Based on the lessons learned from the difficulties faced by LGBTI+ persons before and especially during the Covid-19 pandemic⁶⁶, efforts need to be stepped up to ensure the provision of friendly, affordable, effective, and standard healthcare services to LGBTI+ persons nationwide, especially those who suffer multiple discrimination within this group. This requires foremost strengthening primary health care professionals' capacities for the proper treatment and provision of quality health services for LGBTI+ persons. To avoid further stigmatization, access for LGBTI+ persons to completely anonymous testing for STIs, etc., also needs to be improved. Appropriate information needs to be disseminated among health care professionals on the protocol for intersex children, approved by the Ministry of Health and Social Protection in 2020. Individuals working in the maternity ward or in gynecology should be specifically instructed on the provisions of health care services for transgender persons. All tools, protocols, and plans on health care provision to LGBTI+ persons require further alignment with human rights standards established by the European Intersex Community, international Human Rights bodies, and Council of Europe bodies.⁶⁷ The National Action Plan for LGBTI+ persons 2021-2027 includes several specific measures to improve access to health care.⁶⁸ However, administrative data on access to health care by members of the LGBTI+ community is unavailable, and monitoring needs to be strengthened to track progress on the plan's implementation.

64 European Commission (2022). EC Albania Report 2022, p.35. Available at: https://neighbourhood-enlargement.ec.europa.eu/albania-report-2022_en

65 World Bank Group (2018). Life on the Margins: Survey Results of the Experiences of LGBTI People in Southeastern Europe. Available at: <https://openknowledge.worldbank.org/handle/10986/30607>

66 World Bank (2020). Understanding the impact of Covid-19 pandemic measures on the LGBTI community in the Western Balkans. Rapid Assessment prepared by the Equal Rights Association for Western Balkans and Turkey (ERA). See: <https://documents1.worldbank.org/curated/en/336981611828328975/pdf/Understanding-the-Impact-of-COVID-19-Pandemic-Measures-on-the-LGBTI-Community-in-the-Western-Balkans.pdf>

67 Council of Europe, European Commission against Racism and Intolerance (ECRI) (2023). ECRI Policy Recommendation No.17 on preventing and combating intolerance and discrimination against LGBTI persons. See: <https://rm.coe.int/general-policy-recommendation-no-17-on-preventing-and-combating-intole/1680acb66f>

68 Available at: <https://rm.coe.int/lgbti-nap-2021-2027-en-final-2022/1680a584cf>

Gaps in health-related gender statistics and analysis

Albania has made progress on gender-related health statistics, and sex-disaggregated data are regularly published in publications such as INSTAT's 'Women and Men in Albania' (as required under SDG target 17.18). However, current statistics do not fully capture information on some of the key gender equality issues related to health, such as reproductive health. This is also one of the areas particularly prioritized in the EU Gender Action Plan (GAP) III. (See the respective EU GAP III indicators listed below).

Overall, sex-disaggregated data currently produced by the health system are limited and of insufficient quality for feeding into gender-sensitive and inclusive responses in the health sector. Without such information, the development, planning, and budgeting of targeted, needs-based responses remain a challenge. The main source of sex-disaggregated data in the health system is the Institute of Public Health (IPH). IPH data consists of administrative data and information obtained through national surveys conducted in collaboration with INSTAT, such as the Albania Demographic and Health Survey (ADHS) 2008-2009 and ADHS 2017-2018. However, due to cost-implications, these national surveys are not covered by the state budget, which has negatively impacted on periodicity, the methodology used, and – consequently – the comparability of data over time.

A further challenge lies in the lack of a linkage between administrative data collection, data collection in existing public and private health institutions, and INSTAT. The Ministry of Health and Social Protection, health institutions such as IPH, hospitals, primary care health providers, and the private health sector operating in the country, do not systematically apply one consolidated methodology, which is needed to ensure periodicity, accuracy, and accessibility of administrative data. Yet, standardization and harmonization of health indicators between the Ministry of Health and Social Protection, INSTAT, and IPH are required to enable the comparison of health data. Use of harmonized and accurate data is also an essential precondition for policy dialogue between health institutions. Furthermore, access to such data in the health sector is important for policy- and decision-makers, academia, researchers, and the general public.

There are also information gaps on various gender-related health issues, including those that are of high relevance for vulnerable groups. While some studies exist on Roma women and men, data and information gaps regarding the health needs of women (and men) with disabilities, Egyptians, and members of the LGBTI+ community still need to be closed.

While studies and official statistics may report data disaggregated by sex, which show differences between women and men regarding health, figures alone do

not explain the underlying gender inequalities that drive those differences. Sex-specific differences are also shaped by social inequalities and power differentials which are rooted in gender norms. These intersect in any individual and can hinder positive health outcomes. Therefore, analysis is needed to help shaping the transformation of harmful gender norms.⁶⁹ Additional and more nuanced, qualitative analyses are required that address the underlying gender dynamics in specific contexts and focus on the reality of female and male individuals. Furthermore, existing data needs to be regularly analyzed and interpreted from a gender perspective to identify the gendered impact of measures on access of health, and to guide measures in response to gaps identified in public health services. To achieve universal health care, the health system response must include comprehensive (qualitative) analyses to document who is being left behind in accessing health care service, and the exact reasons why.⁷⁰

Administrative data on women and men working in Albania's health care sector is unavailable.

BOX 1

Summary of main gender inequality issues in the Albanian health sector

- Gender inequalities in health status and behavior.
- Insufficient health sector response to violence against women and girls.
- Gender inequalities and barriers to accessing health services.
- Insufficient access to sexual and reproductive health and rights (SRHR).
- Gender segregation and gender wage gap in the health care sector.
- Lack of gender sensitivity in treatment and diagnosis, and gaps in gender knowledge in healthcare.
- Weak professional responses to gender diversity.
- Gaps in health-related gender statistics and analysis.

69 World Health Organization (WHO) (2018). Bulletin 'Gender, health and the 2030 agenda for sustainable development'. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6154065/>

70 *Ibid.*

2 GENDER-RESPONSIVE HEALTH LEGISLATION AND POLICIES IN THE EU ACCESSION CONTEXT

Equality between men and women is a fundamental principle of the European Union guaranteed in the Treaty on the Functioning of the European Union (TFEU). Article 8 TFEU states that “in all its activities, the Union shall aim to eliminate inequalities, and to promote equality between men and women”. While EU Member States are primarily responsible for ensuring access to health services, Article 168 of the TFEU gives the Union complementary competence in the field of public health. The EU is required to ensure a high level of human health protection in the definition and implementation of all its policies, including health.⁷¹

In addition, the Charter of Fundamental Rights of the European Union protects the rights to non-discrimination on the grounds of sex, equality between women and men, and access to healthcare.⁷² The European Pillar of Social Rights Action Plan acknowledges the right to timely access to good-quality, affordable healthcare for all – both preventive and curative.⁷³ The action plan recognizes the need for gender equality of access to long-term care services, healthy working environments and social protection, and emphasizes that health status does not depend only on biological factors but is also influenced by numerous social determinants. Health, therefore, requires a multi-disciplinary approach. Efforts to empower both women and men, in all their diversity, to attain their full health potential must be supported in medical research, health policy, and health services.⁷⁴

Article 20 of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (“Istanbul Convention”)⁷⁵ specifically addresses the responsibilities of the health care system: it obliges Parties to take the necessary legislative or other measures to ensure that victims have access to health care [...] and that services are adequately

71 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

72 European Commission (2009). EU Charter of Fundamental Rights. Available at: https://ec.europa.eu/info/aid-development-cooperation-fundamental-rights/your-rights-eu/eu-charter-fundamental-rights_en

73 European Commission (2021). European Pillar of Social Rights Action Plan. Available at: https://ec.europa.eu/info/strategy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-action-plan_en

74 European Institute for Gender Equality (EIGE) (2021). Gender Equality Index 2021 - Health. See: <https://eige.europa.eu/publications/gender-equality-index-2021-health>

75 Council of Europe Convention on preventing and combating violence against women and domestic violence (2011). See <https://www.coe.int/en/web/istanbul-convention/basic-texts>

resourced, and professionals are trained to assist victims and refer them to the appropriate services.

The EU Gender Equality Strategy 2020–2025 recognizes the gender-specific health risks.⁷⁶ Among other targeted actions, it foresees the facilitation of regular exchange of good practice between Member States and stakeholders on the gendered aspects of health, including on sexual and reproductive health and rights.

The European Commission also monitors specific challenges faced by women and girls under the 2021-2025 EU Agenda and Action Plan on Drugs, and the EU Drugs Strategy 2021-2025.^{77,78} Europe's Beating Cancer Plan, adopted in February 2021, acknowledges gender differences in cancer and the strong gender dimension in treating it; it calls to address any potential gender and other biases in diagnosis, and to reduce gender differences in access to cancer care.⁷⁹ The gender dimension is also included in the European Commission's Strategic Framework on Health and Safety at Work 2021-2027, and in the Strategy for the Rights of Persons with Disabilities 2021-2030.^{80,81} Furthermore, the Commission continues to monitor data on women's and men's participation in clinical trials to respond to gendered needs. As a guiding principle, unless otherwise justified, clinical trial participants should represent the population groups, for example gender and age groups, that are likely to use the investigated medicinal product.⁸²

76 European Commission (2020). EU Gender Equality Strategy 2020-2025. Available at: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-equality-strategy_en

77 European Commission (2020). EU Agenda and Action Plan on Drugs 2021-2025. Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0606%2801%29>

78 Council of the European Union (2021). EU Drugs Strategy 2021-2025. Available at: <https://www.consilium.europa.eu/media/49194/eu-drugs-strategy-booklet.pdf>

79 European Commission (2021). Europe's Beating Cancer Plan. See: https://ec.europa.eu/health/system/files/2022-02/eu_cancer-plan_en_0.pdf

80 European Commission (2021). Strategic Framework on Health and Safety at Work 2021-2027. Available at: https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12673-Health-Safety-at-Work-EU-Strategic-Framework-2021-2027-_en

81 European Commission (2021). Strategy for the rights of persons with disabilities 2021-2030. Available at: <https://ec.europa.eu/social/main.jsp?catId=1484>

82 European Commission, Directorate-General for Justice and Consumers (2021). 2021 report on gender equality in the EU. Available at: <https://op.europa.eu/en/publication-detail/-/publication/11d9cab1-fa52-11eb-b520-01aa75ed71a1>

Positive examples from the EU on gender mainstreaming in the health sector

Improving sexual, reproductive, and maternal health for women in Latvia: The Latvian Cabinet of Ministers approved a Mother-and-Child Health Improvement Plan for the period 2018-2020. The plan aimed to improve maternal and child health through better disease prevention, earlier diagnosis, and timely treatment. It includes measures to support vulnerable women: from 2020 onwards, women at risk of social exclusion will receive state-funded contraception services, reaching, for example, women with low income, low education, physical and mental health problems, and women who experience sexual and emotional violence, among others.

Source: European Commission (2021), Gender equality and health in the EU, accessible at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

Access to sexual and reproductive health services in Portugal: Portugal provides free access to publicly run family planning consultations, contraceptive methods and voluntary termination of pregnancy services. During the first consultation with pregnant women considering voluntary termination of pregnancy, providers must give clear, verbal and written information on existing social support. Foreigners who are legal residents in Portugal can also access health services and, under certain conditions, foreigners without staying permits can also access services.

Source: European Commission (2021), Gender equality and health in the EU, accessible at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

Promoting access to contraceptives in Spain: In Spain, the national health system, the Sistema Nacional de Salud (SNS), covers all residents and is administered on a regional level by the country's Autonomous Communities (ACs), which each have their own regulations regarding contraceptive subsidization. Both male and female condoms are generally available free of charge or at subsidized prices. Additionally, all pharmacies in Spain are required to dispense emergency contraception without a prescription and with no age restrictions. Emergency contraception typically costs around EUR 18, although some ACs provide it for free in public health clinics. In March 2010, a new law on reproductive health led to the Ministry of Health - for the first time - subsidizing hormonal contraceptives as birth control. The law covers three types of hormonal contraceptives. As a result, all women covered by the SNS are now able to obtain some contraceptives at reduced prices (around EUR 6 to 7 for one packet of hormonal contraceptives).

Source: European Commission (2021), Gender equality and health in the EU, accessible at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>

For further examples of comprehensive rights-based approaches to promoting SRHR and access to appropriate contraception in **EU Member States**, see: https://commission.europa.eu/publications/eu-mutual-learning-programme-gender-equality-sexual-and-reproductive-health-and-rights-seminar_en

3 LINKING GENDER AND HEALTH WITH THE EUROPEAN UNION GENDER EQUALITY ACQUIS

Gender mainstreaming is a strategy which involves the integration of a gender perspective into the preparation, design, implementation, monitoring and evaluation of policies, strategies, budgets, spending programmes, project activities, regulatory measures, administrative functions, and institutional culture, with a view to promoting **equality between women and men**, and preventing and eliminating discrimination.

Gender mainstreaming ensures that policy-making and legislative work are of higher quality, and policies respond more effectively to the needs of all citizens – women and men, girls and boys. With gender mainstreaming, public interventions are more effective, ensuring that inequalities are not perpetuated.

The main objective of EU programmes in (pre-)accession countries is to support potential Member States to adopt and implement all reforms (i.e., political, institutional, legal, administrative, social, and economic) that are required to comply with EU values and align with EU rules, standards, policies, and practices. The accession criteria (Copenhagen Criteria) include clear preconditions for stable institutions guaranteeing democracy, the rule of law, human rights, and respect for and protection of minorities.⁸³ Gender equality - as one of the key rule-of-law principles - forms an inherent part of the Enlargement Strategy.⁸⁴ Enlargement requires each accession country to adopt the body of common rights and obligations (the EU *acquis*) that are binding for all EU Member States.⁸⁵ Gender equality is integral to accession and legal harmonization processes by applying the rights-based approach principles of (i) legality, universality and indivisibility of human rights; (ii) participation; (iii) non-discrimination; (iv) accountability; and (v) transparency, in each step of programming, implementation, monitoring and evaluation of EU-support.

At EU-level, the obligation to engage in gender mainstreaming emanates, among others, from:

83 Conclusions of the Presidency, European Council, Copenhagen, 21-22 June 1993. See: <https://www.consilium.europa.eu/media/21225/72921.pdf>

84 COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS. A credible enlargement perspective for and enhanced EU engagement with the Western Balkans, 2018, p.4. See: https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-01/annex-communication-credible-enlargement-perspective-western-balkans_en.pdf

85 See: <https://eur-lex.europa.eu/summary/glossary/acquis.html>

- the Treaty of the European Union (TEU);⁸⁶
- the Treaty of the Functioning of the European Union (TFEU)⁸⁷ Articles 8 and 10, which mandate the EU and Member States to ensure gender equality goals are mainstreamed in all EU activities;
- Council Directive 2004/113/EC of 13 December 2004⁸⁸, 'Implementing the principle of equal treatment between men and women in the access to and supply of goods and services';
- the Directive of the European Parliament and of the Council 2006/54/EC of 5 July 2006⁸⁹ 'On the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation' (Recast Directive); and
- the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention).⁹⁰

Furthermore, gender mainstreaming is clearly reflected in the EU Gender Action Plan III (2021-2025)⁹¹, and it is integral part of the Regulations of the EU Instrument for Pre-Accession Assistance (IPA III)⁹²: **when accessing the EU, candidate countries are required to comply with the acquis on gender equality and non-discrimination.**

86 Consolidated version of the Treaty of the European Union (TEU). See: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012M%2FTXT>

87 Consolidated version of the Treaty of the Functioning of the European Union (TFEU). See: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A12012E%2FTXT>

88 Council Directive 2004/113/EC of 13 December 2004, 'Implementing the principle of equal treatment between men and women in the access to and supply of goods and services'. See: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32004L0113>

89 DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL 2006/54/EC of 5 July 2006 'On the implementation of the principle of equal opportunities and equal treatment of men and women in matters of employment and occupation' (Recast Directive). See: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32006L0054>

90 Council of Europe Convention on preventing and combating violence against women and domestic violence (2011). See <https://www.coe.int/en/web/istanbul-convention/basic-texts>

91 Joint Communication of the European Parliament and the Council: EU Gender Action Plan (GAP) III – An ambitious agenda for gender equality and women's empowerment in EU external action. See: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020JC0017>; EU GAP III is fully aligned with international instruments such as: the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW); the Beijing Platform for Action (BPfA); and UN Council Resolution 1325 'Women Peace and Security' (UNSCR 1325).

92 REGULATION (EU) 2021/947 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 June 2021 establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe, amending and repealing Decision No.466/2014/EU and repealing Regulation (EU) 2017/1601 and Council Regulation (EC, Euratom) No.480/2009. See: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0947&from=EN>

Concerning gender equality and health, EU policy focuses specifically on gender-specific health needs over the life-course, the responsibilities of the health sector in responding to violence against women, occupational safety and health, and the rights of the workforce in care-providing institutions. Most recent documents include the European Care Strategy: 'A European Care Strategy for caregivers and care receivers'⁹³, the Council Recommendation on access to affordable high-quality long-term care⁹⁴, Europe's Beating Cancer Plan⁹⁵, and the EU Strategic Framework on health and safety at work.⁹⁶

In March 2023, the EU approved of the initiative of the ILO Governing Body to review the Global Strategy on Occupational Safety and Health (OSH), adopted at the 91st Session (2003) of the International Labour Conference, and to draft a Global OSH Strategy for the period 2024-2030 and its action plan. For the EU, OSH is an overarching objective that is essential to achieving decent work, the strategic objective of social protection, and the Sustainable Development Goals, in particular SDGs 3 and 8. The EU specifically welcomed the introduction of the gender perspective in the revision of this Strategy, as also highlighted by Recommendation 4 of the 2013 Independent Evaluation. EU Candidate countries, including Albania, officially aligned themselves with the EU's statement.⁹⁷

93 COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS on the European care Strategy, COM(2022) 440 final. Available at: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&furtherNews=yes&newsId=10382>

94 Council Recommendation of 8 December 2022 on access to affordable high-quality long-term care, OJ C 476, 15.12.2022, p.1-11. Accessible at: <https://eur-lex.europa.eu/legal-content/en/TXT/?uri=CELEX%3A32022H1215%2801%29>

95 Communication from the Commission to the European Parliament and the Council on Europe's Beating Cancer Plan, COM(2021) 44 final. See: https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf

96 COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS EU strategic framework on health and safety at work 2021-2027, Occupational safety and health in a changing world of work, COM/2021/323 final. Available at: <https://osha.europa.eu/en/safety-and-health-legislation/eu-strategic-framework-health-and-safety-work-2021-2027>

97 Delegation of the European Union to the UN and other international organisations in Geneva (2023). See: https://www.eeas.europa.eu/delegations/un-geneva/ilo-governing-body-proposals-and-road-map-review-global-strategy-occupational-safety-and-health_en?s=62

The Global Strategy on Occupational Safety and Health, its action plan, and indicators for monitoring progress and achievements were endorsed in October 2023.⁹⁸

At the international level, Albania has ratified and endorsed essential international treaties and policy instruments obliging the country to safeguard women's rights and support gender equality:

- the United Nations Convention on the Elimination of all forms of Discrimination Against Women (UN CEDAW);⁹⁹
- the Beijing Declaration and Platform for Action (BPfA);¹⁰⁰
- the United Nations Security Council Resolution 1325 'Women Peace and Security' (UNSCR 1325);¹⁰¹
- the International Labour Organization (ILO) Fundamental Conventions¹⁰², and C190 concerning the Elimination of Violence and Harassment in the World of Work;¹⁰³ and
- the International Conference on Population and Development (ICPD) Programme of Action.¹⁰⁴

98 ILO (2023). Global Strategy on Occupational Safety and Health 2024–30 and plan of action for its implementation. See: https://www.ilo.org/global/topics/safety-and-health-at-work/policy-documents/WCMS_897539/lang--en/index.htm; and ILO (2023). Global Strategy on Occupational Safety and Health: Indicators for monitoring progress and achievements. See: https://www.ilo.org/global/topics/safety-and-health-at-work/policy-documents/WCMS_897936/lang--en/index.htm

99 United Nations General Assembly (1979). Convention on the Elimination of all forms of Discrimination Against Women (CEDAW). See: <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-elimination-all-forms-discrimination-against-women>

100 Beijing Declaration and Platform of Action (1995). See: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/PFA_E_Final_WEB.pdf

101 United Nations Security Council Resolution 1325 on women and peace and security (2000). See: <https://www.unwomen.org/en/docs/2000/10/un-security-council-resolution-1325>

102 ILO Conventions and Recommendations [Online]. See: <https://www.ilo.org/global/standards/introduction-to-international-labour-standards/conventions-and-recommendations/lang--en/index.htm>

103 International Labour Organization (ILO) (2019). Convention No.190 concerning the Elimination of Violence and Harassment in the World of Work. Available at: https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C190; see also: <https://www.ilo.org/global/topics/violence-harassment/lang--en/index.htm>

104 Resolutions of the Programme of Action of the International Conference on Population and Development, adopted at the 14th plenary meeting, on 13 September 1994. Available at: https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_CONF.171_13.pdf; UNFPA (2014). International Conference on Population and Development – Twentieth Anniversary Edition. See: <https://www.unfpa.org/publications/international-conference-population-and-development-programme-action>

EU Gender Law and EU GAP III are aligned with the abovementioned documents and hence constitute an integral part of the EU accession process.

At national level, the Albanian Constitution prohibits discrimination on the basis of gender (Article 18/2).¹⁰⁵ Law No.9970, dated 24/07/2008, 'On Gender Equality in Society'¹⁰⁶ defines the term 'gender mainstreaming'. Law No.10221, dated 04/02/2010, 'On Protection from Discrimination', amended in 2020¹⁰⁷, obliges public authorities in their entirety to promote equality and prevent discrimination in exercising their functions (Article 7, Protection from discrimination). Furthermore, the law addresses structural and intersectional discrimination, as well as the elimination of privilege.

The National Strategy for Gender Equality (NSGE) 2021-2030, adopted through Council of Ministers' Decision No.400, dated 30/06/2021, through its Strategic Goal IV, establishes the "[a]pplication of gender mainstreaming as the main tool of achieving gender equality and gender justice in society".¹⁰⁸ It foresees monitoring of new strategies that integrate a gender perspective, and the allocation of respectively matching budget allocations at central and municipal level. Thereby, the NSGE provides the strategic framework for gender mainstreaming across sectors and levels of governance.

Specific legislation providing special support and health services to women, mothers and children include: Law No.10107/30.03.2009 'On Health Care', amended by Law No.51/14.02.2013; Law No.10138/11.5.2009 'On Public Health'; Law No.8528, dated 23/09/1999 'On the Promotion and Protection of Breastfeeding'; Law No.8045, dated 07/12/1995 'On Termination of Pregnancy', amended by Law No.57/14.02.2013; and Law No.8876/4.4.2002 'On reproductive health'.¹⁰⁹

3.1 Alignment with EU Gender Action Plan (GAP) III and relevant indicators

As evidenced in documents such as Country Reports and Country Gender Profiles for Albania, significant gaps persist in addressing gender inequality

105 Constitution of the Republic of Albania. Available at: <https://www.osce.org/albania/41888>

106 Law No.9970, dated 24/07/2008 'On gender equality in society', published in the Official Gazette No.125, dated 01/08/2008. See: <http://www.osce.org/albania/36682>

107 As amended by the Law No. 124/2020. See:<https://www.kmd.al/wp-content/uploads/2021/04/Law-on-Protection-from-Discrimination-Albania.-2020.pdf>

108 National Strategy for Gender Equality 2021-2030, published in the Official Gazette No.112, dated 15/07/2021. See: <https://qbz.gov.al/eli/fz/2021/112>; the English version is available at: https://albania.unwomen.org/sites/default/files/2022-02/WEB_Strategjia%20Kombetare%20-%20EN.pdf

109 See: <https://shendetesia.gov.al/ligje-8/>

issues and in the application of gender mainstreaming.¹¹⁰ This applies also to policy areas in which women's unequal status is well-documented and clearly evidenced by administrative data. Underlying reasons include (i) the stereotypical and erroneous conceptualization of a 'standard citizen' who is male; (ii) limited gender mainstreaming capacity and skills within the administration; (iii) absence of the obligation to conduct policy area-specific gender analysis on a routine basis; and (iv) weak reflection of gender equality norms and standards in processes, procedures, and systems of governance. A further obstacle is posed by the fact that individuals involved in the drafting of policies and programmes find it difficult to precisely pinpoint the main gender inequality issues in their specific area of engagement. Consequently, the vast majority of policies, plans, and programmes remains without concrete gender equality objectives.

Public policies are expected to work for specific outcomes. Indicators outline the regulatory markers of achievement of these outcomes. With regard to monitoring progress on gender equality, the indicators of the EU Gender Action Plan 2020-2025 (GAP III) serve as valuable guidance, including in the health sector.¹¹¹ They illustrate what kind of change (i.e., outcomes) in the lives of women/girls and men/boys needs to be achieved and measured in a policy area.

In the framework of Albania's EU accession process, mainstreaming gender equality requires that EU GAP III objectives and indicators are gradually accommodated within the country's policy framework. Towards this end, the below table presents the alignment between (i) the EU Chapters relevant for a particular policy area; (ii) the respective national policy documents which shall accommodate the EU gender equality considerations; and (iii) the specific GAP III objectives and indicators which need to be incorporated into national monitoring frameworks. The alignment is supplemented by listing the matching gender-related SDG Indicators, which links gender mainstreaming in the EU accession process to gender equality goals at global level.

¹¹⁰ European Commission. EU Country Reports in 2017, 2018, 2019, 2020, 2021, and 2022; UNDP & UN Women (2016), Gender Brief Albania, see: <https://eca.unwomen.org/en/digital-library/publications/2016/10/albania-gender-brief>; UN Women (2020), Country Gender Equality Brief Albania 2020, see: <https://albania.unwomen.org/en/digital-library/publications/2020/12/country-gender-equality-brief-albania-2020-0>

¹¹¹ European Commission and High Representative of the Union for Foreign Affairs and Security Policy (2020). Objectives and Indicators to Frame the Implementation of the Gender Action Plan III (2021-25), p.27. See: https://international-partnerships.ec.europa.eu/system/files/2021-10/swd-2020-284-objectives-indicators-gap-iii_en.pdf

TABLE 2

Alignment of Chapter 28 with EU GAP III Indicators

Chapter 28 – Consumer and Health Protection Contributing to: Chapter 19 – Social Policy and Employment Chapter 23 – Judiciary and Fundamental Rights Chapter 24 – Justice, Freedom and Security	
Related national strategic documents	National Strategy on Development of Primary Health Care Services in Albania 2020-2025 National Health Sector Strategy 2021-2030 National Action Plan on Sexual and Reproductive Health Rights 2022-2030 (draft) Mental Health Action Plan 2023-2026 National Strategy for Gender Equality (NSGE) 2021-2030 National Action Plan 2021-2027 on LGBTI people in Albania National Agenda on the Rights of the Child 2021-2025 National Policy Document and Action Plan on Ageing 2020-2024 (draft) Occupational Health and Safety Strategy and Action Plan for 2024-2030
Related EU GAP III Overall Thematic Objective	Women and girls in all their diversity access universal health and fully enjoy their health and sexual and reproductive rights
Related EU GAP III Overall Thematic Indicators	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (SDG 3.7.1) Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group (SDG 3.7.2) Proportion of births attended by skilled health personnel (SDG 3.1.2) Prevalence of undernourishment (SDG 2.1.1), disaggregated at least by sex

<p>Related EU GAP III Thematic Objectives</p>	<p>Enabled legal, political and societal environment allowing women and girls to access quality sexual and reproductive health (SRHR) care and services and protecting their sexual and reproductive rights</p> <p>Improved access for every individual to sexual and reproductive health care and services, including family planning services, information and education on sexual and reproductive rights</p> <p>Improved regulatory framework for ensuring equal access to universal and public quality preventive, curative and rehabilitative physical and mental health care services for women, men, girls and boys in all their diversity, including in fragile and humanitarian crisis affected contexts</p> <p>Public health systems have sufficient and sustained financing to address the health needs of women and girls in all their diversity</p>
<p>Related EU GAP III Indicators</p>	<p>Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education (SDG 5.6.2), disaggregated at least by sex</p> <p>Extent to which SRHR-sensitive policies, strategies and programmes introduced by partner government on: a) ending harmful practices e.g. child marriage and female genital mutilation; b) adolescent SRHR; c) comprehensive sexuality education; d) family planning; e) removal of third parties consent for contraception; f) control of sexually transmitted infections including HIV and AIDS; g) cancer screening</p> <p>Extent to which the gender equality policy or similar for sexual and reproductive health care and services is implemented</p> <p>Extent to which the gender equality policy or similar for sexual and reproductive health care and services is monitored and evaluated</p> <p>Extent to which communities stigmatize women and girls with SRHR problems</p> <p>Number of men and boys engaging in government or civil society SRHR actions</p>

	<p>Number of women, men and adolescents of reproductive age using modern contraception methods with EU support (EURF 2.6)</p> <p>Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (SDG 5.6.1)</p> <p>% of young people receiving comprehensive sexuality education, disaggregated at least by sex</p> <p>Number of women, men, adolescents, in all their diversity, with increased access to sexual and reproductive health care and services</p> <p>Extent to which specific measures are in place to recognise and timely address girls and women’s health and protection needs in humanitarian, vulnerable, fragile, crisis and conflict affected contexts, and of global crises like the pandemic caused by the COVID-19 virus</p> <p>Extent to which the gender equality policy for the healthcare sector is informed by a sector-specific, and context-specific, gender analysis</p> <p>Extent to which government gender equality policy for the healthcare sector is implemented</p> <p>Number of women, men, girls and boys benefiting from national mental and psycho-social services in all contexts, including in humanitarian, vulnerable, fragile, crisis and conflict affected settings</p> <p>Number of gender-responsive health service reforms implemented by government</p> <p>Number of individuals with improved access to health services, disaggregated at least by sex</p>
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3.2 Instrument for Pre-Accession Assistance (IPA) III: gender mainstreaming as per the ‘NDICI Regulations’

Albania’s reform and accession agenda receives significant financial support through EU funding as well as from EU Member States directly. The EU as primary promoter of equality between women and men in the region has set clear standards, explicitly defined in the European Commission’s ‘Neighborhood,

Development and International Cooperation Instrument' (NDICI) Regulations, adopted in June 2021.¹¹² These Regulations apply to EU IPA III actions to be funded and implemented in Albania, and they are explicit on the gender equality requirements:

“[...] Strengthening gender equality and women’s empowerment in the Union’s external action and increasing efforts to reach the minimum standards of performance indicated by the EU Gender Action Plans should lead to a gender sensitive and transformative approach in all Union external action and international cooperation. At least 85 % of new actions implemented under the Instrument should have gender equality as a principal or a significant objective, as defined by the gender equality policy marker of the OECD Development Assistance Committee. At least 5 % of those actions should have gender equality and women’s and girls’ rights and empowerment as a principal objective.”

In light of the EU NDICI Regulations, which foresee the target of 85 per cent gender-sensitive actions in the future, the Government of Albania needs to define - in concrete terms - the activities, structures, mechanisms, and capacities for implementing gender-sensitive actions as a requirement and precondition for successfully absorbing EU IPA III funds.

3.3 The OECD-DAC gender equality policy marker

The OECD-DAC gender equality policy marker¹¹³ is a key monitoring and accountability tool in the context of the 2030 Agenda. Its aim is to identify gaps between legal, policy and financial commitments, and incentivize efforts to close them. Undertaking a gender analysis and pursuing a ‘do-no-harm’ approach are obligatory for all programs/actions.

Programs/actions that have been screened against the marker, but not found to target gender equality are classified Score 0. Such a score requires narrative justification. Programs/actions with gender equality as an important and deliberate objective, but not the principal reason for undertaking the program/

112 REGULATION (EU) 2021/947 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 June 2021 establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe, amending and repealing Decision No.466/2014/EU and repealing Regulation (EU) 2017/1601 and Council Regulation (EC, Euratom) No.480/2009. See: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32021R0947&from=EN>

113 OECD DAC Network on Gender Equality (GENDERNET) (2016). Definition and minimum recommended criteria for the DAC gender equality policy marker. See: <https://www.oecd.org/dac/gender-development/Minimum-recommended-criteria-for-DAC-gender-marker.pdf>

action, are classified Score 1. Programs/actions with gender equality as the main objective and fundamental in design and results are classified Score 2.

The EU NDICI Regulations – which apply to, for example, IPA III Action Documents – make explicit reference to the obligatory application of the common minimum criteria for the three categories of the OECD-DAC gender equality policy marker. They set a target of 85 per cent of all actions classified at least as Score 1, with five per cent qualified as Score 2. In practice, a Score 1 classification requires gender responsiveness to be reflected at the level of problem analysis, objectives, indicators, and targets.

Score 1 Definition:

- Gender equality is an important and deliberate objective, but not the principal reason for undertaking the project/programme.
- The gender equality objective must be explicit in the project/programme documentation and cannot be implicit or assumed.
- The project/programme, in addition to other objectives, is designed to have a positive impact on advancing gender equality and/or the empowerment of women and girls, reducing gender discrimination or inequalities, or meeting gender-specific needs.

TABLE 3

Minimum requirements for meeting OECD-DAC gender equality policy marker Score 1 criteria

Level	Requirement	Check	Action to be taken to get there
Problem analysis	An analysis of the status, role, position and situation of women/girls and men/boys in relation to the policy area/sector/sub-sector, in which the project/programme/action is embedded, has been conducted	<input type="checkbox"/>	Whenever the gender analysis is inexistent, incomplete, or outdated, commission/undertake a sector- or sub-sector specific gender analysis
	Findings from the gender analysis:		
	- are included in the problem description	<input type="checkbox"/>	
	- are substantiated with numbers (gender statistics)	<input type="checkbox"/>	
	- have informed the design of the project/programme/action	<input type="checkbox"/>	
	The main gender inequality issues specific for the policy area/sector/sub-sector are mentioned	<input type="checkbox"/>	
	The intervention adopts a “do no harm” approach	<input type="checkbox"/>	
	Data and indicators are disaggregated by sex and further identity markers, where relevant	<input type="checkbox"/>	

Objectives	Presence of at least one explicit gender equality objective (e.g., explicitly aiming at achieving gender equality goals), in line with the gender inequality issues described in the narrative analysis	☐	Make gender mainstreaming expertise an integral part of working groups that draft/review documents
Activities	Proposed activities specifically respond to the described situation of women/girls and men/boys, contribute to achieving gender equality outcomes, and prevent discrimination including structural and intersectional discrimination	☐	Make gender mainstreaming expertise an integral part of working groups that draft/review documents
Indicators	Any gender equality objective formulated is backed by at least one gender-sensitive indicator, enabling the <ul style="list-style-type: none"> - identification of gender gaps in benefiting from measures - monitoring of the impact of measures/activities on women/girls and men/boys 	☐	Align with relevant EU and global indicators (such as SDGs, Eurostat/EU GAP III, and similar)
Targets	Specific values for women/girls and men/boys are set	☐	Reflect the aim to close gender gaps/achieve gender equality outcomes when setting target values

The OECD-DAC gender equality policy marker Score 2 classification requires that gender equality is the main objective of the project/programme and fundamental in its design and expected results. Until now, the number of EU IPA-funded actions that classify as Score 2 has remained very low.

Score 2 Definition:

- Gender equality is the main objective of the project/programme and is fundamental in its design and expected results. The project/programme would not have been undertaken without this gender equality objective.
- The project/programme is designed with the principal intention of advancing gender equality and/or the empowerment of women and girls, reducing gender discrimination or inequalities, or meeting gender-specific needs.

4 MAIN TOOLS FOR GENDER MAINSTREAMING

This section contains a selection of EU standardized gender mainstreaming methods and tools to be applied in policy revision, strategic planning of line Ministries, programming, budgeting, and similar governance processes. The complete collection of EU standardized toolkits and materials, including elaborate descriptions of specific gender mainstreaming tools, is available on the website of the European Institute for Gender Equality (EIGE): <https://eige.europa.eu/gender-mainstreaming/tools-methods>

See also the WHO resource 'Gender mainstreaming for health managers: A practical approach', accessible at: <https://www.who.int/publications/i/item/9789241501057>

For assessing health sector strategies for compliance with gender equality obligations and commitments, see the specific tool developed by the World Health Organization in 2011: 'Human rights and gender equality in health sector strategies – How to assess policy coherence', accessible at: <https://apps.who.int/iris/handle/10665/44438>

4.1 Gender analysis

Gender analysis¹¹⁴ provides the necessary data and information to integrate a gender perspective into policies, programmes, and projects. As a starting point for gender mainstreaming, gender analysis identifies the differences between and among women/girls and men/boys in terms of their relative position in society, and the distribution of resources, opportunities, constraints, and power in a given context. In this way, conducting a gender analysis allows for the subsequent development of interventions that adequately address gender inequalities and meet the different needs of women/girls and men/boys. The purpose of gender analysis is to identify and address gender inequalities, by:

- acknowledging differences between and among women/girls and men/boys, based on the unequal distribution of resources, opportunities, constraints, and power;
- ensuring that the different needs of women/girls and men/boys are clearly identified and addressed at all stages of the policy cycle;

¹¹⁴ European Institute for Gender Equality (EIGE) [Online]. Gender Mainstreaming - More Tools and Methods: Gender analysis. See: <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-analysis#:~:text=As%20a%20starting%20point%20for,power%20in%20a%20given%20context>

- recognizing that policies, programmes, and projects can have different effects on women/girls and men/boys;
- seeking and articulating the viewpoints of women/girls and men/boys and making their contribution a critical part of developing policies, programmes, and projects;
- promoting women’s participation and engagement in community, political, and economic life;
- supporting better informed, gender-responsive, and effective interventions.

Gender analysis includes consideration of women’s particular experiences, roles, and responsibilities, and their level of access to resources and decision-making. Gender analysis also involves acknowledging the historical and social inequalities faced by women/girls, and aims to inform the design of policies, programmes, and projects to address – and to remedy – these inequalities.

A thorough gender analysis enables policymakers to understand gender inequalities in a given situation or sector: it describes the current state of contextual situations by gender, and also explores the causes and effects of gender disparities on the target group. Looking at the underlying causes of gender inequalities and discrimination assists in setting relevant and targeted objectives, and measures to eliminate gender inequalities. In this way, gender analysis contributes to the improved gender-responsiveness of policies and legislation, as it provides the basis for ensuring that the needs of all citizens — women, men, girls, and boys — are adequately addressed.

4.2 Gender statistics in the health sector in the Albanian context

Gender statistics describe or measure gender inequalities. They rely on data on individuals broken down by sex, i.e., collected and tabulated separately for women/girls and men/boys. These sex-disaggregated data reflect the realities of the lives of women/girls and men/boys, and the policy issues relating to gender. They allow for the measurement of differences between women and men on various social and economic dimensions and are one of the requirements for obtaining gender statistics. For monitoring actual progress in gender equality, the concepts, definitions, and methods used in data

production and analysis need to be designed in a way that they reflect gender roles, relations, and inequalities in society.¹¹⁵

In Albania, gender statistics are published annually in INSTAT's dedicated publication entitled 'Women and Men in Albania'.¹¹⁶ Its main objective is to make available sex-disaggregated data and gender statistics for the purpose of monitoring cross-sectorial policies with regard to achieving gender equality goals and sustainable development objectives. The publication contains not only administrative data, but also data based on social surveys conducted by INSTAT at the household unit.

In Albania, there is progress on gender-related health statistics, and sex-disaggregated data is published regularly in INSTAT's 'Women and Men' publication, based on information provided by the Ministry of Health and Social Protection and contained in other sources, such as surveys. However, the collection and analysis of disaggregated data and evidence on women's health - not only with regard to gender, but also with regard to factors such as age, disability, ethnicity, nationality or socioeconomic status - remain a concern. Overall, the existence of administrative EU-aligned health indicators and statistics is limited. This lack of data hampers the ability to appropriately identify gaps and deficits in women's access to quality healthcare, including sexual and reproductive health, and to design effective and responsive strategies.¹¹⁷

INSTAT's effort in aligning national gender statistics with Eurostat has been a continuous process and is ongoing. In 2021, INSTAT's database was restructured and aligned with Eurostat's methodology and database. All existing administrative data were assessed against Eurostat indicators, while for social surveys, indicators were produced based on a unified methodology. It is important to note that continuous alignment of statistics - including gender statistics - with EU standards is a requirement that goes beyond INSTAT: it concerns all data-producing institutions across sectors and levels of government.

115 European Institute for Gender Equality (EIGE) [Online]. Gender Mainstreaming - More Tools and Methods: Sex-disaggregated data: <https://eige.europa.eu/gender-mainstreaming/methods-tools/sex-disaggregated-data#:~:text=Data%20collected%20and%20tabulated%20separately,requirements%20in%20obtaining%20gender%20statistics>

116 See: <http://www.instat.gov.al/en/themes/demography-and-social-indicators/gender-equality/#tab3>

117 Council of Europe (2017). Women's sexual and reproductive health and rights in Europe. See: <https://rm.coe.int/women-s-sexual-and-reproductive-health-and-rights-in-europe-issue-pape/168076dead>

In collaboration with the Institute of Public Health, INSTAT conducted two national surveys, ADHS 2008-2009 and - with a ten-year interval - ADHS 2017-2018. These two surveys provide a solid insight into women's and men's health in the country. In 2015, INSTAT conducted the multiple indicator cluster survey (MICS), which is one of the most important tools for monitoring and measuring progress on the rights of children and women. Currently, UNICEF in collaboration with INSTAT are preparing the next MICS survey for 2025. These donor-supported national surveys are important for filling the gaps in sex-disaggregated data in the health sector, and for feeding into policy making and planning processes. In 2019, INSTAT conducted the European Health Interview Survey (EHIS)¹¹⁸, supervised by Eurostat. While EHIS micro data were sent to Eurostat and validated, the findings are publicly unavailable. INSTAT plans to conduct EHIS every six years.

4.3 Gender impact assessment

Gender impact assessment is an EU-standardized method routinely used for *ex-ante* evaluation of legal documents and strategic policy plans, and it can also be applied to programmes under implementation.¹¹⁹ Broader use of gender impact assessment helps policymakers and public servants to analyze and foresee the impact on women/girls and men/boys of any important decision under consideration, which helps to improve existing measures and inform decisions regarding budget allocation. The findings of any gender impact assessment should be made available on time, so that legal regulations and related policies can be amended during the design and planning stages.

“Gender impact assessment can be applied to legislation, policy plans, policy programmes, budgets, concrete actions, bills and reports or calls for research. Gender impact assessment methods do not only have to be applied to policy in the making, they can also be applied to existing policies. They can be used in the administration as well as by external actors; in both cases they require a considerable amount of knowledge of gender issues.”¹²⁰

118 Eurostat - Statistics Explained [Online]. See: [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:European_health_interview_survey_\(EHIS\)](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:European_health_interview_survey_(EHIS))

119 European Institute for Gender Equality (EIGE) [Online]. Gender Mainstreaming - More Tools and Methods: Gender impact assessment. See: <https://eige.europa.eu/gender-mainstreaming/toolkits/gender-impact-assessment/what-gender-impact-assessment>

120 Council of Europe (2004). Gender mainstreaming: Conceptual framework, methodology and presentation of good practices. See: <https://rm.coe.int/1680596135>

In the framework of the GIZ-run SANECA Project, the standard EU *ex-ante* Gender Impact Assessment tool was recently adapted to the Albanian context, with special focus on mainstreaming gender equality goals into the so-called EU 'Internal Market Chapters' (i.e., specifically Chapters 1, 3, 20 and 28).¹²¹ In Kosovo, the Agency for Gender Equality – operating under the Prime Minister's Office - prepared a dedicated Gender Impact Assessment Manual in 2019, supported with funding from Sweden.¹²²

4.4 Gender-responsive budgeting in the health sector

Gender-responsive budgeting (GRB) is a key process to incorporate a gender perspective in planning. It “seeks to ensure that the collection and allocation of public resources is carried out in ways that are effective and contribute to advancing gender equality and women’s empowerment”.¹²³ It is important to note that gender-responsive budgeting is not about having a separate budget for women, nor does it mean to just increase spending on programmes for women. Examples of how to apply gender-responsive budgeting when mainstreaming gender in the sector are¹²⁴:

- ✓ Improve financing to address women’s health and integrate gender-responsive budgeting across health policies and programmes.
- ✓ Design objectives and activities to address gender gaps identified and include them in programme documents, plans, logical frameworks, financing agreements, and budgets.
- ✓ Give special attention in budget allocation to diseases affecting women, such as cervical cancer, ovarian and breast cancer, as well as teen pregnancy prevention.

121 GIZ (2022). Gender Mainstreaming in the Internal Market Chapters of the Acquis - Guidelines and Tools. Accessible at: https://pubhtml5.com/qzcc/xxqq/Gender_Mainstreaming_in_the_Internal_Market_Chapters_of_the_Acquis/3

122 Republic of Kosovo Gender Equality Agency (2019). Gender Impact Assessment Manual. Available at: <https://abgj.rks-gov.net/assets/cms/uploads/files/Publikimet%20ABGJ/Gender%20Equality%20Impact%20Assessment%20Manual.pdf>

123 UN Women Asia and the Pacific [Online]. Gender Responsive Budgeting. Available at: <https://asiapacific.unwomen.org/en/focus-areas/women-poverty-economics/gender-responsive-budgeting>

124 European Commission, Directorate-General for Justice and Consumers (2021). Gender equality and health in the EU. Report prepared by Franklin, P., Banbra, C., and Albani, V. Available at: <https://op.europa.eu/en/publication-detail/-/publication/5b59409f-56e4-11eb-b59f-01aa75ed71a1>; OECD (2017), Gender Budgeting in OECD countries, see: <https://www.oecd-ilibrary.org/sites/647d546b-en/index.html?itemId=/content/publication/647d546b-en>

- ✓ Allocate resources for gender awareness raising and gender mainstreaming capacity building at all levels and in ways that are adapted to the needs of different target groups, such as policy makers, programme staff, women and men beneficiaries, staff of relevant local institutions, service delivery institutions, and women/girls/men/boys from marginalized communities.
- ✓ Integrate gender perspectives into performance-based and programme-based budgeting in the health sector.
- ✓ Apply standard gender-responsive budgeting tools such as gender aware policy and budget appraisal, gender disaggregated public expenditure and revenue incidence analysis, and gender responsive beneficiary needs assessments in the health sector.
- ✓ Combine gender-responsive budgeting with impact assessments in public health.

For specific guidance as well as examples of GRB initiatives in the health sector, see a compilation prepared by UNFPA and UNIFEM in 2006: 'Gender responsive budgeting and women's reproductive rights: a resource pack', accessible at: <https://www.unfpa.org/publications/gender-responsive-budgeting-and-women%E2%80%99s-reproductive-rights-resource-pack>.

More general GRB approaches are available on the 'Gender mainstreaming – More Tools and Methods' section of the website of the European Institute for Gender Equality (EIGE): <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-budgeting>.

4.5 Gender-responsive public procurement

Gender-responsive public procurement (GRPP) is procurement that promotes gender equality through the goods, services, or works being purchased. This means that buyers and suppliers (i) examine the impact of all contracted activities on women's and men's needs, interests and concerns; and (ii) design and deliver contracts in a way that reduces inequalities. GRPP does not necessarily entail higher costs but does require knowledge and capacity.¹²⁵

¹²⁵ European Institute for Gender Equality (EIGE) [Online]. Gender Mainstreaming - More Tools and Methods: Gender-responsive public procurement. See: <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-responsive-public-procurement>

Public procurement/outsourcing to private companies which hire external labor can positively impact local employment in general, and women's employment opportunities in particular. Clauses that refer to obligatory social deliverables (e.g., the share of locally contracted workers per category; the share of women to be employed; the obligation to reduce gender inequalities; adherence to gender equality principles; and similar) can be integrated in the calls for proposals of funding programmes, or in the terms of reference of public procurement procedures. Such gender clauses can also be included in calls for contractors to be hired for policy support services. This will ensure that projects and services receiving funds have gender capacity on board, respond to the different needs of women/girls/men/boys, and contribute to achieving gender equality.

The European Commission explicitly states in its Gender Equality Strategy for 2020–2025 that “[t]he Commission’s guidance on socially responsible public procurement will fight discrimination and promote gender equality in public tenders”.¹²⁶ As one of the first deliverables of the Strategy, the Commission has proposed binding measures on pay transparency under the draft directive on pay transparency, which specifically addresses equal pay and the pay gap in the context of public procurement (in Article 21). On 24 April 2023, the European Council adopted new rules on pay transparency through the **Pay Transparency Directive**. Under the new rules, EU companies are required to share information on salaries and take action, if their gender pay gap exceeds five per cent. The directive also includes provisions on compensation for victims of pay discrimination and penalties, including fines, for employers who break the rules.^{127,128} For detailed EU Guidance on GRPP see: <https://eige.europa.eu/gender-mainstreaming/methods-tools/gender-responsive-public-procurement>.

126 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions – A Union of equality: Gender equality strategy 2020–2025, COM(2020) 152, 5.3.2020. Available at: ([https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX %3A52020DC0152](https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52020DC0152))

127 DIRECTIVE OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL to strengthen the application of the principle of equal pay for equal work or work of equal value between men and women through pay transparency and enforcement mechanisms, 2021/0005(COD), 11 April 2023. See: <https://data.consilium.europa.eu/doc/document/PE-81-2022-INIT/en/pdf>

128 European Institute for Gender Equality (EIGE) [Online]. Gender Mainstreaming - More Tools and Methods: Gender-responsive public procurement. Available at: <https://eige.europa.eu/gender-mainstreaming/tools-methods/gender-responsive-public-procurement>

Other examples of GRPP include e.g., Switzerland, where any company that does business with the government is required to pay male and female staff equally. In Spain, the Public Procurement Law includes various gender equality clauses that refer to different phases of the procurement procedure, from contractor selection to the execution of public contracts. Anyone with a conviction for violating workers' rights, including any conduct that violates the right and opportunities of women - such as discrimination or harassment - is not entitled to sign contracts with public sector organizations. Companies with more than 250 employees that have not implemented gender equality plans are also prohibited from participating in public procurement contracting.¹²⁹ UN Women promotes additional methods which benefit the economy, such as (i) championing procurement rules that privilege bids from women-owned businesses; and (ii) the promotion of companies beyond the common business circles, thereby widening the spectrum of employment opportunities and creating new markets.¹³⁰

4.6 Gender-sensitive monitoring and evaluation

Gender-sensitive monitoring and evaluation is used to reveal whether a programme addresses the different priorities and needs of women/girls and men/boys. The aim is to assess whether it has the intended (but also any unintended) impact on gender relations, and to determine the gender aspects that need to be integrated into monitoring and evaluation systems. Effective gender-responsive monitoring and evaluation needs to include both qualitative and quantitative data that measure the impact on gender relations. Without sufficient data, a meaningful analysis of the impact on gender equality is very difficult. This implies that all data should be collected, presented, and analyzed at minimum in a sex-disaggregated manner.¹³¹ Results and insights from gender-sensitive monitoring and evaluation also feed into the policy cycle: they identify those aspects for which inclusion of explicit gender equality objectives and indicators are required at the planning stage.

129 UNODC (2020). The Time Is Now: Addressing the Gender Dimensions of Corruption. See: https://sherloc.unodc.org/cld/en/bibliography/2020/the_time_is_now_addressing_the_gender_dimensions_of_corruption_.html

130 UN Women (2017). The Power of Procurement: how to source from women-owned business. See: <https://www.unwomen.org/en/digital-library/publications/2017/3/the-power-of-procurement>

131 European Institute for Gender Equality (EIGE) Glossary and thesaurus [Online]. Available at: <https://eige.europa.eu/thesaurus/terms/1217?lang=en>

5 KEY RECOMMENDED ACTION IN THE HEALTH SECTOR

Conducting gender mainstreaming interventions includes capacity building for undertaking gender analysis, as well as the active involvement of gender mainstreaming specialists throughout the design, implementation, and monitoring of strategies, policies, and action plans. Moreover, already existing policies/action plans under implementation should also be reviewed for their gender responsiveness (i.e., assessing how well they address gender inequalities in the sector/policy area). If needed, these policies/action plans then need to be revised, in order to consistently mainstream gender equality within sectoral strategies, and into the structures, systems, and processes of all institutions involved.

TABLE 4

Priority actions for integrating gender equality goals in the health sector¹³²

Main Gender Issues	Priority Actions
Gender inequalities in health status and behaviors	<ul style="list-style-type: none"> ☑ Consult with stakeholders, especially women's/human rights organizations, and develop a national action plan on women's and girls' health. ☑ Promote information-sharing on the gender-specific symptoms and consequences of diseases among health professionals, as well as the general public. ☑ Support gender-responsiveness of the health sector by establishing a clear understanding of the gender, social, economic, cultural, and policy factors that impact on the equity health outcomes for women and men. ☑ Develop policies and implement measures to engage men on key health-related issues such as self-care, responsible fatherhood, unpaid care, preventing violence, and men's sexual and reproductive health.
Insufficient health-sector response to violence against women and girls	<ul style="list-style-type: none"> ☑ Bring the health care system to the forefront in the response to all forms of gender-based violence and violence against women and girls. ☑ Take measures to improve systematic data collection on gender-based violence cases by all hospitals and healthcare facilities, irrespective of whether they have established specialized structures for treating victims.¹³²

¹³² Recommendations are based on those brought forward in various resources including: CEDAW (2023), Concluding Observations on the fifth periodic report of Albania; EIGE (2017), Gender in Health; EU (2021), Gender equality and health in EU, prepared by Franklin, P. et al.; EIGE (2020), Health - Gender-sensitive infrastructure; ACPD (2016), Shadow Report submitted to CEDAW on the Healthcare field - Case of Albania; GREVIO (2017), First Baseline Report on Albania, 2017; World Health Organization (WHO) (2018), Bulletin 'Gender, health and the 2030 agenda for sustainable development'; and Council of Europe Committee of the Parties (2018), Recommendation on the implementation of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence by Albania.

¹³³ Data include: the number of victims, their age, and relationship with the alleged perpetrator, for all forms of gender-based and violence against women and girls, including lethal violence.

	<ul style="list-style-type: none"> ✓ Identify the most effective ways of reducing victims' mortality, morbidity and disability by conducting research on prevention and responsiveness of health care professionals, and feed results into national policy and protocols. ✓ Strengthen the officially foreseen role of health care institutions as essential members of the referral mechanism, especially regarding the referral of cases. ✓ Conduct training on protocols and procedures for responding to GBV/VaW, including to sexual violence, to improve health professionals' attitudes, skills, and capacities. ✓ Ensure that referral centers for sexual violence cases apply and operate in line with internationally recognized standards in providing support to victims – this includes existing (e.g., 'Lillium') as well as planned centers. ✓ Guarantee that frontline medical staff operating in hospitals and healthcare centers issue and provide victims with the obligatory, dedicated, and stand-alone <u>medical report</u> documenting their injuries. ✓ Develop informed procedures and establish consistent practices whereby victims are adequately informed that any medical evidence will be released to the authorities only with their consent, in full compliance with the right to respect for private life and the protection of personal data.¹³⁴
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¹³⁴ The informed consent procedures should include straightforward examples of potential consequences of domestic violence to one's physical and mental health, including the risk of premature death due to trauma, as well as its harmful consequences on child witnesses. Such procedures should exceptionally allow for the reporting to the authorities without the victim's consent, whenever there are grounds to believe that a serious act of violence has been committed and further serious acts of violence are to be expected, in accordance with the provision of Article 28 of the Convention. Further exceptions should be allowed for patients with impaired decision-making capacity, and for children. It should be recalled in this context that reporting might even be mandatory with respect to injured children, especially if they sustain serious injuries or if sexual violence is suspected. Source: Council of Europe Convention on preventing and combating violence against women and domestic violence (2011). See: <https://www.coe.int/en/web/istanbul-convention/home>

Gender inequalities and barriers to accessing health services

- ✓ Provide universal access to healthcare for all – including for rural women and men, women and men with disabilities, young women and men, women and men from ethnic minorities and migrant groups, addressing language and cultural barriers.
- ✓ Improve the health-care infrastructure, including in rural and remote areas.
- ✓ Increase budgetary allocations for gender-responsive services in the health sector, including for older women and women in rural areas.
- ✓ Conduct nation-wide information campaigns on women’s health, ensuring effective outreach to women and girls from under-served population groups.
- ✓ Enhance implementation of legislation on universal access to quality health care by reviewing, updating, and improving existing protocols; and close remaining gaps by developing related bylaws, such as guidelines, protocols, orders, etc.
- ✓ Ensure adequate budget allocations for implementing bylaws in support of universal access to quality health care.
- ✓ Strengthen health promotion and SGBV prevention by using effective outreach methods to raise women’s and girls’ awareness of their rights in obtaining health care and the benefits of services.
- ✓ Strengthen the provision of health services to women/ girls in rural areas through increasing the quality of primary health care services and enhancing their accessibility.
- ✓ Include the health rights and needs of vulnerable women in the policies and protocols of healthcare workers.

Insufficient access to sexual and reproductive health and rights (SRHR)

- ✔ Guarantee that basic reproductive rights are enacted in women's and girls' lives as foreseen by law (e.g., right to decide over one's body, family planning, and abortion).
- ✔ Revise Albanian legislation on health/SRHR and approximate with EU legislation, to regulate the full range of reproductive health issues, such as safe motherhood, breast and cervical cancers, reproductive health, and menopause and andropause.
- ✔ Revise Albanian legislation on health/SRHR and approximate with EU legislation, to reflect reference to sexual orientation, gender identity, and the health needs and rights of LGBTIQ persons.
- ✔ Strictly enforce the prohibition of sex-selective abortions and establish services, including helplines, for women who are pressured into undergoing sex-selective abortion.
- ✔ Adopt a strategy to prevent and address cervical cancer, including by disseminating information on the linkages between human papillomavirus and cervical cancer, increase education and awareness among both men and women on prevention methods, and ensure that women and girls have access to regular screening and the full vaccination schedule, including in rural and remote areas.
- ✔ Improve the quality of sexual and reproductive health service provision as part of the basic package of primary health care services.
- ✔ Improve women's access to antenatal, perinatal, and postnatal services to reduce the high rates of maternal mortality, especially in rural areas.
- ✔ Provide evidence-based gender and sexuality education at schools.
- ✔ Take measures to ensure universal health coverage.

<p>Gender segregation and gender wage gap in the health care sector</p>	<ul style="list-style-type: none"> ☑ Promote gender equality and zero tolerance for sexual harassment across all hierarchical levels in the healthcare system. ☑ Improve gender parity in decision-making bodies and other collective bodies in the health sector. ☑ Address the gender pay gap and medical workers' - particularly nurses' - low salaries. ☑ Pilot equal pay and pay transparency measures in the sector to address labour market segregation and pay inequities. ☑ Use the insights from the COVID-19 pandemic to improve working conditions in the health sector. ☑ Monitor and report on working conditions of all health workers in all areas of the health care sector.
<p>Lack of gender-sensitivity in treatment and diagnosis, and gaps in gender knowledge in healthcare</p>	<ul style="list-style-type: none"> ☑ Assess the efficiency of existing training for health-care workers to deliver gender-sensitive health care and adequately respond to SGBV. ☑ Support and promote the application of guidelines on gender-sensitive diagnosis and treatment by all healthcare professionals. ☑ Integrate gender equality criteria in medical studies, acknowledging peoples' diversity and the intersectionality of gender with other health determinants. ☑ Support, promote, and monitor the use of gender training materials and gender training programmes for healthcare professionals, including but not limited to recognizing and managing the effects of domestic, sexual, and gender-based violence. ☑ Train healthcare professionals on human rights issues relevant to gender minorities, including on de-pathologizing trans- and intersex-identities.

Gaps in health-related gender statistics and analysis

- ✔ Support close coordination between all health institution data producers and increase quality, accuracy and accessibility of administrative health data.
- ✔ Establish standardized and harmonized health gender indicators among health institutions.
- ✔ Establish a mechanism for sex-disaggregated data collection within the National Statistical Program.
- ✔ Strengthen data collection on health status and access to healthcare of disadvantaged women and girls, including women and girls with disabilities, Roma and Egyptian women and girls, women and girls from the LGBTI+ community, and migrant women and girls.
- ✔ Invest in gender analysis of sex-disaggregated data, alongside other stratifiers of social and health inequity.
- ✔ Collect, analyze, and publish data on the composition of workers in all areas of the health care sector disaggregated by sex, age, position, qualification, occupational category, public/private sector, and wage.¹³⁵

¹³⁵ In view of alignment with EU Regulations and with reference to European Commission Regulation (EC) No1338/2008 on Community statistics on public health and health and safety at work. The Regulation is designed to ensure that health statistics provide adequate information for all EU Member States to monitor actions in the field of public health and health and safety at work. A number of European Commission Regulations specify in detail the variables, breakdowns and metadata that EU Member States should deliver. Available at: https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Health_statistics_introduced#Healthcare_and_health_workforce



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